

“it’s a kind of a privilege”
Clinicians’ experiences of delivering community-based group therapy to men who have sexually offended - an interpretative phenomenological study

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Declaration

I hereby declare that the work submitted in this dissertation is the result of my own investigation, except where otherwise stated.

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Abstract

Background: Therapists delivering psychological treatment to men who have sexually offended do valuable work preventing future harm to potential victims, society, and the clients themselves. Despite the critical nature of their work, therapists' experiences of delivering group therapy to this cohort, are relatively unexplored. Furthermore, many studies focus on the ramifications of the work without exploring what therapists want to tell us about their experience. This study endeavoured to bridge the research gaps and identify therapists' holistic experiences of their work. **Aim:** To explore therapists' experiences of delivering community-based, group therapy, in Ireland, to men who have sexually offended. This entailed. **Method:** Using qualitative methods, 6 participants, all qualified clinical/forensic psychologists and psychotherapists, were interviewed using semi-structured format. Data was analysed using Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) to gain psychological insight into their professional experiences. **Findings:** Findings yielded rich and novel data about clinicians' experiences of their work. Analysis identified two superordinate themes: i). The potential for trauma and ii). The potential for growth. A number of novel findings were identified not least that participants were working in a humanistic, process-oriented manner with this population. They described the need for therapeutic acumen, discrete traits and interpersonal skills to navigate the complex and precarious nature of this approach. Management of work-related risks, including negative attitudes from others and impact on the nuclear family required several tiers of support particularly their reliance on emotionally close and trusting co-therapist relationships. While the potential for trauma, both direct and indirect was reported by the participants, they emphasised that working in a therapeutically in-depth way with this population provided opportunity for vicarious posttraumatic growth. The findings are discussed in terms of extant literature. Study limitations and implications for future research and clinical practice are addressed.

List of Abbreviations

IPA	Interpretative Phenomenological Analysis
GLM	Good Lives Model
MBI	Maslach Burnout Inventory
EE	Emotional Exhaustion
DP	Depersonalisation
PA	Professional Achievement
CF	Compassion Fatigue
VT	Vicarious Trauma
CS	Compassion satisfaction
VPTG	Vicarious posttraumatic growth
TA	Thematic Analysis
DA	Discourse Analysis
GDPR	General Data Protection Regulation

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1: Introduction and literature review

The rationale for conducting this research was to gain in-depth insight into therapists' lived experiences of delivering group therapy to men who had sexually offended.

Sexual offending is a prevalent global problem which impacts significantly on the psychological and emotional functioning of survivors (Beitchman, Zucker, Hood, Da Costa, Akman, & Cassavia, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Ullman & Filipas, 2005; van der Kolk, 2015). Given the harm induced by sexual offending, it is understandable that much of the literature focuses on the perpetrators, their associated risk factors and/or survivors (Hardeberg Bach & Demuth, 2018). Treatment of those who engage in sexual offending is imperative in terms of reducing recidivism and improving perpetrators' quality of life (Andrews & Bonta, 1998; Ward, 2002a) particularly given the evidence of treatment efficacy in reducing recidivism (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, et al., 2002). To date, much of the research on those delivering treatment has been concerned with technique and treatment outcomes (Friedrich & Leiper, 2006; Sandhu & Rose, 2012) and the negative effects of the work (Ellerby, 1997; Farrenkopf, 1992; Kadambi & Truscott, 2003, 2004). However, recent research suggests that therapists working with this cohort also experience positive consequences (Dean & Barnett 2011; Elias & Haj-Yahia, 2019; Scheela, 2001; Slater & Lambie, 2011). This means that there remains a lack of clarity regarding the holistic experiences of therapists carrying out this work. Also lacking in the literature is a clear understanding of what therapists find useful both personally and professionally when delivering treatment to this cohort (Jennings, 2017). My interest particularly focuses on these disparities.

It is appropriate and of paramount importance that researchers in this field explore the perspective of therapists, no less so than those working in specialist environments such as sexual offending. By carrying out an explorative investigation into the experiences of therapists working with those who commit sexual offending I hoped to identify clinicians' context, beliefs, the processes that affected them and what meaning they placed on their experiences whether positive or negative. This study supports counselling psychology's ethos and alignment with humanist theory (Mearns & Thorne,

2007). By exploring therapists' lived experiences of their work I endeavoured to bridge the gaps in the current literature.

1.1 Thesis overview

This chapter commences with a reflexive statement describing my incentive to carry out the project. Basic assumptions, biases and expectations I had prior to commencing will be outlined in conjunction with descriptions of how I strove to bracket and contain these.

The remainder of this chapter will critically examine research relevant to the study. I will provide an overview of sexual offending, the challenges faced by therapists working in this field. I will then explore therapists' experiences of their work in the context of vicarious trauma, burnout and countertransference. This will be followed by an account of posttraumatic growth in therapists and demonstrate that there may be evidence that therapists working with men who engage in sexual offending develop posttraumatic growth. I will also explore what traits therapists in this field may bring to their work. The study's relevance and application to the field of counselling psychology will conclude the chapter. Given that the participants in this study treated adult men who had sexually offended, I will be discussing empirical evidence relating to adult males.

The second chapter will outline the methodology, my epistemological position and reasons for choosing Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) over other qualitative approaches. I will address my dual role as clinician and researcher and associated increased risk of bias. How I identified and included participants, gathered data and carried out the analysis will also be presented. I finish with a reflexive statement on this process.

Chapter three describes my findings. Superordinate and subordinate themes will be presented with representative participant quotes and interpretation of same. Chapter four re-outlines and discusses my findings, this time by embedding them in existing and relevant literature. Study limitations, implications for practice and a final reflexive section on my overall research experience will be presented.

1.1.1 Reflexive statement

My interest in working therapeutically with people likely stemmed from being a twin and the eldest of eleven children. This gave me insight into different personalities and how to relate to them. I was caring and sensitive. I observed how different experiences impacted on me emotionally, often affecting how I responded and behaved in the future. I intuitively understood that life experiences could mould and influence people's behaviour. I reflected on my faults and mistakes, realising that some had negatively affected others. This spurred me to be more forgiving and understanding of others. I have always endeavoured to see the good in people and to sustain/repair relationships as best I could.

I obtained an M.Sc. in counselling psychology at the age of twenty-two. I felt comfortable in this role as its humanistic ethos (Kasket, 2012) suited how I believe people need to be treated. My first placement, thirty years ago, was with early school leavers in a socially disadvantaged area of inner-city Dublin. Many psychologically vulnerable clients behaved in aggressive ways and frequently presented with attitudes supportive of criminal behaviour. Consequently, I became increasingly interested in the influence of negative emotions, such as anger, on behaviour. Despite my age, and perhaps because of my closeness in age to the eldest clients, I developed rapport easily. Trust was harder to build but notwithstanding the challenges (therapy, in the early 90s in Ireland was frequently viewed in disparaging ways) the adolescents seemed to respond well and I gained satisfaction from witnessing them make positive changes. My growing interest into the impact of negative emotions on criminal behaviour resulted in my obtaining an M.Sc. in applied forensic psychology. Following this I worked in a private forensic psychological service for eight years. There, I worked in a therapeutic and clinical capacity with adolescents and adults from various socio-economic groups, some of whom had engaged in sexual offending. I also co-facilitated community-based group therapy for this cohort.

My awareness of, and compassion for, this clientele was likely influenced by my personality and personal history. When I was approximately eleven years old I recall returning home from a family excursion during which we drove past a high security prison. I inquired about it and my parents explained that dangerous people who had committed serious crimes were incarcerated there. I was appalled when I learnt the prisoners had no toilets in their cells nor had their life comforts. This prompted my asking how prisoners could be

rehabilitated if treated so inhumanely. I do not remember my parents' response but I believe this reflects my compassion and respect for people and from an early age and conviction that everyone deserved a second chance whatever their actions.

Having delivered group to this population for several years, I found myself reflecting on how the work affected me. I felt I was often emotionally drained after group, occasionally in poor form and experiencing negative emotions towards clients. Simultaneously, I was itching for academic stimulation and decided to do a top-up doctorate in counselling psychology, commencing in October 2018. Having identified a dearth in extant literature I decided to study therapists' experiences of delivering group therapy to this cohort.

In March 2019, after experiencing personal problems, I stopped delivering group therapy. While I had not commenced data collection I knew that my past experiences in group would influence my research. Furthermore, my history of working in the host service and prior relationship with some participants was a concern. My dual role increased the risk of confirmation bias (Rosenthal & Fode, 1963; Rosnow, 2002) and participant demand characteristics (Orne, 1969). I was cognisant that my attitudes, expectations and feelings could affect my approach to the research, particularly data analysis. I endeavoured to contain and bracket these through reflexive work, therapy, self-monitoring and supervision. This was never more important when I experienced a personal tragedy in October 2019 which meant that I could be prone to succumbing to bias and/or being over-attached to pre-existing assumptions and expectations.

1.2 Sexual offending

Sexual Offending is a prevalent global problem which impacts significantly on the psychological and emotional functioning of survivors (Beitchman et al., 1992; Kendall-Tackett et al., 1993; van der Kolk, 2015).

In the Irish context, phrase 'sex offender' is a legal term and can be given to any adult who has committed a sexual offence contrary to the Sex Offenders Act 2001 (Department of Justice and Equality, 2009). Sex offences, for the purpose of the act include contact offences such as incest, rape and sexual assault and non-contact offences such as possession of child

abuse images, exhibitionism, and voyeurism. Those convicted of sexual offences are subject to the requirements of the Sex Offenders Act which can include presenting to a local Garda station on a weekly basis, notifying Gardaí of home address and/or if applying for a job, notifying potential employer of conviction. In Ireland, the identities and information of those convicted of sexual offences are only made available to the Gardaí by the courts and are not publicly accessible. This contrary to policy in Britain according to Megan's Law (Levenson, D'Amora, & Hern, 2007) and the United States as per Sarah's Law (Lipscombe, 2012).

1.3 Treatment challenges

It is widely accepted that this offender group pose additional challenges for therapists compared to general mental health therapists (Dean & Barnett, 2011; Kadambi & Truscott, 2004, 2006; Jennings, 2017). Consequently, therapists face many obstacles inherent in the treatment of those who engage in sexual offending not least their heterogeneity (Brown, 2005; Craig et al., 2013) despite the prevailing myth that they are a homogenous group who pose equivalent risk to society (Rogers, Hirst, & Davies, 2012).

Perpetrators of sexual offending have unique traits, behaviours and circumstances that distinguish them from other clients and general offenders (Edmunds, 1997). This offender cohort present with significant variability in age (Brown, 2005), socioeconomic status (West, 1996), intellectual capacity (Lindsay & Michie, 2013), cultural backgrounds (Thakker, 2013), psychological characteristics (Finkelhor, 1984; Marshall & Barbaree, 1990; Ward & Siegert, 2002) such as psychopathy and personality disorders (Hellman, Morrison, & Abramowitz, 1987) which complicate treatment for those tasked with treating them. Offence types (e.g. contact offences such as incest, rape and sexual assault and non-contact offences such as possession of child abuse images, exhibitionism, and voyeurism), victim profiles (e.g. adult/adolescent/children) (Brown, 2004), severity of the offending, treatment responsiveness and potential for recidivism (Hanson & Bussière, 1998) add to the challenges faced by therapists.

Jackson et al. (1997) note that delivering treatment is complex and unique because of discrete characteristics presented by perpetrators such as high shame levels,

low self-esteem (Hatcher & Noakes, 2010), hostility and deceptiveness (Farrenkopf, 1992), problematic interpersonal relationships (Ward & Siegert 2002), low levels of empathy (Chaplin et al., 1995; Marshall & Maric, 1996) and resistance all of which increase the demand on therapists (Marshall & Moulden, 2006; Slater & Lambie, 2011). Additionally, offenders' denial of, minimising, rationalising or justifying behaviour can result in additional stress in clinicians (Ellerby, 1997; Ennis & Horne, 2003). This can lead to therapists' having reduced trust in their clients' accounts given their likelihood for cognitive distortions, self-deceptions and other attributes that can make them unreliable (Clark & Erooga, 1994).

Trusting in the treatment process can also be difficult from clients' perspectives, given privacy and confidentiality restrictions as well as potential problems with authority (Clark & Erooga, 1994). Limitations such as these can result in fluctuating motivation in clients depending on their personal circumstances and pressures to attend (Clark & Erooga, 1994; Deutsch, 1984; Hatcher & Noakes, 2010). This can add to the demands, particularly as treatment is frequently mandated and/or clients often feel coerced into attending (Glaser, 2003; Hatcher & Noakes, 2010). They can also lack motivation to affect personal change or other reasons, such as hope of early release for their attendance (Ellerby, 1997).

Treatment is often carried out in parallel with risk of recidivism assessment (Ward, 2015). Where therapists are tasked with being risk assessors they are often viewed as having two clients, their client and society (Baerga-Buffler & Johnson, 2006). Consequently, creating effective boundaries around therapy and justice can be difficult (Chudzik & Aschieri, 2013). Therapists can also feel caught in a value conflict owing to confusion around their allegiance (Hardeberg Bach & Demuth, 2018). These contrary components and discrete quandaries faced by those in service provision (Kearns, 1995) can result in a tension arising from the clinicians' sense of responsibility to treat clients professionally whilst managing feelings of disdain for their offending (Lea et al., 1999). Lea et al. (1999) coined this the personal-professional dialectic.

1.3.1 Additional challenges

Public attitudes towards this offender cohort are usually critical, intolerant and dehumanising (Marshall & Burton, 2010). They are frequently viewed as untreatable, monster-like, evil and dangerous (Payne et al., 2010). This poses challenges for therapists in terms of attitudes both to those who sexually offend and to clinicians' choice of work (Lea et al., 1999). Therapists in Scheela's (2001) study reported that society's misinformed, negative attitudes and media's inaccurate depiction of their clients as inhuman were difficult to manage. These findings have been replicated in other studies (Elias & Haj-Yahia, 2019; Willis, Prescott, & Levenson, 2018). Negative attitudes towards this cohort are not confined to the public. Mental health professionals can lack understanding about sexual offending where they are not involved in treatment delivery (Bradford, Fedoroff, & Gulati, 2013). Many clinicians desist from working with perpetrators with pedophilia due to a sense of revulsion, fear of litigation or a belief that they cannot benefit from treatment (Jahnke, Philipp, & Hoyer, 2015) and has been identified by therapists as a discrete challenge in their work (Scheela, 2001).

Inadequate supports systems or systems not fit for purpose (Clark, 2011) can challenge therapists. Poor organisational climate is consistently noted as a cause of stress across many occupations (Gist & Woodall, 2000; Paton, 2006) (see Clark 2011, pg. 345). The setting in which treatment takes place can also impact on therapists delivering therapy to those who engage in sexual offending. There are indications that those treating this cohort within secure settings experience high levels of exhaustion and depersonalisation (Edmunds, 1997; Elias and Haj-Yahia, 2019) whereby the physical environment of prisons is unlikely to be relaxing or restorative for therapists (Ellerby, 1998). Displays of aggression and hostility, lying, extreme client dependency, suicidal gestures and passive-aggressive behaviour particularly amongst those incarcerated have been documented as stressful for therapists (Clark, 2011).

Professionals working with this population are also subject to systemic issues such as poor resources and financial backing. Working with limited funding can increase stress for therapists which lead to exasperation, vicarious trauma, compassion fatigue and burnout (Hardeberg Bach & Demuth, 2018).

It is evident that the heterogeneity of those who sexually offend in conjunction with challenging systemic issues can elicit significant difficulties for clinicians. However, research outcomes investigating the nature of the impact is mixed. There is evidence that therapists experience both negative and positive consequences of their work. The following section will first examine the negative ramifications highlighted in extant research. Therapists' experiences of positive reactions to their work will then be addressed. This is important given that my study was concerned with exploring clinicians' holistic experiences rather than focusing exclusively on either perspective.

1.4 Experiences of therapists working with survivors of trauma

There is substantial evidence that therapists working with trauma victims, such as those affected by family violence and sexual abuse are at risk of developing negative psychological and physical consequences as a result of their indirect exposure to their clients' traumatic events (Barid & Jenkis, 2003; Iliffe & Steed, 2000; Sabin-Farrell & Turpin, 2003).

McCann & Pearlman (1990) first termed the changes in trauma therapists' cognitive schemas and belief systems resulting from empathetic engagement with clients who had suffered traumatic life events, as vicarious trauma (VT). Witnessing a traumatic event, listening to details of traumatic events, and having explicit knowledge of an event have been shown to cause serious, protracted distress (American Psychiatric Association, 2000; Johnsen, Eid, Lovstad, & Michelson, 1997) can lead to VT symptoms. Therapists with larger caseloads (Pearlman & Mac, 1995; Schauben & Frazier, 1995), with a history of trauma and abuse and those with less varied cases (Pearlman & Mac, 1995) are also more at risk of developing VT. Indicators of VT include disrupted cognitive schema and belief systems, shifts in internal functioning, countertransference, imagery of abuse, avoidance, isolation, sleep disturbances and nightmares, sexual difficulties, isolation and cynicism (Ennis & Horne, 2003; Way et al., 2004). VT is noted to have a permanent effect due to their empathic engagement with their clients' traumatic experiences and material (Kadambi & Truscott, 2004).

Countertransference is part of VT symptomology. Transference and countertransference represent the unconscious response that all people experience when interacting (Sattar, Pinals, & Gutheil, 2002). They theorised that transference is an unconscious process that permits a client to project their feelings and experiences onto the therapist. Therapists are also vulnerable to unconscious emotional reactions to their clients during therapy which may underline unresolved conflict within the therapist (Gordan, Blake, Bornstein, Etzi, Lingiardi, McWilliams, et al., 2015). This is termed countertransference (CT) which usually manifests as an emotional response resulting from their interactions with the client (Racker, 2012). While CT was initially thought to be an impediment to successful outcomes in therapy (Eagle, 2000) it is now believed to be a useful therapeutic tool which enables the therapist to identify and understand their client's internal processes (Hayes & Gelso, 2001). However, CT can only be beneficial as long as the therapist remains aware of their internal emotions throughout their engagement with clients (Gabbard, 2001). Gabbard (2001) posits that by silently noting their own internal process they can reach a more insightful understanding of their clients. The difficulty with CT is that if internal processes are not perceived, monitored or addressed by therapists it can have a negative impact on therapeutic success. Hayes, Gelso and Hummel (2011) note that should CT go unnoticed, therapists are at risk of making poor therapeutic decisions because of the strength of the unmonitored CT reactions. By remaining aware of their internal process, therapists can remain objectively engaged with their client thus allowing them to maintain professional boundaries (Hinshelwood, 1999). Clinicians' experience of CT can be subjective and objective and it can be difficult to identify subjective from objective CT without adequate resources (Rathe, 2008). It is also important that the therapist can contain their subjective CT both within session to ensure that it does not have a negative impact on the therapeutic relationship or work (Rathe, 2008). CT does not necessarily result in feelings of trauma for therapists however, experience of strong, unpleasant CT reactions to clients can result in poor logical thinking and stress (Bowen, 1978).

Figley (1995), when addressing the resulting behaviours and emotional reactions in trauma therapists used the term secondary traumatic stress (STS). This too related to therapists' responses to their indirect insight into the experiences of survivors of trauma. Secondary traumatic stress manifests in, or mirror, symptoms of post-traumatic stress disorder (DSM-V, 2013) such as hypervigilance, intrusive imagery, nightmares and emotional distress (Figley, 1995). Figley (1995) later added the term compassion fatigue

(CF) to this catalogue to emphasise changes in therapists functioning which relate to exhaustion, disrupted sleep, anxiety, headaches, stomach upset, irritability, numbness, a decreased sense of purpose, emotional disconnection, self-contempt, and difficulties with personal relationships. Several variables have been associated with higher CF such as female gender (Sprang, Clark, & Whitt-Woosley, 2007), younger age (Craig & Sprang, 2010) and less clinical experience (Sprang et al., 2007). While there are distinctions between these concepts, VT, STS and CF are frequently used interchangeably when describing the impact of the work on trauma therapists, possibly because of a lack of conceptual clarity inherent in VT, STS and CF (Craig & Sprang, 2010; Knight, 2018).

Burnout, defined by Stamm (2005) as therapists' sense of hopelessness, difficulties coping with work effectively and ensuing feelings that their efforts are meaningless emanated from Maslach's (1982) examination of work-related affects in general. Indicators of burnout are emotional and physical exhaustion, depersonalisation and reduced self-efficacy, anxiety, sleep disturbances and disconnection from clients. A diminished sense of meaning in one's work is also indicative of burnout (Maslach, Jackson, & Leiter, 1996; Pines & Maslach, 1978) These symptoms are noted to emerge gradually, are reversible and can be experienced by a multitude of professionals (Maslach et al., 1996). While there are conceptual likenesses between burnout and VT, researchers in VT note that they are distinct (Pearlman & Saakvitne, 1995b).

1.5 Negative reactions of therapists working in the sexual offending field

“Few client populations present as many personal and professional challenges to therapists as sexual offenders” (Kadambi & Truscott, 2003, pg. 216). Historically, research has largely focused on the negative repercussions for these therapists (Dean & Barnett, 2011; Farrenkopf, 1997; Way, VanDuesen, Martin, Appelgate, & Jandle, 2004). The following section will explore findings from pertinent studies in the context of VT, burnout and CT after which literature regarding the positive experiences will be examined.

Many studies have investigated whether therapists working with perpetrators of sexual crimes are negatively affected by their work, particularly whether they are at risk

of developing VT (Kadambi & Truscott, 2003) and STS (Steed & Bicknell, 2001). Rich (1997) examined VT amongst survivors of sexual violence and those who had engaged in sexual offending. Sixty Two percent of the sample reported that they were suffering from VT with symptoms such as stress associated with their work and uncertainty as to whether they could cope with same. Therapists identified that they experienced intrusive imagery of distressing material, pessimism, anxiety and feeling disconnected from the world. Given that the participants self-diagnosed VT this study is limited in terms of validity and pervasiveness of the condition in this cohort. However, various other studies indicated that therapists felt a sense of depersonalisation and changes in cognitive schema such as their world view an emotional functioning (Dean & Barnett, 2011; Jackson, Holzman, Barnard & Paradis, 1997; Rich 1997; Scheela, 2001; Van Deusen & Way, 2006). Affect regulation such as emotional numbness, anger and fear (Friedrich & Leiper, 2006; Moulden & Firestone, 2010), cynicism, depression and loss of trust and hope (Edmunds, 1997; Moulden & Firestone, 2010), depression (Hardeberg Bach & Demuth, 2019) and isolation (Elias & Haj-Yahia, 2019; Levenson, Fortney, & Baker, 2010) were also reported in therapists. Kadambi and Truscott (2003), using the Traumatic Stress Institute Belief Scale - Revision L (TSI) (Pearlman, 1996) carried out a study specifically for this purpose. They found no difference in VT symptoms when compared to practitioners working in general mental health settings. Those who had team meetings and outlets for debriefing scored less on measures of VT than those without. Crabtree (2002), when investigating VT, used random selection, and surveyed 158 therapists treating youths who had sexually offended. No correlation between work setting and VT was reported although respondents with personal histories of trauma displayed more psychological disruptions than those who did not. Male participants had higher incidences of disturbance in cognitive schemas than their female counterparts and they were more likely to experience trauma related to concern regarding the safety of others. Steed and Bicknell (2001) identified that symptoms of avoidance occurred mostly in those who were least experienced in the work and long-term experienced clinicians in their Australian study of sixty-seven practitioners. Similarly, in Jackson, et al.'s (1997) research, enduring intrusive imagery was identified in over half their participants. Dreier and Wright (2011) noted that therapists experienced intrusive thoughts and imagery regarding clients, offences and victims. This was also identified by Steed and Bicknell (2001). Some therapists experienced intrusive imagery during sexual intercourse and/or flashbacks to their personal experience of abuse.

One symptom of VT reported in Dreier and Wright's (2011) study was therapists' escalated sense of danger in situations that were normally safe. This hypervigilance was reported in several studies where therapists felt increased fear and lack of trust in others (Dean & Barnett, 2011; Steed & Bicknell, 2002). These findings supported research by Scheela (2001) who carried out a ground-breaking qualitative study into the experiences of 17 therapists delivering a sexual abuse treatment programme in America. Scheela (2001) observed similar findings in male participants particularly relating to their family's vulnerability and children's safety. Elias and Haj-Yahia (2019) and Shrim and Baum (2022) also observed that therapists presented with varying levels of alertness and protectiveness regarding their children's safety as did other less recent studies (Ennis & Horne, 2003; Farrenkopf, 1997). While the concern over their children's safety has previously been reported by therapists working with this offender group (Scheela, 2001;), more recent qualitative studies have placed significant emphasis on this phenomenon (Elias & Haj-Yahia, 2019; Shrim & Baum, 2022). Scheela (2001) identified that some therapists felt uncomfortable touching their own children and were less affectionate with them. Increased suspicion in others while also feeling a sense of protectiveness for family members can occur especially because of therapists' knowledge of their clients deceptive and devious characteristics (Dreier & Wright, 2011; Dean & Barnett, 2011). Elias and Haj-Yahia (2019) posited that heightened perception of their children's vulnerability to sexual abuse resulted in varying degrees of anxiety which impacted on therapists' parenting. They concluded that parenting could become potentially problematic where therapists became over-protective of offspring. Interestingly, Clark (2011) and Shrim and Baum (2022) noted that some therapists worried that their children could act out sexually. Clark (2011) found that therapists limited their children's activities when out of the home. Shrim and Baum (20122) identified that some therapists feared that their sons could engage in inappropriate sexualised behaviour raising another example of changes in therapists' cognitive schemas directly because of their engagement with perpetrators of sexual crimes.

Dreier & Wright (2011), in an American qualitative study, found that participants experienced disconnect from society and also between professional and personal lives. They reported intrusive imagery of traumatic content and a rise in suspicion of others. Their disconnection from society related to reluctance to talk to close family for fear of distressing them, feeling uncomfortable imparting the nature of their work to new acquaintances or lying to others about their work for fear of rejection or judgment. Scheela (2001) noted that

therapists had concern that clients could reoffend and they were fearful of negative reactions from clients, victims or families who did not appreciate their work. Therapists also noted that society's misinformed, negative attitudes and media's inaccurate depiction of clients as inhuman were difficult to manage. Negative reactions from the public and other general health professionals, when discussing their work was also challenging. These findings have been replicated in other studies (Elias & Haj-Yahia, 2019; Willis et al., 2018). Therapists have reported reluctance to discuss work with people due to their experience of criticism, judgement, extreme disgust or stigma by association (Shrim and Baum, 2022; Lea et al., 1999). Other studies indicated that therapists chose not to discuss their work with those unconnected with their jobs perhaps believing they would not understand (Jackson et al., 1997) or for fear of alienating or contaminating others in some way (Clark & Roger, 2002). It is evident that therapists report symptoms of VT however the mixed outcomes make it difficult to draw emphatic conclusions that they are more at risk of developing VT than their counterparts working in other areas of mental health (Kadambi & Truscott, 2006).

Therapists are often required to tailor and deliver treatment according to their clients' risk of reoffending, and personal needs (Andrews & Bonta, 1998; Ward, 2002a) whilst simultaneously managing and processing their own experiences of their work (Bengis, 1997; Kearns, 1995). Experience of CT reactions has been documented as particularly difficult for these clinicians' occupation (Gerber, 1995; Kadambi & Truscott, 2003; Peaslee, 1995). Studies into the presence of CT in therapists working in this arena have yielded interesting outcomes (Bengis, 1997; Elias & Haj-Yahia, 2019; Friedrich & Leiper, 2006; Kearns, 1995; Scheela, 2001). Exposure to details of offences (Edmunds, 1997), offenders' history of victimisation (Kearns, 1995) and deviant sexual fantasies and behaviours can impact therapists viscerally (Ellerby, 1997; Mitchell & Melikian, 1995). CT responses can prompt distressing sexual thoughts and feelings (Gerber, 1995). Slater & Lambie (2011) carried out a qualitative study in New Zealand which included twelve participants who worked in a counselling service which offered treatment to those who had sexually offended against children. They identified that CT reactions of anger were experienced as challenging for the participants which they found difficult to contain and manage during sessions. Friedrich and Leiper (2006) emphasise that therapists need to be consistently alert and reflexive to mitigate against CT reactions, bias, negative attitudes and behaviours towards their clients.

There has also been an interest in identifying whether therapists are more at risk of burnout than their peers working with different client populations. In a pioneering study Farrenkopf (1992) examined the impact on therapists and identified that many expressed symptoms of burnout. Although Farrenkopf's study consisted of a small number of participants, his study continues to have relevance (Hardeberg Bach & Demuth, 2019). It was noted that in excess of half the sample frequently experienced blunted emotional affect and pessimism regarding treatment efficacy, a sense of detachment and cynicism. Personal impact included angry and frustrated feelings towards their clients which infiltrated their social lives. Those in-training, reported increased levels of vigilance, suspicion of others and self-protection. Women were more likely to describe hypervigilance, suspicion and self-protection. Symptoms of burnout such as fatigue, stress and depression were evidenced in those clinicians who had a long history of working with perpetrators of sexual offending. Edmunds (1997) found evidence of burnout where respondents reported exhaustion, irritability, cynicism, sleep problems and depression. Alcohol and drug use were also identified. Female therapists who had survived sexual abuse were found to be at increased risk of burnout. Shelby, Stoddart, & Taylor (2001) using the Maslach Burnout Inventory (MBI) (Maslach, 1982) studied 86 randomly selected inpatient and outpatient treatment providers for this cohort and observed that when compared to general mental health professionals, treatment providers scored higher on scales, emotional exhaustion (EE) and depersonalisation (DP). Interestingly, professional accomplishment (PA) was higher amongst the treatment provider group indicating that, despite the challenges, they appeared to feel efficacious. Therapists working in closed settings such as prisons were more likely to experience symptoms of burnout. Limitations to this study included low response rates and lack of information regarding ethnicity, age, and educational levels. Similar results were indicated by Kadambi and Truscott (2003) who examined the experience of burnout in 91 treatment providers using the MBI. They noted that nearly one fifth scored in the high range for EE and DP subscales, supporting previous authors' findings (Shelby et al., 2001). Results into whether burnout is experienced by this therapist group is mixed. Studies indicate that symptoms of burnout are experienced by this therapist cohort, but they also appear to feel confident in their accomplishments and fulfilled by their work (Kadambi & Truscott, 2006). However, Shelby et al.'s (2001) study identified that 2% had high scores on both subscales combined with low scores on the PA scale, results which could signal high burnout levels (Maslach et al., 1996).

Research indicating that these clinicians are more at risk of VT and burnout is mixed and unclear. However, there is undoubtedly evidence demonstrating that therapists working in the sexual offending field experience negative sequelae. The ambiguity in results could be related to factors such as different study methodologies, diversity of treatment programmes within studies and the wide array of professions with varying levels of qualifications amongst those who treat this population (Collins & Nee, 2010; Dowling, Hodge, & Withers, 2018; Slater & Lambie, 2011). It may also be related to the fact that therapists are coping well and gaining significant satisfaction from their work despite the challenges and negative effects (Kadambi & Truscott, 2006). This factor will be discussed in the following sections.

1.6 Compassion satisfaction and posttraumatic growth in trauma therapists

Trauma therapists appear to gain significant meaning, personal strength and satisfaction out of their work despite inherent challenges (Dyreguv & Mitchell, 1992; McCann & Pearlman, 1990; Tedeschi & Calhoun, 2004). This has previously been referred to as compassion satisfaction (CS) which refers to the extent of satisfaction that therapists can glean from helping others (Stamm, 2005). CS has been found to correlate positively with resilience which is the capacity to withstand or to recover quickly from difficulties through effective coping, learning and personal growth (Burnett & Wahl, 2015).

More recently there has been increasing interest in the concept of vicarious post-traumatic growth (VPTG) (Manning-Jones, de Terte, & Stephens, 2017) which reflects the psychological growth, cognitive development, emotional adaptability and life awareness experienced by therapists as a result of their trauma work (Arnold, Calhoun, Tedeschi, & Cann, 2005; Tedeschi & Calhoun, 2004; Tedeschi, Calhoun, & Groleau, 2015). It may even be that sharing clients' distress is a critical aspect of empathic therapy. Therapists' responses and trauma reactions could be indicative of their capacity for VPTG (Gil, 2015).

The process of VPTG include changes in therapists' cognitive schema and interpersonal relationships (Bartoskova, 2017), spirituality (Arnold et al., 2005). Trauma

therapists have identified that VPTG comes about from awareness of self-growth and development, contributing to others or making a difference, meaning making and addressing, processing and managing the trauma (Bartoskova, 2017; Tedeschi & Calhoun, 1996). Social support, self-care, empathy and coherence have been identified as beneficial in the promotion of VPTG (Brockhouse, Msetfi, Cohen, & Joseph, 2011; Linley & Joseph, 2007). Supervision is also essential in supporting therapists in their work (Bartoskova, 2017). Arnold et al. (2005) reported that seventy-six percent of therapists in their study stated that living their life more meaningfully, being more compassionate and kinder to others and becoming more emotionally open and demonstrative with loved ones assisted the process of VPTG. One of the factors that promote VPTG in therapists is witnessing change, healing and survival in clients who have experienced trauma (Pearlman & Saakvitne, 1995). Brockhouse et al. (2011) further posited that the more empathic therapists may have more flexible schemas making the process of VPTG more straightforward for them. Bartoskova (2017) carried out a qualitative, phenomenological study on ten self-identified trauma therapists to explore their experience of working with trauma clients and what assisted the process of VPTG. While all participants had negative reactions to their trauma work more positive consequences were noted. Awareness of self-development and growth, increased understanding of self, sense of hope, making a difference, managing self-expectations, finding ways to process the work, instilling boundaries and developing life balance, broadening knowledge and learning, self-care and social support were identified as facilitating the process of VPTG. It seems that despite stressors in treating trauma clients, therapists yield significant positive experiences from their work. This appears to be true for therapists working with those who engage in sexual offending. The following section will explore this in more depth.

1.7 Positive consequences of working with men who engage in sexual offending

There is increasing evidence to demonstrate that therapists working with this offender cohort gain significant satisfaction and growth from their work (Hardeberg Bach & Demuth, 2018; Kadambi & Truscott, 2006; Scheela, 2001).

A review of extant research into therapists' experiences of working with perpetrators of sexual offending indicated that they do not appear to feel the work has an overwhelmingly negative impact on them (Hardeberg Bach & Demuth, 2019; Kadambi & Truscott, 2006; Moulden & Firestone, 2010; Willis et al., 2018). In fact, many studies indicate that therapists treating this population are coping well both on personal and professional levels (Clark, 2011; Kadambi & Truscott, 2006). Neither of the concepts CS or VPTG were referenced in any of the studies I had access to however there was a strong resemblance between the positive aspects of their work and those identified as promoting CS and VPTG in therapists. Many of the more recent qualitative studies indicate that therapists working with men who sexually offend develop resilience (Hardeberg Bach & Demuth, 2019), effective coping strategies, cognitive and psychological growth (Elias & Yaj-Yahia, 2018; Scheela, 2001), positive changes in cognitive schema (Ben-Zur & Yagil, 2005) meaning making (Elias & Yaj-Yahia, 20018; Scheela, 2001), empathy and coherence (Willis et al., 2018) as a result of their treatment of this offender cohort.

Collegial support is documented to be helpful in preventing adverse effects of providing therapy to many client groups (Dlugos & Friedlander, 2001; Farber & Heifetz, 1981; Mederios & Prochaska, 1988). This too appears to be true for therapists working in sexual offending treatment. Many studies have evidenced that this is a significant buffer against the adverse effects of the work (Dreier & Wright, 2011; Ellerby, 1998; Ennis & Horne, 2003; Elias & Haj-Yahia, 2018; Hardeberg Bach & Demuth, 2019; Scheela, 2001; Willis et al., 2018). These studies all reported that collegial support and offered therapists opportunity for social support, de-briefing and processing of negative CT.

Supervision was also referenced as imperative in managing the negative sequelae of the work and offering peer support (Moulden & Firestone, 2010; Scheela, 2001; Willis et al., 2018). Having occasion to discuss cases, de-brief, voice concerns, and address CT concerns was important to those therapists.

Personal and professional development were evidenced as crucial in coping with the demands of the work with many therapists noting that continued education and training facilitated increased self-respect and empowerment (Elias & Haj-Yahia, 2018), increased confidence and competence (Dreier & Wright, 2011) and a sense of status (Elias & Haj-Yahia, 2018).

Development of effective coping strategies the frequently reported by therapists as essential in managing work stressors (Clark, 2011; Hardeberg Bach & Demuth, 2019; Scheela, 2001). Strategies such as separating the offenders' actions from the men and seeing them as human and understanding their history of victimisation (Scheela, 2001), separating responsibility for recidivism from their input as therapists (Hardeberg Bach & Demuth, 2019) and not taking reoffending personally (Scheela, 2001) was a significant coping strategy. Having clear personal and professional boundaries (Elias & Haj-Yahia, 2018; Hardeberg Bach & Demuth, 2019; Scheela, 2001), diversity in caseloads and not working exclusively with perpetrators of sexual violence were also seen as good coping strategies. Self-care, whether through such mediums as meditation, hobbies, sports, social network, rest/relaxation or humour were identified as imperative in keeping well (Hardeberg Bach & Demuth, 2019; Hatcher & Noakes, 2010; Willis et al., 2018;).

Another aspect of their work that they saw as beneficial was the importance of meaning making, being an agent of change, seeing that they were making a difference to potential victims, the community and society at large by increasing safety and a belief in their work as being effective (Dreier & Wright, 2011; Hardeberg Bach & Demuth, 2018; Scheela, 2001) as was helping the offenders themselves make positive changes to their lives (Scheela, 2001). Slater and Lambie (2011) reported that working for community outcomes and having a supportive agency culture was invigorating for therapist. This sense of reward and gratification for their work was another identified as a facilitator for self-growth.

The continuous process of understanding themselves through self-reflection, self-awareness, examining bias, attitudes and experiences was reiterated by many therapists (Elias & Haj-Yahia, 2018; Lea et al., 1999; Nelson, Herlihy, & Oescher, 2002; Scheela, 2001). Some therapists expressed that seeing positive changes in their interpersonal relationships and being gentler, kinder and better was helpful (Hardeberg Bach & Demuth, 2018; Elias Haj-Yahia, 2018; Willis et al., 2018). This process appeared to assist their professional maturity, build resilience and gain increased empathy, warmth and affirmation.

While the above factors promoted longevity in their work and helped buffer the negative consequences the evidence suggests that they are going through a process of PTG. The importance of addressing the possibility of negative sequelae in therapists who work with those who engage in sexual offending should not obscure the fact that much positive

consequences are apparent for those who work in this field. Hardeberg Bach & Demuth (2019) emphasise that this work is not binary but that both positive and negative aspects of the work may co-exist or occur at different times. This review of pertinent literature, appears to demonstrate that it is the positive, rewarding and meaning making experiences that therapists have that facilitates their ongoing work.

1.8 Therapist characteristics

Therapeutic success is the ultimate responsibility of the therapist (Fernandez, 2013; Yalom, 2020) and their characteristics are central to this process. Specific therapist features in general therapy (Egan, 1998) and in the treatment of this cohort are imperative (Levenson & MacGowan, 2004; Marshall, 2005). In general therapy, qualities such as empathy, warmth and genuineness are vital for the development of strong therapeutic alliances (Rogers, 1957) while confrontation can negatively affect outcomes (Lieberman, Yalom, & Miles, 1973). Comparably, the same is true for therapists working with this population (Jennings & Deming, 2017).

Marshall, Fernandez, Serran, Mulloy, Thornton, Mann & Anderson (2003), in a study on the impact of therapist process variables on treatment outcome, reported that warmth, empathy, rewardingness (encouragement and praise) and directiveness, later described as ‘guiding’, correlated with positive changes in this cohort. ‘Guiding’ encourages clients to demonstrate and practice specific behaviours within group and outside (Marshall, Burton, & Marshall, 2013).

Correspondingly, Beech & Hamilton-Giachritsis (2005) emphasised that facilitators’ characteristics and behaviours were imperative for successful outcomes, observing that therapist qualities of warmth, empathy and support related to increased treatment efficacy. Bauman and Kopp (2006) posited that the value of a humanistic approach was reinforced by the importance of therapists’ traits in treatment success. Low levels of empathy and disinterest in clients have a potentially negative treatment impact (Serran, Fernandez, & Marshall, 2003). Jennings and Deming (2017) described guidance/directiveness as a significant therapist characteristic and the aforementioned traits enabled the development of a safer therapeutic environment in which offence-

specific factors could be better explored. These qualities related to improved relationships, more accountability and a reduction in denial of planning, resistance, victim blaming and minimisation of offences in participants (Jennings & Deming, 2017).

Jennings and Deming's (2017) review highlighted that therapists' use of confrontation (in this case aggressive confrontation challenging denial and insisting on admission of sex offences) was obstructive in group therapy. They noted offenders' experiences of confrontation heightened fear of degradation, mortification and rejection which resulted in reduced engagement in treatment. Beech and Fordham (1997), in a study of men attending treatment for sexual offending, observed a negative relationship between therapist confrontation and low self-esteem. Drapeau (2005) reported that this population were more likely to drop-out when they felt therapists were rejecting and consistently confrontational.

Similarly, this population seemed more likely to drop-out or engage superficially in treatment when therapists were seen as angry, hostile or rejecting (Beech & Fordham, 1997; Hudson, 2005). Jennings and Deming (2017) recommend that therapists are cognisant of this. They emphasise the importance of therapists whose interventions are perceived as encouraging and challenging rather than confrontational or pejorative.

The ability to instil hope and belief in clients is positively related to treatment success in general literature. Perceiving therapists as emotionally engaged, involved and interested determined how meaningful clients believed their treatment was and how well they engaged (Saunders, 1999). Snyder (2000) observed that therapists who were unable to instil hope in clients negatively affected their belief in their aptitude to change and reduced their motivation. In sexual offending literature, there is less evidence indicating this factor's importance. However, Sribney and Reddon (2009) compared the results of adolescents and adults who had sexually offended using the Yalom Card Sort. They reported that adolescents ranked instillation of hope and universality higher than their adult counterparts. Sturgess, Woodham, & Tonkin (2015) observed that therapists played a critical role in developing motivation particularly after strong therapeutic alliance was achieved and when working collaboratively with clients.

Marshall, Serran, Moulden, Mulloy, Fernandez, Mann, & Thornton (2002) reported that giving therapists greater flexibility when implementing treatment programmes led to higher success rates. They noted that this related to the level of permission therapists had, within their service, to adapt/move away from manuals where appropriate. They reported that reducing rigid adherence to manualised programmes resulted in better outcomes for group members. Frost, Ware, & Boer (2009; 2016) emphasised that application of a humanistic approach, characterised by flexibility and openness, contributed to better cohesiveness and greater efficacy than an overly rigid and controlling style.

Other therapist attributes associated with successful outcomes are indicated, albeit without the same quality of evidence as those mentioned above. Therapist traits such as genuineness and sharing of authentic feelings where appropriate (Marshall et al., 2003), balanced self-disclosure and judicious use of self, curiosity, humour, and encouragement contribute to increased openness (Beech & Fordham, 1997; Frost, Daniels, & Hudson (2006) and Frost et al. (2009). Caring and non-judgemental attitudes are also important traits (McLeod, 1990, cited in Marshall, 2003).

1.9 Therapist qualifications, therapeutic models and organisational supports

Pais (2001) noted that the number of appropriately trained and supervised professionals working with this population is inadequate. Other concerns are that staff trained in manualised cognitive behavioural therapy programmes could be exposed to risks because they are unqualified to deal with complex group dynamics (Collins & Nee, 2010). Frost et al. (2009) state that manualised programmes are frequently implemented due to user friendliness, efficiency and because non-specialised, untrained or inexperienced staff can implement such programmes. This issue has been raised by others who add that over-emphasis on accredited, manualised treatment programmes facilitate wide-scale treatment delivery by less experienced therapists in a politically justifiable cost-efficient manner (Hollin, 2009). Frost et al. (2016) argue that process-oriented group therapy is less utilised because it requires qualified, trained and specialist therapists. This is despite evidence indicating that process variables such as group

cohesion cultivate optimal therapeutic conditions where this cohort can best respond to a diverse range of interventions relating to their offending (Jennings & Deming, 2017).

Gannon and Ward (2017) highlighted the importance of clinicians' theoretical knowledge when working with this cohort. This is supported by Frost et al. (2016) who emphasise that therapists should have pertinent knowledge and expertise resulting from specialist training, appropriate supervision and practical experience.

Willis et al. (2018) explored treatment providers' experience of workplace support. They suggested that provision of process-oriented supervision for staff, inexperienced and experienced, was imperative. This was advocated because it provided bounded space for self-reflection to mitigate against countertransference reactions. The importance of supervision was echoed in many studies (Hatcher & Noakes, 2010; Scheela, 2001; Slater & Lambie, 2011).

Moulden and Firestone (2010) asserted there was an ethical responsibility on therapists working with this cohort to engage in self-care using self-reflection and self-awareness to buffer against countertransference reactions and collusion. They recommended that organisations had a role to inform therapists of potential consequences of the work as well as encouraging self-care and positive coping strategies.

Despite the emphasis on therapists' traits and their role in developing an environment conducive to change, little is known about their experiences. The following section outlines some of the themes identified in existing literature and further highlights why it is important to concentrate on this phenomenon.

1.10 The current study

Treating this population is essential given that client rehabilitation and reduction in recidivism are possible (Hanson et al., 2002). It is evident that group therapists play a critical role in treatment outcomes (Jennings & Deming, 2017) and their contribution to society's safety must not be undermined. It is therefore vital that our understanding of their work is increased. Counselling psychology's philosophy is to facilitate growth and change in clients

through therapy. By gaining in-depth insight into the experiences of counselling therapists in this study the field of counselling psychology will be better equipped in understanding how best to support practitioners carrying out this specialised and challenging work. It will likely contribute to existing empirical evidence in a more comprehensive way given the emphasis on the holistic experiences of the participants. Another benefit of carrying out this research is that current practice may be enhanced by the additional material which in turn could better the lives of those who perpetrate sexual offending thereby leading to reduced recidivism.

Specifically, this study aims to explore the holistic experiences of clinicians delivering community-based group therapy, in an Irish setting, to men who have sexually offended. It also aspires to investigate clinicians' understanding of what features of therapy assists them in their endeavour to perform this important work.

1.10.1 Research question

How do therapists working in a community-based forensic setting in Ireland experience their delivery of group therapy to men who have sexually offended?

2. Methodology

2.1 Quantitative and qualitative research methods in psychology

Three dominant approaches, quantitative, qualitative and mixed methods, are utilised when carrying out psychological research (Cresswell, 2014). Each approach is based on important philosophical underpinnings which give context to the process of choosing a research design (Cuthbertson, Robb, & Blair, 2020). Quantitative research was historically the most applied methodology due to its emphasis on numerical, randomised controlled studies with large sample sizes (Lyons & Coyle, 2016). Qualitative research has increasingly been employed due to a growing acknowledgement that focusing on the individual experience can yield in-depth and valuable empirical information about the phenomenon being investigated (Cuthbertson et al., 2020).

2.2 Epistemological and ontological position

Epistemology and ontology play essential roles in shaping how psychological research is executed, how knowledge is understood and how reality is interpreted (Braun & Clarke, 2013). Epistemology is concerned to the nature of knowledge, how one makes sense of the world and how one arrives at that knowledge. Ontology focuses on the nature of reality and how one's reality is interpreted. Having an epistemological and ontological position is crucial in psychological research, as together, they influence how researchers frame their research question (Braun & Clarke, 2013). Epistemological and ontological positions facilitate the researcher in examining their relationship with their research subject, in examining how that knowledge will be generated and how it can be validated and interpreted (Creswell, 2014). Understanding how one views reality (ontology) and makes sense of the world (epistemology), is critical when considering methodology (Creswell, 2014). One's epistemological standing should be informed by one's ontological position which will then shape research design and method.

In qualitative research ontology is concerned with suppositions about the nature of existence, of being and reality (Cuthbertson et al., 2020). The researcher can look to several ontological assumptions to assist them in understanding their position. Realism or objective

reality attends to the notion that an independent reality exists, it is knowable and observable, and researchers can identify that reality through empirical study. If scientifically measurable, the knowledge is worth researching but data outside that regime can only be inferred. The knowledge outside the realm of empirical evidence relates to constructionism or interpretivism because the knower can only subjectively know (Burr, 2015).

Epistemology in qualitative research looks at how researchers glean knowledge and comprehend the world. This study of knowledge allows researchers to pose more flexible questions about knowledge. Epistemology invites questions about what knowledge is important, how we access this knowledge and what are the most valid approaches in garnering that knowledge. Braun and Clarke's (2013) ontological and epistemological continuum is useful when considering which epistemological standing is most suitable to the research question. Realism (objective knowing) sits on one end of the continuum while relativism (reality is dependent on the way that we acquire knowledge) sits on the other end. Factors such as social, cultural, language and context are the basis for the extreme relativist position where no objective reality is possible. The extreme realist gleans knowledge through rigorous empirical study constructed by humans (Willig, 2013). The critical realist stance lies between the centre of the realist and relativist positions. The critical realist acknowledges that a reality independent of the knower exists but that knowledge cannot be absolutely known. This perspective acknowledges the limitations of sensory knowledge and recognises the challenges inherent in explaining the reasons and circumstances where certain outcomes ensue unless studied experimentally (Hood, 2015). The critical realist therefore respects the assumption that an objective external reality exists but retains the perspective that the observer and their experiences influence that reality.

The epistemological stance most relevant to my sense of the world, memory and lived experience (including academic) is the critical realist position. Crucially, critical realism is compatible with a Counselling Psychology approach because it recognises that clients' subjective experiences will be different for each individual but we can develop treatment interventions based on scientific evidence obtained from the study of people's behaviour, attitudes and experiences.

2.3 Research design and rationale

It is crucial that the methodology used in research projects be directed by the research question (Strauss & Corbin, 1990). McLeod (2011) emphasises the importance of utilising a qualitative approach when exploring questions pertinent to counselling and psychotherapy. Qualitative research offers an array of methods, both flexible and sensitive, that permit the development of insight into life experiences that have not been, to date, best comprehended (McLeod, 2011). It is concerned with understanding the human experience from the viewpoint of the participant (Minichiello, 1990) and to illuminate meanings that are not easily perceived (Tuffour, 2017).

A qualitative approach focuses on the meaning in context and how people subjectively interpret and attribute meaning to their lived experiences (Merriam, 2009). The objective of qualitative research is to describe, explore, comprehend and interpret a given phenomenon (Finlay, 2006). Its distinctive emphasis is therefore on the experiential understanding of how phenomena interact and how interpretations of these are made.

This study's research question was 'how do clinicians experience their delivery of community-based group therapy to men who have sexually offended?'. Based on the experiential basis of my study I believed that Interpretative Phenomenological Analysis (IPA) was a suitable method to apply. IPA is founded on phenomenology, hermeneutics and idiography (Smith, Flowers & Larkins, 2009). It is an explorative approach which allows the researcher to gain insight into a particular phenomenon of which little is known (Smith et al., 2009).

2.4 Interpretative Phenomenological Analysis (IPA)

2.4.1 Phenomenology in IPA

Phenomenology is the study of a specific arena (Giorgi, 1997) and in keeping with Willig's (2013) postulation that qualitative researchers endeavour to understand how people experience and manage distinct events in their lives. IPA's theoretical basis is rooted in

phenomenology (Biggerstaff & Thompson, 2008) and strives to examine and comprehend the lived experience, by analysing deeply, multiple single cases to better understand how participants' experience their worlds.

Phenomenology endeavours to examine the individual's lived experiences and how these are perceived and understood by consciousness (Finlay, 2006; Tuffour, 2017). IPA also promotes a rigorous and sustained analysis of consciousness in much the same way as Husserl (1927) suggested that human engagement should be examined, not in the physical occurrence of the experience but in the reflections that give meaning to experience. In other words, Husserl's approach centred on the 'return to the thing itself'. Husserl's approach, stemmed from a series of reductive processes and strove to describe others' experiences by rigidly adhering to the data and remaining objective and unaffected by past knowledge or conjectures (Tuffour, 2017). In IPA, a similar approach is employed, where the researcher seeks to suspend prior knowledge, and suppositions, to better capture participants' lived experiences of a particular phenomenon, thus ensuring that the data is deeply rooted in the individual narratives. This is broadly defined as descriptive phenomenology.

However, another philosophical approach emerged from Husserl's descriptive premise. The hermeneutic tradition was led largely by German philosophers such as Heidegger, Franz Georg Gadamer, Ricoeur and Levinas and French philosophers Maurice Merleau and Jean Paul Sarte (Smith et al., 2009). They departed from the descriptive approach believing that it was imperative that the context and time in which an experience was occurring was also closely examined (Smith et al., 2009; Tuffour, 2017). The emphasis in this case was on the holistic exploration and interpretation of participants' lived experiences. Heidegger proposed 'dasein' which means 'being there' and emphasises the specific, distinctive and exclusive human experience in a particular time and space where context is indispensable (Smith et al., 2009).

2.4.2 Hermeneutics in IPA

IPA leans heavily on hermeneutics thus allowing the researcher to critically interpret the meaning of lived experiences through theoretical factors, in a specific context, so that the data can be understood on two levels. The researcher's analysis and interpretation of the

participants' meaning-making of a shared phenomenon. This the double hermeneutic aspect of IPA (Smith et al., 2009). The 'meaning' here is considered a flexible, changeable entity which is always open to new inquiry, insight, interpretation and reinterpretation (Smith et al., 2009). In IPA the researcher is central to the role of analysis and interpretation of participants' data, scrutinising the data for deeper, richer understanding, all done whilst ensuring the participant remains the expert of the given phenomenon (Smith et al., 2009; Tuffour, 2017). The individual narrative or the 'part' interacts with the researcher's knowledge and experience, the 'whole', through the hermeneutic cycle in IPA (Smith et al., 2009).

2.4.3 Idiography and IPA

The idiographic approach relates to IPA's rigorous and steadfast attention to the detailed analysis of the phenomenon (Smith et al., 2009). IPA is dedicated to the value and importance of each case (Smith & Nizza, 2022). Examination of the single account through interpretation and reinterpretation is a critical part of the analysis process in IPA and can uncover rich insights into meaning-making (Smith & Nizza, 2022). Furthermore, it allows the researcher to evaluate and compare multiple cases in order to gain increased understanding of differences and similarities of same (Smith, 2011). Making statements about the participant group as a whole is only conducted after the in-depth study of the single cases and this is conducted in a focused, considered and evidence-based manner (Smith et al., 2009)

The application of phenomenological, hermeneutic and idiographic underpinnings allows the IPA researcher to engage in a more holistic, information-seeking, contextual, theoretical and objective role to assist participants' revelation of richer, in-depth material while offering supportive and user-friendly guidelines (Shineborne, 2011; Tuffour, 2017)

Epistemologically and ontologically, IPA sits well with the critical realist stance. The extreme realist believes in that knowledge exists outside our cognitions, is not constructed and depends significantly on sensory knowledge and experience however it also assumes that it is possible for us to access this knowledge through robust research (Braun & Clarke, 2013). Characteristics of critical realism can be seen in IPA's theoretical underpinnings

(phenomenological, hermeneutic and idiographic). The IPA researcher can employ Braun and Clarke's (2013) epistemological and ontological continuum as a theoretical guide.

2.4.4 IPA and counselling psychology

IPA and counselling psychology are compatible because both are concerned with subjective experiencing and meaning-making. An exploration of participants' observations, experiences and appreciation, identified through their discrete expressions on the subject (Brocki & Weardon, 2006) is congruent with how counselling psychologists work therapeutically with clients. Both approaches strive to garner knowledge and meaning through robust and reliable processes. IPA allows participants' perspectives and experiences to be heard and understood in a psychological framework (Larkin, Watts, & Clifton, 2006). This is conducive with a humanistic approach (Smith, 2007) and the humanistic ethos in counselling psychology (Douglas, Strawbridge, Kasket, & Galbraith, 2016).

2.5 Consideration of alternative methods

IPA was employed after consideration of Thematic Analysis (TA) (Braun & Clarke, 2013). TA is a procedure used to distinguish and interpret themes in qualitative data (Braun & Clarke, 2013). It is flexible, lacking in ontological or epistemological underpinnings and can be applied to any qualitative research question. Given its practicality for analysing, presenting and describing patterns in research data it is useful for those who are new to qualitative research. I felt TA was unclear and lacking depth and I wanted a well-defined, theoretically informed, analytic approach which allowed me to explore and interpret participants' lived experiences while leaning on my psychological and experiential knowledge. It was not suitable for my study.

Also considered was Discourse Analysis (DA) because it is concerned with patterns of meaning and understanding thereof (Braun & Clarke, 2013). However, DA examines how language is used to gain socio-linguistic insight into participants' worlds and the social purposes that ensue (Braun & Clarke, 2013). DA sees language as forming or creating

participants' realities. This was not compatible with my study because the focus was not on discourse but how participants made sense of their experiences.

2.6 Ethical considerations

Ethical considerations were guided by the university ethics committee, the British Psychological Society's 'Code of Ethics and Conduct' (2018), British Psychological Society's 'Code of Human Research Ethics' (2nd Ed., 2014) and 'Practice Guidelines (2017). Given that current qualification in Counselling Psychology is an approved programme of study under The Health Care and Professionals Council (HCPC), the 'Standards of Conduct, Performance and Ethics' (2016) were also adhered to. The research was carried out in Ireland and the Psychological Society of Ireland's 'Code of Professional Ethics' (2019) was also followed.

2.6.1 Ethical approval

Ethical approval was granted by the School of Psychology, London Metropolitan University on 27th March 2019 (Appendix A). The host service does not have an ethics committee (Appendix B) therefore ethical considerations were guided by the university ethics committee and codes of practice (see 2.6 above).

2.6.2 Confidentiality and anonymity

Due to the nature of IPA research, anonymity was ensured and the host service was not identified. However, confidentiality was limited given that participant transcriptions were discussed with my supervisor (Smith et al., 2009). To increase participant confidentiality audio-recordings were deleted once analysis was completed. Immediately prior to transcription, participants were allocated pseudonyms and identifying material was omitted. Transcriptions were individually encrypted and stored in a password protected laptop. Transcriptions were initially printed off to aid analysis and shredded when defunct. The laptop and hard copies were secured in a locked filing cabinet. All data will be destroyed

after five years in accordance with the General Data Protection Regulation (GDPR, 2018) or earlier if no longer required for publication purposes.

2.6.3 Informed consent

Given that I worked in the host service when commencing the study, staff were collectively informed of my research at a team meeting in the summer of 2018. I worked in the host service during data collection but left in October 2019. I will address this further in section 2.6.5. Clinicians were invited to participate in the study via email. All invitees met the inclusion criteria. They were furnished with an information pack comprising, 'Participant Information Sheet' (Appendix D), 'Informed Consent Form' (Appendix E), 'Demographic Questionnaire' (Appendix F), 'Distress Protocol' (Appendix G), and 'External De-briefing Resource' (Appendix H). The importance of voluntary participation, confidentiality and the right to withdraw up to six weeks post interview was emphasised.

Participants were requested to respond within three weeks of receipt of the research pack. They were informed that if they did not respond within that time frame I would assume they did not wish to partake. Seven clinicians agreed to participate. However, due to unforeseen circumstances only six partook. Upon contact with me, a convenient time and venue was mutually arranged for interview. I interviewed all participants in a location of their choosing, resulting in two interviews in participants' homes, three in participants' own offices and one in an office independent of the host service.

2.6.4 Distress protocol

I was prepared for the possibility that participants could become distressed during interview. My qualifications, clinical experience and training in distress management meant I could respond to participant distress during interviews. A distress protocol (Appendix G) was designed to ensure consistency of approach should participants experience upset. Participants were reminded of the option to avail of external de-briefing (Appendix H) should they require support following the interviews. This resource was arranged with the help of the director of the host organisation.

2.6.5 Reflexivity and guarding against bias

I was acutely aware of my dual role status. I was previously employed as a senior counselling psychologist at the host service, had a working relationship with some participants and had co-facilitated group therapy in the service. I endeavoured to reduce the impact of confirmation bias (Rosenthal & Fode, 1963; Rosnow, 2002) and avoid bringing my agenda into interviews and data analysis (Hanlin, Bess, Conway, Evans, McCown, Prilleltensky, & Perkins, 2008). I was also aware that my prior relationship with some participants could affect how they responded to questions due to participant demand characteristics (Orne, 1969). I engaged in reflexive practice to bracket my thoughts and feelings. I acknowledged and accepted my bias and consulted with my supervisor throughout the project. In line with Ortlipp's (2008) recommendations on guarding against bias, I kept a reflective journal.

While I left the host service after completing data collection, I continued self-reflection until writeup was completed. The host service had no role in this study once data collection was completed. I did not receive payment and participants were not rewarded for partaking. I acknowledge that there was no conflict of interest.

As mentioned previously, I took a year's break from study due to bereavement. When I returned I became aware that my emotional state made me vulnerable to letting personal agenda, assumptions and bias infiltrate my research. I engaged in regular supervision sessions and reflexivity to better facilitate bracketing and containment.

2.7 Participants

Purposive sampling (Creswell, 2013) was employed to recruit participants. This was consistent with IPA guidelines and allowed me to identify and select cases relevant to the phenomenon of interest (Palinkas et al., 2015; Smith & Osborn, 2007). The sample was homogenous. All participants had professional therapeutic qualifications and had delivered group therapy within a community-based forensic psychological service in Ireland, thereby sharing a set of characteristics and experiences (Back et al., 2011).

2.7.1 Host organisation

The name of the service is withheld for confidentiality reasons. All clinicians working in the service had a diverse clinical/forensic caseload. At the time of data collection, the service provided therapy for three groups of eight men who had engaged in sexual offending. The clients were self-referred (for the most part) men who had viewed images of child sexual abuse and those who had sexually offended against children and/or adults (male and female). The service also provided individual therapy for people (adults and children) who were in trouble with the Gardaí (police). Personality and risk assessments, parenting capacity assessments and positive behaviour support for external organisations were frequently carried out by the clinicians. Victim impact statements and therapy for survivors of domestic violence and sexual abuse were also carried out. In-house supervision as well as supervision for other organisations was also offered. Referrals were self-referrals as well as referrals from agencies such as child protection services, multi-disciplinary health teams and solicitors.

2.7.2 Group therapy structure

The structure of the three therapy groups in the host organisation (specifically for men who had sexually offended) was the same across the board. The groups were facilitated using a framework based on the Good Lives Model (GLM) (Ward, 2002a). The groups were open-ended or ‘rolling’ which meant that, as one man completed and left the group, another man would commence group therapy. Therapy was delivered by qualified therapists or psychologists (see Table 1). Each group member was expected to complete several core modules such as ‘life Story’, offence-related chartwork I and II, victim empathy, emotional Literacy and planning for an offence free future. In addition to completion of core modules, group members were expected to work through their dynamic risk factors or the factors associated with their offending. This could entail emotional regulation, attitudes towards women, psychiatric and psychological issues, psycho-social problems, interpersonal skills and any other clinical and personal difficulties they may have experienced. There was no expectation on group members to complete therapy within a specific timeframe. Group therapy was self-funded for the most part. Given the fact that the sexual offending population present with unique characteristics and circumstances (Edmund, 1997) and the research into

the experiences of those the delivering treatment is limited and has mixed results (Kadambi & Truscott, 2004; Shrim & Baum, 2022), I felt it was important to gain further insight into their lived experiences through IPA (Smith et al., 2009).

2.7.3 The study's recruitment strategy

Six participants were recruited from a private, community-based, forensic psychological service in Ireland. While six is a small sample size, it was compatible with qualitative methodology and in keeping with IPA research (Smith, 2007). Furthermore, Smith & Osborn (2007) note that a small sample size allows adequate in-depth engagement with each individual while aiding a comprehensive investigation of similarity and difference.

2.7.4 Inclusion and exclusion criteria

While Yalom (2020) did not provide an optimal length of time for therapists to be established in group work he posited that it was important for facilitators to have a good sense of self-presentation and self-identity when facilitating group. Therefore, through my clinical experience and observation of new therapists delivering group therapy, I estimated that eighteen months practice provided appropriate time to develop coherent self-presentation and confidence in therapeutic identity. They also had opportunity to familiarise themselves with the therapeutic programme in this time frame.

Inclusion criteria:

- Clinicians who were either delivering or had delivered community-based group therapy in the host service
- Clinicians who had eighteen months or more experience delivering the host service group treatment model

Exclusion criteria:

- Clinicians who implemented group therapy outside the host service
- Clinicians who had less than 18 months experience delivering group therapy in the host service
- Clinicians who had not delivered group therapy in the host service in over six years

2.7.5 Key demographic information

A break-down of participants' demographic data was collected prior to interviews and is presented in Table 1. The demographic information is limited to protect the participants' anonymity.

Table 1: Demographic details of participants

Participant	Clinical background	Current or past group therapist with host service	Years' experience as group therapist in host service
Eddie	Psychotherapist/ psychoanalyst	Current	7
Feargal	Psychotherapist	Current	9
Caoimhe	Clinical/forensic psychologist	Past	7
Winnie	Clinical/forensic psychologist	Past	2
Aimee	Clinical psychologist	Past	3
Oscar	Psychotherapist	Current	5

2.8 Data collection

Data was obtained using a pre-designed, semi-structured interview schedule (Appendix C). The schedule was developed and influenced by the literature review, by identifying gaps in extant literature and my experience delivering group therapy to this cohort. Interview questions were open-ended. Occasional clarifying questions and follow-up probes were used to garner additional information and to gain clearer understanding of participants' narratives (Appendix C). Interviews lasted between fifty-five minutes and one and half hours.

2.8.1 Rationale for semi-structured interview

Data collection for qualitative research requires an instrument that is responsive to intrinsic meaning during data gathering and interpretation (Merriam, 2009). I initially considered using focus groups (Barber, 2008; Greenbaum, 1998) for data collection. This would have entailed participants meeting together in a group to elicit information from me as researcher but also through interaction with each other (McLeod, 2011). Given my prior relationship with some participants, many of whom worked together, I was concerned that my dual role, service-led issues and/or peer influence could affect participant responses and thus the study's validity/reliability. I decided to minimise these concerns by interviewing participants individually. I felt that semi-structured interview better suited my study as it complemented IPA.

IPA's core principle is that the researcher is endeavouring to interpret participants' perspectives and meaning of their experiences. The semi-structured interview is guided by a schedule but not oppressed by it (Smith & Osborn, 2007) and this flexibility enabled me to follow participants' interests and considerations (Lyons & Coyle, 2016).

2.8.2 Interview procedure

Participants received a demographic questionnaire (Appendix F) before interview which included questions about their therapeutic backgrounds, qualifications and duration of delivering group therapy to this population in the host service.

Prior to interviews commencing, consent forms (Appendix E) were given. That participants' personal information and data was confidential within the limits addressed and anonymity protected was reiterated (see 2.4.2). Right to withdraw participation up to six weeks post-interview was repeated. Questions were invited before interviews began. Interviews commenced only when questions were answered and consent forms signed. Interviews were recorded using a Dictaphone. I conducted and transcribed all the interviews.

Semi-structured interviewing facilitated a discourse whereby initial questions could be modified to meet participants' responses, allowing me to pursue and explore emerging topics (Smith & Osborn, 2007). The use of the semi-structured interview was used as a conversation facilitator rather than a prescriptive agenda allowing me to follow the participants' narrative and interest (Biggerstaff & Thompson, 2008). This facilitated rapport and empathy building, enabling me to enter novel areas and gather diverse data (Smith & Osborn, 2007). Therefore, while I was in the process of understanding participants' meaning making, they remained the primary or 'expert' experiencer on the phenomenon explored (Smith & Osborn, 2007). This corresponded with both a humanistic approach and person-centred interviewing (Hall & Duperouzel, 2011; Knox & Buckard, 2009).

2.9 Data analysis

The researcher's role in IPA (Smith et al., 2009) is engaging in an interpretative, iterative, and multi-phased relationship with the interview transcripts (Smith, 2004). In analysing the data, I was the principal analytical instrument (Smith et al., 2009). I was thus immersed in an interpretative interaction with the transcripts (Smith, 2004). This was in accordance with double hermeneutics theory (Giddens, 1987) which advocates of IPA strongly promote (Smith & Osborn, 2007). I followed Smith et al.'s (2009) analysis guidelines throughout.

In line with IPA, I transcribed the interview recordings with rigorous accuracy, noting pauses, hesitations, laughs, sighs and other nuanced aspects of the participants' narratives. I analysed the transcripts with reference to the audio recordings in times when I was unsure of something or when noting differences and similarities in my interview schedule. I chose to transcribe each interview chronologically, in the same order as the interviews were carried out.

Close reading and rereading of the transcripts ensued whereby I was immersed in the participants' experiential arena. I was constantly mindful and made brief notes as thoughts and contemplations came to mind. Recurring phrases, and emotional content (both mine and the participants') were jotted down. Language-related features such as metaphors, similes, symbolic references and irony were noted. I utilised Smith et al. (2009) descriptive, linguistic and conceptual categories when outlining my comments in separate margins of the transcript layout (Appendix J).

I endeavoured to suspend personal assumptions and judgements by instead leaning heavily into the participants' meaning making. In re-reading the transcripts I strove to ensure participants were the experts and at the centre of the analytic process. The use of 'bracketing', self-reflexion and self-reflection was imperative during this process in order to remain as impartial and true to the evidence as possible (Husserl, 1999; Smith et al., 2009). Stepping away from the transcripts and then to later return to them with greater focus also helped me to remain embedded in the data. This also gave me the opportunity to revisit the data with a fresh outlook and renewed evaluation of meaning.

Following this initial note taking process, I re-examined the transcripts, identifying 'emergent' themes that spoke to the core of the individual participant's narrative. These themes were often identified in specific parts of the transcripts however at times they reoccurred elsewhere and this was also noted. This stage of analysis allowed me to delve into the participants' meaning making which also involved my noting potential psychological concepts or thoughts (Willig, 2001). A combination of transcribed data and the 'new data', created by my engagement with the text, thus facilitating this process. The hermeneutic aspect of the process was seen here and meant that the individual components of the material influenced the whole and vice versa (Smith et al., 2009).

The next stage of analysis involved placing the identified themes into clusters (Associations between general and significant themes were made at this juncture. Once this deconstruction was completed I was able to progress to the fourth stage. This involved my developing a master list of themes. Significant and correlating themes were chosen, including appropriate and relevant interview quotes, to substantiate the evidence. This ensured that the participants' narratives, reflections, context and feelings were accurately depicted (Appendix J). The above process was carried out separately for each transcript resulting in six master tables (Appendix J) in line with Smith et al.'s (2009) guidelines.

2.9.1 Later stages of Analysis

Following the initial analysis, the identified master lists were amalgamated. The theme were reorganised several times as deeper analysis resulted in the identification of superordinate themes and subordinate themes. This entailed 'charting' and 'mapping' (Smith et al., 2009) as well as other approaches such as abstraction, subsumption, contextualisation, numeration and function (Smith et al., 2009). Given that IPA encourages the interpretation of interview material through psychological constructs (McLeod, 2011), each theme was scrutinised further with this in mind. Table 2 in the Analysis section provides an overview of the superordinate and subordinate themes with anonymised quotes from interviews to support my findings. The process was consistent with Smith and Osborn (2007).

2.9.2 Trustworthiness and credibility

It is imperative that qualitative research is trustworthy and credible if validity is to be upheld (McLeod, 2011). I followed several steps to ensure transparency and respect for participants' information. During interviews, I endeavoured to demonstrate empathy and build rapport to facilitate a safe environment and allow participants to provide in-depth and significant details of their personal narratives.

Yardley's (2000) four dimensions for assessing the quality of qualitative research were implemented. These included evaluation of sensitivity to context, commitment and

rigour, transparency and coherence and relevance of the research. Yardley (2000) emphasises that data collection in qualitative research is interactional in nature, a process I was attuned to during interviews, where I developed rapport with participants and demonstrated empathy. The analysis process was immersive and showed sensitivity to raw data (Smith et al., 2009). Use of verbatim quotes from interviews to illustrate participants' accounts while ensuring the themes were appropriately grouped meant IPA guidelines were adhered (Smith et al., 2009) and transparency demonstrated. This ensured commitment to thoroughness. Transparency was increased via an auditing process (Shaw, 2010) and supervision discussions which I received throughout the study as recommended by Elliott, Fischer, and Rennie (1999). My supervisor had sight of transcription samples and read my findings regularly ensuring they were rooted in the data. We monitored and discussed my ideas, expectations and bias during data analysis and beyond. This further helped me assess the quality of my work. This was particularly important given my dual role (2.4.5) and because of my emotional vulnerability resulting from my personal circumstances (see 1.1.1). The thesis was rewritten several times to ensure cohesion and comprehensibility as I wanted it to be thought-provoking and appealing for potential readers/therapeutic practitioners and relevant to counselling psychology research.

2.9.3 Reflexive statement

Despite Smith et al. (2009) providing a clear process for newcomers to IPA, data analysis was challenging for me. While I believed I was identifying themes using the evidence, supervision sessions helped me understand that I was not fully immersing myself in the data and I was succumbing to personal bias by interpreting transcriptions from my perspective rather than my participants'. This likely resulted from my experience working as group therapist for this population and having prior working relationships with some participants. I also believe my previous clinical experience, in excess of 20 years, as a qualified counselling psychologist resulted in over-confidence that I could interpret the material more efficiently because I already had 'the knowledge'. Then, a personal tragedy befell me and I took a year out of university to deal with my grief. I also left the host service at that time. During my break from academic work, I stayed in contact with my supervisor who provided me with substantial emotional support. Paradoxically, when I returned, I spent considerable time on my research, believing that I was making good progress. However, I

was emotionally adrift. In an intense, sensitive and process-oriented supervision session my supervisor supportively noted that I seemed to be bypassing key IPA stages. This session helped me become more self-aware and understand that I was not actively engaged or in tune with the data, my concentration was poor and I was disorganised. I realised that I was using the research to avoid my grief. My supervisor empathically suggested that I step back and allow time and space for my grief and to separate from the material. I became increasingly cognisant of my emotional vulnerability and thus the likelihood of yielding to bias. I endeavoured to immerse myself in the data with care and self-reflection. Upon my reengagement with the material, I found myself looking at the data in a different light. I discovered that I was better able to attend to my participants' experiences by making more in-depth and meaningful interpretations. Following my VIVA I had the opportunity to revisit my findings. Re-examining the raw data and my findings was a worthwhile and learning experience. I realised that I had not represented my participants' experiences adequately. I reflected on my engagement with the data and realised that bias had interfered with the IPA process. Upon looking at the findings with fresh eyes I realised that from three superordinate themes I now only identified two, 'the potential for trauma' and 'the potential for growth'. The subthemes also changed as a result of reconsideration and interpretation of my results. Instead of seven subthemes I identified six. One of the original subthemes 'walking a tightrope' was subsumed into the subordinate theme 'the inherent challenges'. I also renamed four subthemes to better represent my participants' lived experiences. These changes were made because the data was now participant-led. While I am aware that my analysis was inevitably subjective, it is all my work. I have striven to address bias by way of reflexive practice, bracketing, supervision and staying true to the evidence. The opportunity to revisit my findings was a valuable experience.

3. Analysis

3.1 Overview

Table 2: Results table of superordinate and subordinate themes

Superordinate themes	Subordinate themes	Indicative participant quote
Potential for trauma	The inherent challenges	“so I wonder about the underlying disturbances that lie in the unconscious or, or remains semi-beneath the surface” [Feargal, 29/89]
	The external challenges	“sometimes I felt a bit judged that people would say “are you saying what they did is ok?”” [Winnie, 61/94]
Potential for growth	Being humanistic	“the one quality you really need to have in this work is empathy because I don’t think it would work without it, you know” [Aimee, 45/140]
	The co-therapist relationship	“Oh god beyond, there aren’t words, no, to fly this plane alone is dangerous, dangerous” [Eddie, 86/240]
	Layers of support	“to de-brief after the sessions, that was actually well, were most important, to have somebody to talk to about what actually happened, yeh” [Aimee, 44/134]
	Sense of fulfilment	“it’s a kind of privilege I suppose in a way to have that kind of connection with human beings” [Oscar, 84/227]

The research analysis yielded illuminating and novel information about participants’ lived experiences of delivering community-based group therapy to men who had sexually offended. Two superordinate themes were identified through data analysis: ‘Potential for trauma’ and ‘potential for growth’. These themes can be seen in Table 2, above, alongside their associated subordinate themes.

In the following chapter, the superordinate themes and associated subthemes are presented with corresponding and supporting excerpts from interview transcripts. Participant's pseudonyms will be used before each quote. All excerpts will be followed by the relevant transcript page and line number e.g.: [5/35]. Ellipses indicate where extracts have been shortened and {+ *text*} adds contextual information.

3.2 Superordinate theme 1: The potential for trauma

The superordinate theme 'potential for trauma' was identified throughout participants' accounts. A variety of negative corollaries were described by participants suggesting that this work was not without personal and professional risk. Participants appeared to experience a range of work-related effects although none reported concerns regarding lasting psychological sequelae. Findings suggested that countertransference reactions, client characteristics, behaviours and negative attitudes towards women could elicit changes to cognitive schemas, distressing feelings and physical symptoms which permeated participants' professional and personal lives. This led to the identification of the first subordinate theme 'the inherent challenges'. Interestingly, one of the most challenging features for participants was others' negative attitudes not only towards their clients but towards themselves and the treatment they were providing. This made up the second subordinate theme 'The external challenges'.

3.2.1 Subordinate theme 1A: The inherent challenges

Participants unanimously expressed that their work could impact their psychological and physical health. Their clients' offending details, problematic interpersonal difficulties and challenging attitudes appeared to be both stressful and distressing for the participants. They also seemed to find clients' negative attitudes towards women difficult to cope with. Dealing with the challenges within group while simultaneously managing countertransference (CT) was difficult. Participants also emphasised that bracketing and containment of CT required significant therapeutic skill and emotional energy on their parts. Dealing with emotional and physical consequences of delivering treatment was reported as something that could spill into their personal lives sometimes having a lasting negative impact.

All participants noted that their delivery of group therapy to men who had sexually offended was a complex and challenging responsibility. They collectively reported that balancing treatment with ensuring accountability was a delicate process. This was illustrated by Caoimhe when discussing ensuring her client was accountable for his actions:

“it’s a bit of a tightrope to walk (...) you know your role and your job and your inclination is to understand (...) yet at the same time we have to try and obviously maintain a stance which says “you didn’t walk blindly into it, you made a choice”” [5/15]

The metaphor ‘walking a tightrope’ conjures an image of a skilful act of poise and timing so the walker does not fall, something that four participants emphasised. This metaphor appeared to describe a balancing act which the participants seemed to engage when they were addressing contradictory feelings. However, four participants noted that use of countertransference could be a useful therapeutic tool. They emphasised that good communication and emotional self-regulation was imperative during this process.

Five participants noted they experienced significant distress during clients’ participation in modular tasks, particularly when giving accounts of their personal victimisation and details of their offending behaviour. Feargal described his experience of listening to clients’ life stories suggesting that this had a persistent emotional impact on him:

“I have heard some terribly tragic, harrowing stories of either somebody acting out sexually or being, a, on the receiving end of some dreadful sexual abuse (...) and that can be very troubling listening to it too” [28/85]

Feargal’s experience of distress was echoed by four participants. The participants all voiced that they could occasionally experience significant and overwhelming emotional responses during group. Caoimhe illustrated her experiences of being the target of clients expressed anger. She described how she had been left feeling disarmed and emotionally paralysed by clients’ expressed anger:

“So, you are not really in a position to kind of engage therapeutically with a response so, but that is very hard, just to feel set upon in that way, em and it can be a bit blind-siding at times, you don’t really know where to, how to manage in the moment, em that’s tough and

it's at those times you kind of leave the group feeling quite vulnerable, feeling quite got at, quite savaged" [75/138]

This experience appeared to impact Caoimhe on a visceral level whereby she felt distressed and victimised even after leaving group. It appeared that Caoimhe felt paralysed 'in-situ' not knowing how to deal with her circumstances. Feeling that she was "savaged" suggested that she felt traumatised even after group had finished. Caoimhe's capacity to interact with the group on a restorative level was impeded at these times. Powerless and lacking in professional effectiveness was another work-related corollary described by the participants. Eddie appeared to demonstrate how difficult it was to remain calm and objective at times when describing his experience of reacting to angry or deceitful clients:

"it takes a lot to, to do that, to hold and contain without counter projecting back into {group} and onto {the client}, and that, that's, that's an important facet of this particular kind of work" [13/36]

In fact, collectively, participants identified that dealing with CT reactions was an inevitable but challenging feature of their work. They expressed that it took significant management of personal emotions to ensure that their CT reactions did not impact group progress or their own wellbeing. All participants described this as a particularly salient and challenging aspect of group therapy. They all indicated that the experience of and management of CT was distressing at times. This example was provided by Eddie when talking about managing his emotions in group:

Eddie further illuminated the strength of these experiences when discussing his reactions to hearing the clients' offence details:

"the very, very powerful transferential element, which, which hits the facilitator just at a human level... Eh, that has to be held and contained within the microcosm of the facilitator, never mind... never mind in the aftermath... (...) Emm, anger, resentment, these are all human qualities....which... which a facilitator will experience from time to time" [15/36]

Eddie appeared to describe experiencing strong and unpleasant emotional reactions to clients' offending behaviours, something he needed to manage both within and outside group. He acknowledges that his emotions are natural and human but this does not seem to conceal

the challenges he faced during offence-specific modules. Eddie's use of the word "aftermath" suggested that these feelings could have far reaching negative sequelae. While the participants appeared to report significant stress and CT reactions resulting from their clients' characteristics and offence details they also noted that they could use these emotions as therapeutic tools. Winnie provided this quote when discussing how she dealt with behaviours that challenged her in group:

"Em and I think also acknowledging therapy is about, the therapeutic alliance is about rupture and repair so actually its ok at times if somebody is annoyed that you've brought something up that might be very much crucial to the therapeutic process" [12/28]

Winnie, in this case appears to have been both prepared and confident in her capacity to respond to her client therapeutically, using her client's negative behaviour to promote learning and change in him. Caoimhe also emphasised that being open about her feeling and reactions could occasionally facilitate therapeutic growth:

"if something they say is making me angry or their, or their attitude, then I, I have a duty to say that (...) now I'd choose my words carefully, because I'd also be aware of their vulnerability" [24/98]

Caoimhe appeared to feel competent and motivated to address her reactions with her clients whilst acknowledging his vulnerability. She seemed to have been able to contain her own emotions and CT reactions and use them as therapeutic advantages. It appears that the participants collectively agreed that they were responsible for containing strong internal reactions, such as anger, resentment and victimisation both within-session and outside. Ensuring that these intense emotions did not interfere in participants' work or overflow into their personal life appeared to be both vital and challenging for them.

Interestingly, all three female participants identified that being the only woman in a group of men raised discrete challenges. Female participants noted that clients had projected their existing misogynistic attitudes and interpersonal difficulties with women, onto them. They described being more exposed to these projections than their male counterparts. Winnie captured this when describing her experiences of this phenomenon:

"what men will come in with (...) women being this kind of shrewish nag (...) kind of any challenge to them by a woman would be seen as that, or women as this saintly kind of

“we must protect you at all costs and you must not be kind of sullied with any of my thoughts or experiences”” [46/76]

Aimee also highlighted a similar experience although she elaborated stating that that the men’s views stemmed from their previous relationships with women which were projected onto her. While this was something she appeared to understand and anticipate, her experience of being the direct recipient of the anger suggests discomfort and a sense of isolation:

“yeh like being the only woman in the group I’d just naturally expect to be the target of the, the anger they carry and so on and especially because I guess we {female therapists} do take on the mother role in the group, em a man the other way around” [32/98]

Analysis identified that two female participants experienced changes to their cognitive schema. In this regard it was their sense of safety that they experienced as negatively affected. Both these participants reported being hyperalert to their families’ safety. Another change to cognitive schema was that two female participants referenced feeling protective of their children, directly because of their ‘inside knowledge’ of the clients’ profiles and characteristics. It seemed that they had a heightened fear that their children were vulnerable to sexual abuse. They appeared to be highly attuned to potential risks directly because of their experience suggesting an underlying trauma or distress associated with their delivery of group to this cohort. Caoimhe captured this theme when discussing how group affected her personal life:

“they {her children} are not going up there on their own, its not happening, (...) I’m not saying that other parents don’t think of that, but I’m acutely aware of the risks and the vulnerabilities (...) these are regular men, regular jobs, regular lives, regular families” [40/148]

Aimee also conveyed her concern about an increase in her awareness of the risk to her children’s safety at the hands of men who had sexually offended:

“Because I also wonder about my safety and my children... I can get worried about that a lot” [47/144]

Caoimhe was the only participant who reported a different change to her cognitive schema. It seemed that her suspicion of men was aroused as a result of her work with this

cohort. She described her perception of men being affected because of her interactions with clients in the following excerpt:

“at times I can have quite a jaundiced view of men em, yeh, that’s probably the predominant and that’s, that’s quite a... that’s quite a risky, potentially kind of a dangerous emm” [16/61]

It seemed that Caoimhe felt that this could have negative therapeutic consequences. Findings suggested that a changing attitude towards men could potentially alter her approach to her clients such as rather than being empathic she could develop punitive attitudes towards clients. However, deeper analysis also identified that Caoimhe may have been concerned that this change could impact her personal relationships with men indicating significant risk of trauma symptoms and loss of self-identity.

However, three participants reported feelings of emotional and physical depletion post group resulting in being unable to engage in personal activities and relationships. This evidence suggested that participants could endure significant adverse effects in the hours after the session and beyond. They reported that the effects had permeated their personal lives, some having experienced undesirable after-effects such as distress, emotional assault and/or trauma. Winnie also gave an example of how group impacted on her in the immediate hours after group had ended:

“I wouldn’t want somebody to ring me with a problem because I just had given a lot in those few hours and just wasn’t in the space where I could be there for other people afterwards” [38/62]

It seemed that Winnie was emotionally and physically exhausted post-group rendering her unable to socialise or offer support to others. The potential for unconscious, negative sequelae was expressed by three participants. Some felt that subconscious consequences could have resulted in physical problems. Feargal appeared to question whether this work may have been instrumental in his historical sleep disturbance. While he did not appear to have linked groupwork with his insomnia in the past he seemed deeply reflective of the possibility during the IPA interview:

“there are times, when in the work that I’ve done I’ve had difficulty sleeping you know and suffered with insomnia, but it never felt it was something that was consciously

keeping me awake based on something that I've heard... so I wonder about the underlying disturbance that lies in the unconscious" [29/89]

Feargal appeared to consider the impact of group therapy on his past sleep disturbances during the interview process. It does not seem to be something that he reflected on before. It seemed that Feargal thought that something negative that he had been exposed to in group may have been impacting on him to the extent that he lost sleep over his work, potentially impacting his health and wellbeing.

This theme outlined a range of negative consequences participants had when delivering therapy to men who had sexually offended. At times this theme captured an openness in participants to discuss aspects that distressed them in their work. Alternatively, some participants noted that they may have been unaware of the impact of the work on their physical and emotional health despite some overt symptoms. This theme also highlighted the potential for lasting psychological distress, exhaustion, sleep disturbance, hypervigilance and changes to cognitive schema. These symptoms are suggestive of sequelae such as vicarious trauma, secondary traumatic stress and burnout. Why it was solely female participants who reported changes in their cognitive schema was unclear. It may be due to participants' ages, parental status, age of offspring, interview direction and/or my previous relationship with some participants which may have prevented them from sharing intimate details.

3.2.2 Subordinate theme 2B: The external challenges

This subtheme describes another significant corollary reported by participants. However, before proceeding, it is important that I report potential bias in identifying this subtheme as analytic transparency is important in research (Lyons & Coyle, 2016). Whilst working in the host service the staff, some of whom were participants in the current study, and I were subject to a distressing work-related experience. Given that this research will be in the public forum, I am unable to divulge details of the event because of the potential harm it could cause clinicians and clients. I can acknowledge the event related to others' negative attitudes towards those treating this cohort. However, none of the participants discussed this event despite my identification of this theme.

Five participants indicated they were subjected to negative reactions and criticism by others when describing their work. This made up the second subordinate theme ‘few understand me’. The participants’ descriptions included speaking to experiences of hostility, disparagement, judgement and being censored at the hands of others, suggesting that they faced significant stigma for working with this cohort. Findings indicated that participants felt they were perceived as complicit and engaged in immoral actions as a result of their work. Within this theme, participants described how they felt they were treated like an enemy when advocating for clients. Another common thread identified was that participants faced negative attitudes from other professionals, leaving them feeling unsupported by peers working outside the workplace. These experiences seemed to cause them significant angst, self-censoring and potential for isolation. Eddie described this as the main challenge of his work when discussing difficulties he faced:

“ironically, the most eh, the most challenging part of the work ironically comes not from the...” work with the clientele we are talking about, it’s got... it comes from mmm, the public” [39-41/90-96]

Four participants [identified](#) that they felt judged and censored for treating men who had sexually offended. A sense of hurt and confusion by these participants was palpable especially given that they believed they were doing constructive work. Winnie provided this quote when discussing her experience of informing people that she facilitated group therapy with this cohort: They described feeling their value system, humanity, and integrity was tarnished as a result. Winnie’s excerpt highlighted the enormity of these experiences:

“I think when you work with the offenders, people... I suppose maybe it’s a bit of judgement, sometimes I felt a bit judged when people would say “are you saying that what they did is ok? (...) even tainted by association, it’s so vile that that people feel almost to work with that isn’t ok” [61/94]

Winnie further elaborated on the strength of her experience of negativity from others which was in total contrast with her experience of describing her work with survivors of sexual offending. Her two experiences appeared to be conflicting whereby she felt revered and valued when others learnt that she worked with survivors of sexual abuse yet undermined and criticised for working with perpetrators of sexual abuse. Winnie’s experience reinforced the possibility that participants experienced a sense of isolation, shame and being misunderstood, all factors that could impact their mental health:

“Interestingly working with victims, I suppose is that respect feels, you feel you’re on the “good side”, you’re on the “right side” or you’re fighting for the justice” [61/94]

Fear of isolation and alienation could arise from a different reason for informing others about their work. One participant described a concern that informing others of his work could trigger anxieties and/or evoke memories of past victimisation in them. This experience appeared to demonstrate a parallel fear of becoming distanced or estranged from others particularly in the absence of supervision or collegial support this will be dealt with under superordinate theme ‘potential for growth’ (section 3.3). Feargal gave an example of this when describing his fear of telling others about his work

“Eh working with people who have sexually offended and, and at, at, when you start talking about it, it speaks to the inner fears that a lot of people have or maybe even speaks to their own experiences of abuse, (...) so, so you, you, you don’t have apart from supervision or peer support or whatever have a huge number of ordinary people in the outside world who you can talk to about this” [32/95]

Four participants identified that they felt censored by others when describing their work. Indications of this phenomenon were present in relation to participants’ experiences of being forcibly prevented from speaking about the work immediately after divulging the same. Winnie gave the following insight:

“It shuts the conversation down quite quickly” [59/94]

Deeper interpretation identified that, in being prevented from talking about their groupwork, they felt silenced, judged and/or oppressed because of others’ control over what they said. This suggested that the experience of suppression arose when shunned in such a manner. Participants, in being thwarted and disrespected by censorship seemed to highlight potential for mental health problems such as depression and anxiety, loss of confidence and uncertainty about self-identity. Three participants further reported that, at times, they questioned why they worked in the field when experiencing negativity from others. It appeared that they were frequently castigated by members of the public who believed working with this population is synonymous with collusion or immoral behaviour. This process illuminated the potential for self-doubt, angst and dissonance stemming from others. This was illustrated by Eddie when discussing the impact of public stigma on him:

“you know I feel as though, you know I’ve done something wrong” [39-41/90-96]

Their experience of remaining silent about their work when outside of that setting was described by four participants. Analysis indicated that this communicated that participants faced judgement from mental health professionals who do not work with this cohort. Educating others about their work, while something they wished to do, seemed to feel more like an effort at justifying same. In this regard, defending their groupwork with this cohort was experienced as senseless and futile because they felt unheard and rejected. Being viewed critically resulted in emotional exhaustion and hopelessness. Caoimhe noted that she avoided discussing her work for self-protective reasons. However, it seemed that this strategy came with a personal cost:

“I think, I think this isn’t unique to people who don’t work in a therapeutic field, I think there are a gazillion therapists out there who won’t work with sex offenders, who view them in a very particular way And now I’m at a point where I don’t feel the need to defend my work, so I don’t go there because I’d rather talk about something else but, em... look I kind of know when I am on a hiding to nothing (Laugh) so, I’m not, I’m not going to try and convince anyone so” [32/132]

Another interesting and common thread was that three participants clarified their stances on clients’ offending during interview. There was evidence that participants experienced hurt, distress, isolation, judgement and hostility from others which they pre-empted by expressing their condemnation at their clients’ actions. Winnie gave this example:

“and it’s funny, even during this interview I needed to say really clearly that I don’t think its ok” [61/94]

This theme highlighted participants’ experiences of negative reactions by others, including mental health professionals working in other fields. Their sense of being questioned, judged and vilified was experienced as distressing, isolating and traumatic by participants. Another outcome appeared to be their experience of dissonance and self-questioning. There were indications of hypervigilance resulting from an unease or a lack of trust in others. Findings indicated that these experiences were buffered by self-censorship and/or pre-emption of negativity by voicing condemnation at their clients offending. This theme also highlighted potential for trauma as a result of others’ attitudes towards their work.

3.3 Superordinate theme 2: Potential for growth

This superordinate theme was identified from the participants' accounts of the positive aspects of their work. The potential for professional and personal growth was described by all participants strictly because of their reliance on several modes of support. Participants reliance on their capacity to empathise and see their clients as human appeared to facilitate their longevity in the work and their belief in its' efficacy. They also reiterated the importance of a trusting and intimate relationship with their co-therapist as a core condition of support. While the participants accentuated the complexity of the job, they were collectively reassured that their co-therapist relationships mitigated potential risks. Interestingly, it was the special nature of this relationship that appeared to be at the heart of the value they placed on having two therapists delivering group therapy. Findings suggested that having a close and emotionally supportive relationship with their co-therapist yielded powerful opportunity for trust, psychological healing in tandem with occupational and personal progress. Less emphasised but expressed by all participants was the importance of collegial support which allayed potential isolation and psychological risks of the work. Within this theme participants described the positive impact of the rich therapeutic work they delivered.

These tiers of support appeared to provide meaning, inspiration and fulfilment to all participants suggesting that despite the arduous nature of their work there was significant opportunity for growth.

3.3.1 Subordinate theme 2A: Being humanistic

All participants emphasised that they employed specific traits to promote group safety and positive engagement from their clients. They collectively recognised that the approach they implemented was relationally based and intrinsically connected to the human condition. They seemed to believe that without this approach they would be unable to carry out their work effectively. This seemed to ensure that their integrity, both on an occupational and personal basis, remained intact. Participants, within this theme, described their belief that inherent in their work was an ethos of respect which supported them in their work. The sum

of the participants' reflections on this phenomenon was encapsulated by Eddie when describing his therapeutic style:

"It's highly supportive and its enormously respectful (...) it probably drives the process (...) it's very, it, its humanistic in many, many respects" [6-7/30]

The value participants placed on their own traits was reiterated throughout the interviews. They expressed that being empathic was essential in promoting therapeutic growth in clients. Participants often noted that without empathy or humanity they would be unable to carry out their responsibilities effectively. Aimee highlighted this theme when exploring her experience of engaging the clients:

"Well I suppose warmth... the, the big, the one quality that you really need to have in the work is empathy because I don't think it would work without it" [45/140]

Winnie illustrated the significance of this trait when discussing factors she used when promoting group safety and cohesion:

"Group conditions have to be safe, respectful places which promote change in the men" [31/54]

Demonstrating to their clients that they were human appeared to be part of the empathic process for the participants as noted by Caoimhe when emphasising her duty of care to the clients:

"I think that having an ethos of care where you know it is, where one, where we reach out to the members, where we ask about them, where we show genuine concern... em that we don't just rigidly adhere to our agenda for the day" [28/112]

Ensuring that they listened empathically to their clients and responded to their acute needs was very important and voiced by all participants. Four participants noted that at times, they had to suspend modular work to care for the men when they were in crisis. Feargal captured the importance of this factor when addressing his faith in the treatment of this cohort:

“I’m a great believer in process over content like you know (...) it’s not a conveyor belt of pieces of core work and then you come out the other end, it’s a process, a therapeutic and developmental process” [60/179]

The participants all emphasised that it was essential to separate the man from his offences and seeing their clients as human was imperative. Winnie illustrated this theme when discussing her initial introduction to group:

“they’re all people in front of you and you see them as people” [44/72]

The participants did not seem to define clients by their offending nor did they view them as exclusively ‘bad’. Oscar further described this theme when discussing his engagement with them:

“when they come into group they are ashamed, they feel horrible, but that constant affirming of them and they can start affirming themselves as human beings who have a capacity to live well enough so that that {offending} doesn’t happen again” [9/20] “{you} constantly make a clear distinction between who they are as human beings and who they can eventually become and the behaviour that got them into the room in the first place” [10/24]

Participants were unanimous in reporting that they needed to understand their clients’ offences in the context of their past lives. The clients’ historical experience of adverse events in their lives was something that the participants found helpful in the empathising and understanding process. This was highlighted in Feargal’s observation:

“this person is in group because of something that happened in their lives” [56/167]

Participants all agreed that they were uncomfortable engaging in aggressive confrontation. They reported that they felt this was therapeutically unhelpful and counter intuitive when working with this cohort. They expressed that, by treating clients in an inhumane, distrustful and doubting manner, their implementation of therapy would be unsuccessful and therefore pointless. Also identified in this theme was that participants did not feel that they could deliver group therapy to this cohort unless they behaved in a manner that was consistent with their core values and integrity. Oscar provided the following excerpt when discussing his therapeutic approach in the group:

“if they get this kind of treatment, eh, you know, this kind of punitive and, and negative and suspicious, “I’m not going to trust you and you’re a devious bastard”, like if that’s the only message that they get there is no way that they can begin to build themselves up” [73/190]

This subtheme appeared to describe the participants’ meaning making in delivering therapy to a complex group. Particularly, this theme seemed to suggest that the importance of empathy and being humanistic appeared to facilitate them in separating the clients from their offending, thus allowing them to deliver therapy meaningfully. Demonstration of empathy could thus permit therapeutic growth and successful outcomes. Overall, this appeared to be the most pertinent issue for the participants when considering this theme. Engaging with their clients in a warm and respectful manner while separating the client from their offending actions appeared to mirror their own standards of therapeutic delivery which also seemed to be consistent with their world views.

3.3.2 Subordinate theme 2B: The co-therapist relationship

Participants demonstrated that co-therapists were essential not only for mutual support but to guard against obstacles such as clients’ interpersonal and behavioural difficulties. Eddie seems to feel it would be dangerous to deliver group on his own. All participants highlighted that group progress would be in grave trouble and perhaps at risk of collapse should a single therapist facilitate group. Protection against the escalation of clients’ maladaptive behaviours, such as secrecy and untrustworthiness were also noted by participants as an important facet of their roles as co-therapists. This spoke to the importance of a co-therapist in mitigating against therapeutic obstacles posed by group members. Findings indicated that the clients were vulnerable to regression and revisitation of maladaptive behaviours were group delivered by one therapist. Additionally, participants seemed to believe that single therapists were more at risk of psychological distress should maladaptive behaviour prevail. Eddie used a strong analogy to express his concerns that catastrophic consequences would occur in the absence of two therapists:

“Oh god, beyond, there aren’t words, no, to fly this plane alone is dangerous, dangerous, (...) dangerous!! Ah, ah, and the, the, ugh, the, the subterfuge, the deception... maybe in another group of 8 men, but not with this group” [86/240]

However, implicit in this subtheme was the need for trusting and positive co-therapist relationships. These exceptional relationships appeared to provide the participants with the sustenance and motivation to continue in their work in a healthy manner. Collectively, participants' accounts drew attention to the importance of their co-therapist in the provision of emotional and therapeutic support during stressful events in group. The immensity of needing the backing of co-therapists was captured by Eddie:

“The load, the no, the emotional overload would be, it would be, some... you'd just implode... Couldn't handle it, you can't, there's no way” [87/247]

According to all participants the need for trust in their co-therapist relationships was vital. The participants' descriptions included the indispensable need to feel protected and defended by their co-therapist which they felt was impossible without a trusting alliance. It followed that participants relied on their co-therapist to step in, lead and explore clients' reactions in a therapeutic and safe manner when they felt incapacitated in-situ or shocked as a result of client reactions towards them. This appeared to bolster the participants' confidence and self-efficacy. This process was encapsulated by Winnie:

“that's really, really, crucial eh... that you feel like you can trust the other person, that they have your back and you have theirs... you need sometimes the co-facilitator to manage the therapeutic environment of the group and take that sting out of it a bit... em... and to kind of reflect what's going on” [9/22-24]

Another supportive aspect of the trusting co-therapist relationship described by participants was in ensuring that they did not collude with their clients. All participants gave accounts, and expressed fear, that this was a significant risk when working within a humanistic and process-oriented framework. Four participants identified that co-therapists' mutual trust could protect them from this danger. Sharing a trusting relationship with their co-therapist appeared to allow participants to observe each other and their interactions with clients in order to identify risk of/or emerging collusion. Provision of sensitive feedback to that effect could be shared only within a trusting alliance. In-depth interpretation suggested that participants demonstrated vulnerability within these special relationships. This suggested that the relationships were not only trusting but inherently intimate. This was illustrated in Caoimhe's observation that the co-therapist relationship promoted professional behaviour and maintained healthy boundaries:

“I suppose th, the risk is that in an effort to be compassionate and understanding that you can almost slip into the, like a collusive position, so, it’s good that there are 2 of you there, (...) I think it can happen to any of us, em, so it’s good to have the other person there, to keep a check yeh, to support” [6/17]

Being able to depend on their co-facilitator when dealing with transference issues was also identified as significant for all participants. There appeared to be several issues arising out of this process. All participants noted that responding to anger or maladjusted behaviour from clients was challenging, particularly if experiencing strong countertransference with one client. Participants’ descriptions indicated that having a strong rapport and trusting relationship with their co-therapist meant that they could rely on them to step in when floundering. Participants did not appear to fear invalidation, judgement or dismissal from their co-therapist when disclosing their negative feelings about clients. Rather, they appeared to benefit from expressing these thoughts and emotions with authenticity and candour leaving them feeling contained, unconditionally accepted and safe. This was highlighted by Oscar when exploring his experience of unbearable countertransference:

“I really disliked that man, (...) Mmm, now, I like with, with the two of us, {his co-facilitator} we would talk about it after group and I’d say “Jesus I’m going to fuckin kill him” and {his co-facilitator} would say “well yes we all feel... but we won’t do that now will we?” (Laugh)” [25/62]

The process of engaging in joint, post-group de-briefing with their co-therapist was identified by five participants. Findings suggested the immediate proximity of co-therapists provided space for them to discuss group events as soon as possible, perhaps giving some protection against distress or bringing their work home. Participants appeared to rely on their co-therapists to serve as emotional buttresses in the aftermath of group. This appeared to assist participants in counteracting potential repercussions of group. Aimee captured the benefits of this process in the following extract:

“to de-brief after the sessions, that actually well, was most important, to have somebody that I can talk to about what actually happened... Yeh, offload quickly” [44/134]

While the presence of a co-therapist was noted as being imperative for participants, four expressed that it was advantageous to have a male/female dyad to support them in their work. They also saw it as a benefit to gain different perspectives from their co-therapists on what was happening therapeutically during the group. Oscar added to this account,

emphasising that having a female in the group helped to mitigate the possibility that misogynistic attitudes would prevail if both male therapists were unaware of it:

“it’s not that easy to pinpoint it exactly but I do think it brings a different dynamic. The danger with two men is that it becomes a boys’ club (...) there’s, there’s an important piece/bit missing (...) and she’ll be able to name it” [32-36/80-90]

This theme, to the best of my knowledge, is the first study to gain in-depth insight into co-therapist relationships, particularly those using a process-oriented and humanistic method to treat this population. Being able to rely on a co-therapist, to delve into and explore intimate issues such as emerging collusion or psychological problems demands a safe, trusting and emotionally supportive core. Participants appeared to gain significant inspiration and psychological and emotional benefits from their co-therapists thus allowing them to continue their work in an effective and healthy manner.

3.3.3 Subordinate theme 2C: Layers of support

While participants collectively agreed on the importance of co-therapist relationships for support, these relationships alone did not suffice in terms of participants’ overall needs when working in such a challenging role. A combination of therapist traits, systemic supports and motivators were seen as crucial if they were to continue working in a healthy and professional manner.

Within this theme, self-reliance appeared to be of vital importance. The participants reported that they depended on ongoing self-reflection and self-awareness to build and sustain their resilience. Ability to effectively bracket incongruent or negative feelings during group in order to reduce the risk of exposing personal vulnerability or jeopardising group safety seemed central to participants’ work. Furthermore, being aware of their own psychological vulnerability, experience of past traumas or emotional triggers was of paramount importance for all participants. This process was conveyed by Eddie when describing one way he used self-reflection when managing countertransference:

“Ehhh, and I can feel, if something is, is em, at variance with, with my, with the way that I ought to be reacting, I’m very conscious of it and it gets logged, I log it, and I kind of, kind of put it in a register that I keep boundaried” [15/38]

Findings suggested that attendance at monthly supervision sessions with someone who was not part of their group was a key resource. Participants collectively agreed that supervision facilitated development of therapeutic skills, new hypotheses, engagement in problem-solving/case management and further developing insight into group dynamics. Process-oriented supervision seemed the preferred modality as participants felt it provided opportunity to self-reflect, develop increased self-awareness and explore other issues in a supportive environment. Participants also placed significant trust in their relationship with their supervisor, descriptions of which mirrored the trusting relationships they had with their co-therapists (see section 3.3.2). This appeared to provide nurturing and bolster resilience in themselves, improve their therapeutic skills and motivate them to persevere with their work. Winnie acknowledged the importance of collaboration and trust in supervision:

“it’s essential to have somebody who’s out of that process looking in and maybe naming dynamics (...) I suppose with a non-invested eye looking at your work and saying... “have you considered em maybe that this might be going on?”” [20-21/36]

The importance of collegial support and their high esteem for their colleagues was recognised by four participants. Collegial support appeared to be a crucial support for participants. This seemed to moderate the psychological distress and isolation experienced by the participants in the process of their work. It seemed that participants conveyed a sense of belonging from being part of a team who work in the same environment. Their self-esteem, professional competence and faith in the good of their work was reinforced by the respect they received from their colleagues. This suggested that their self-worth and trust in treatment effectiveness was augmented by team support. It was also evident that participants gained personal meaning, a sense of inclusion and validation by being in a team who understand and had faith in their occupational ambitions. Eddie spoke about the importance of being part of a like-minded team when engaging in this work:

“I’ve solid relationships over many years with the people in this particular team. I feel supported, I feel respected. I feel people believe in what I do” [90/266]

This theme appeared to demonstrate the participants' belief that they were responsible for ensuring they remained psychologically robust through self-reflective practice and self-awareness to buffer against the negative corollaries of the work. Additionally, organisational support, particularly from co-therapists, colleagues, and process-oriented supervision protected against the unique challenges they experienced. Being part of a like-minded team appeared to buffer against potential degradation and alienation encountered by participants outside work (See section 3.2.2).

3.3.4 Subordinate theme 2D: Sense of fulfilment

The vitalising and satisfying nature of the work was unanimously identified as a key theme by all participants. They described their delivery of group therapy to men who had sexually offended as one that offered them opportunity to develop and grow in their work. Findings suggested that participants found the work inspiring and satisfying. The participants' accounts indicated that through their groupwork with this cohort they developed a sense of competence and confidence, something Eddie captured with this extract:

“You know, I’m the captain of the ship and I can go through the weather, you know, I know what to do” [330/102]

Witnessing clients change was also expressed by participants as an inspiring and fulfilling aspect of the job. Caoimhe captured the enormity of this experience:

“that’s very life-giving{men leaving group after successfully completing group}, very energising and restores your belief in the work that you do” [9/37]

Feargal acknowledged the benefits of the work in terms of his occupational identity and personal development:

“I’m very confident that this is the kind of work that ultimately, I was meant to do (...) Yeh so it is enriching in lots of different ways like you know” [61/183]

Each participant reiterated a sense of achievement derived from clients' completion of therapy. Observing clients grow therapeutically, change negative traits and live better lives seemed to be particularly rewarding for them. This achievement was highlighted by Aimee:

“also you know that they are ready to go out there and they are coping and that’s kind of satisfactory to see you know” [12/34]

It seemed that the participants all felt a strong sense of pride and achievement resulting from their contribution and commitment to the success of their therapeutic input in terms of societal safety as depicted by Aimee in the following extract:

“its good to remember that we are working to make the world safer” [47/144]

The participants all appeared to experience motivation and inspiration out of reducing the risk of reoffending in their clients and making communities safer. In essence, making a significant contribution to society and protecting potential victims gave all participants a feeling of self-worth and hope in their work. This experience was captured by Winnie:

“What motivated me about working therapeutically was the opportunity to make a difference, as corny as that sounds (laugh)... You become quite invested in people’s progress and you get to know them very, very deeply” [4/14]

Winnie’s quote (above) also provides insight into another satisfying and enriching aspect of their work. Four participants indicated that while working in an in-depth way was a natural facet of therapy, their experience of working with men who had sexually offended appeared to provide opportunity for even deeper engagement. Participants’ accounts described them feeling grateful for the opportunity to foster unique relationships with clients permitting them to work in a deeper and more intimate manner. They expressed that their work was rewarding because of the deep relationships they built with their clients. This theme was conveyed by Aimee when discussing her experience:

“Emm... Like I was always impressed how, how deep the sessions were and em... and how, how much change you could see, I always found it very powerful to work with them and always enjoyed it” [35-36/106]

This work seemed to allow participants to give a little more of themselves personally to the therapeutic process. In this regard, two participants spoke to the manner in which the men got to know them, as therapists, in a deeper way. They seemed to believe that they formed profound and meaningful alliances with clients who also got to know them in a different way. This also seemed to be a rewarding and motivating aspect of their work and one that allowed them to continue working in this complex and emotionally challenging way. This theme was encapsulated by Oscar:

“it’s extremely deep and they really do open themselves up, you get to know them, em, I suppose they get to know me as well... it’s a kind of a privilege I suppose in a way to, to have that kind of connection with human beings” [84-227]

Overall, this subtheme identified that participants felt that they were able to progress and grow professionally and personally as a result of the rewards this work afforded them. Occupational benefits included professional development, increasing competence and confidence. Protection of society and potential victims gave participants motivation and meaning to continue working with this cohort. Entwined in the protection of society was the pride participants felt when witnessing clients change and eventually complete therapy having reduced their risk of recidivism. Significantly, participants appeared to find the in-depth nature of the therapeutic work and consequent rare opportunity to work at a deeper level with clients motivating and inspiring. This highlighted the immense satisfaction and honour participants gleaned from this work.

3.4.5 Summary and Conclusion

The participants’ accounts provided rich and novel descriptions of their experiences of delivering group therapy to men who had sexually offended. Their narratives encapsulated their dedication to delivering effective group therapy to a complex offender group, acknowledging challenges and opportunity for growth. The themes were broadly categorised into participants’ experiences of the negative emotional, physical and potentially unconscious consequences of their work as well as personal implications not least those they encountered because of others’ attitudes towards them. The participants’ emphasis on the trait empathy, the special relationship with co-therapists, collegial support suggested significant potential

for growth. It was evident that the participants' self-reliance and trust in their co-therapists together with systemic supports resulted in personal and professional fulfilment in an otherwise challenging and occasionally distressing occupation.

4. Discussion

The aim of this study was to explore the experiences of clinicians who delivered community-based group therapy to men who had sexually offended. This entailed gaining insight into the perspectives of six qualified psychologists/psychotherapists who implemented the same group therapy treatment model in a private forensic psychological service in Ireland. The study sought to yield greater understanding of what traits the clinicians felt were useful in their work. The current research aimed both to address the gaps in existing literature in tandem with the lack of qualitative, experiential research into this cohort of therapists. Finally, the study aimed to inform counselling psychology practice by yielding greater understanding of how best to support practitioners carrying out this specialised and challenging work.

This chapter will discuss the findings of this research in detail. Firstly, a broad overview of the participants' reported experiences of their work outlining each of the superordinate themes and associated subthemes. The findings will be framed within extant empirical psychological literature, specifically on therapist experiences of delivering treatment to this offending cohort. This section also adheres to qualitative researchers' recommendation that the utility of qualitative research findings are clearly evident (Braun & Clarke, 2013; Sandelowski, 2004; Yardley, 2000).

Finally, the clinical and practical implications will be discussed. Limitations of and my learning from the research will also be outlined. Conducive with Interpretative phenomenological analysis (IPA) (Smith, Flowers, & Larkin, 2009) research, a reflexive summary will offer insight into my experience of carrying out this study. A general conclusion closes the thesis.

4.1 Superordinate theme 1: The potential for trauma

There is a growing body of evidence to demonstrate that delivering therapy to those who have sexually offended can have a negative impact on the therapists (Edmunds, 1997). While there are mixed results regarding how severely therapists are affected (Kadambi & Truscott, 2003) it is evident that they suffer from symptoms associated with vicarious

traumatisation (VT) (McCann & Pearlman, 1990), secondary traumatic stress (STS), compassion fatigue (CF) (Figley, 1995), burnout (Maslach, 1982) and difficult countertransference reactions (CT) (Kadambi & Truscott, 2004). A variety of negative corollaries were described by participants suggesting that this work was not without personal and professional risk. They reported negative emotional, psychological and physical sequelae associated with their work. Furthermore, they reported that they also experienced negative reactions from the public which resulted in self-censorship, fear of isolation and feelings of being judged and vilified. This study offers in-depth insight into the potential for trauma in the participants' work and will be addressed under the following subthemes, 'the inherent challenges' and 'the external challenges'.

4.1.1 Subordinate theme 1A: The inherent challenges

The first subordinate theme was the participants' reported experiences of the inherent challenges they faced when delivering therapy to this offender cohort. These findings indicate that the participants were prone to experiencing trauma symptoms as a result of their indirect exposure to distressing material and explicit knowledge of traumatic events. The participants experienced intrusive imagery, shifts in their cognitive schema and emotional functioning. These results are comparative with other studies which identified that therapists experienced changes in their worldviews having worked with this cohort (Dean & Barnett, 2011; Elias & Haj-Yahia, 2019; Scheela, 2001).

Two female participants indicated that their parenting may have been affected resulting in hypervigilance, suspiciousness and increased protectiveness because of their 'inside knowledge'. This is comparative with Scheela's (2001) findings where therapists reported that they increased their safety precautions and were hyperalert to their families' safety. Elias and Haj-Yahia's (2019) reported that therapists' parenting could be negatively affected by their treatment of this cohort. Elias and Haj-Yahia (2019) extrapolated further. They posited that heightened perception of their children's vulnerability to sexual abuse resulted in varying degrees of anxiety which impacted on therapists' parenting. They concluded that parenting could become potentially problematic where therapists became distressed, panicked or over-protective of offspring. No male participants reported parental anxiety and/or increased protectiveness of their children in the current study. Shrim and

Baum (2022) investigated how treatment of those who had sexually offended could impact male and female therapists' daily lives and their parenting. Similar to my study, they found that many therapists were anxious, alert and suspicious that their children could be sexually abused resulting in them putting increased safety measures in place for their offspring.

Clients' characteristics, maladaptive attitudes and behaviour proved to be particularly demanding for the participants in this study. They reported that their interactions with the clients could be particularly demanding both during group and afterwards often leaving them feeling vulnerable and misused. The clients' problematic interpersonal skills led to emotional experiences of anger, resentment, distress and victimisation in the participants. At times, the impact caused participants to be emotionally overwhelmed which spilled into their personal lives. This was occasionally experienced as therapeutic paralysis and emotional incapacitation in group, something that may have impeded them from effectively carrying out their work. These experiences are in line with extant literature which suggests that the discrete characteristics of this offender cohort can negatively affect therapists' emotional wellbeing both (Dean & Barnett, 2011; Edmunds, 1997; Elias & Haj Yahia, 2018; Marshall & Barbaree, 1990; Scheela, 2001; Tyagi, 2006). While existing literature has noted that therapists can experience difficulty when working with this offender group, this study identified that participants' experienced significant consequences during the group session. One participant voiced that she had experienced incapacitation during group whereby she felt victimised and emotionally assaulted. Other participants spoke about negative consequences and feelings spilling into their personal lives as a result of their interaction with clients during group. This suggests that therapists could be at risk of experiencing direct trauma as a result of their clients' mal-adaptive interpersonal skills and characteristics. This has significant implications in terms of therapist safety, mental health and support.

CT reactions are associated with VT (McCann & Pearlman, 1990). Existing literature suggests that therapists working with this population are at increased risk of complex CT reactions due to clients' unique characteristics (Bengis, 1997; Friedrich & Leiper, 2006; Kearns, 1995). In this study, the participants reported that clients' maladaptive behaviours and interpersonal skills could result in powerful CT reactions which they had to counteract with composure, containment of negative emotions and management of same during group hours. Anger, hostility, disgust and distress are some of the CT emotions reported by therapists (Friedrich & Leiper, 2006) which they can find hard to contain and manage (Slater

& Lambie, 2011). This was also evident in the current study. Effective monitoring of CT reactions appears to be critical especially when working with this offender group (Friedrich & Leiper, 2006) and some scholars have raised concerns that these complex feelings can manifest as STS unless the therapist recognises and processes them effectively (Gerber, 1995; Peaslee, 1995). This process involves high levels of self-reflection and self-awareness (Lea, Auburn & Kibblewhite, 1999) and was identified within the superordinate theme ‘potential for growth’ which I will later address in more detail section 4.2.

Results from this study indicated that some of the participants experienced physical and emotional exhaustion following group. One participant reflected on the possibility that his history of insomnia could be related to an unconscious impact of hearing something traumatic in group. A different participant reported that she could not give time to anyone after group had ended due to depleted emotional and physical reserves. Effects such as feeling emotionally overwhelmed, lack of engagement both in and outside work, anxiety, sleep disturbances (Elias & Haj-Yahia, 2019) and psychosomatic ramifications (Elias & Haj-Yahia, 2019; Steed & Bicknell, 2001) have been reported in previous studies highlighting cumulative after-effects in therapists. This finding provides insight into how the participants in this study may have been vulnerable to burnout (Maslach, 1982).

This subtheme offers further insight into the negative corollaries therapists working in this field may be subjected to. It highlights the importance of ensuring that therapists are privy to the ramifications that their work can have in terms of VT, STS, CT reactions and burnout so that they can minimise the negative effects. Furthermore, this study has identified that therapeutic work with these clients may pose risks for therapists should the clients’ characteristics and mal-adaptive interpersonal skills result in feelings of victimisation or misuse during treatment implementation. To the best of my knowledge this is the first study to throw a light on the potential for direct traumatisation during the work. This has significant implications for future research and practice.

4.1.2 Subordinate theme 2B: The external challenges

Interestingly, one of the most challenging experiences reported by participants was others’ negative attitudes towards themselves and the treatment they were providing for men

who had sexually offended. While this phenomenon is documented in previous research (Shrim & Baum, 2022; Scheela, 2001) findings yielded rich data further illuminating our understanding of the experience.

Before proceeding, it is important that I report potential bias in identifying this subtheme as analytic transparency is important in research (Lyons & Coyle, 2016). Whilst working in the host service the staff, some of whom were participants in the current study, and I were subject to a distressing work-related experience. Given that this research will be in the public forum, I am unable to divulge details of the event because of the potential harm it could cause clinicians and clients. I can acknowledge the event related to others' negative attitudes towards those treating this cohort. However, none of the participants discussed this event despite my identification of this theme.

Five participants reported that they had experienced negativity from others when discussing the nature of their work. Lea et al. (1999) posit that treatment providers can face stigmatisation because of their work with a marginalised population. This study's participants reported experiences of hostility, disparagement and judgement at the hands of others. Findings suggested they felt they were perceived as complicit with the offenders and consequently engaging in immoral actions. These reactions Scheela's (2001) study which indicated that therapists felt they were treated like an enemy when advocating for clients and that other professionals expressed discomfort with participants' choice of work. One participant noted that she felt that her peers working in other mental health areas had disdain for her work. This accords with Willis, Prescott & Levenson's (2018) findings that therapists face negative attitudes from other professionals and feel that support outside the workplace is lacking.

The participants voiced that they self-censored at times or completely avoided imparting the nature of their work or their reasons for doing it. VanDeusen & Way (2006) observed that therapists experienced being silenced when referencing their work while Jackson et al., (1997) suggested that therapists working in this arena are prone to loneliness and alienation which can explain their reluctance to discuss their work. Fear of being misunderstood is another reason therapists may be disinclined to discuss their work outside of the occupational setting (Jackson et al., 1997; Kottler & Markos, 1997). Slater and Lambie (2011) reported that therapists censored occupational information to protect against negative

public reactions. Likewise, participants seemed to avoid hostile reactions by withholding work-related information and because they felt it was pointless trying to defend their work. Another participant said he was motivated not to discuss the nature of his work out of concern that he could cause distress in others. This accords with Clark & Roger (2002) who posited that self-censorship may ensue because therapists are concerned they could negatively affect others.

Findings suggested that experience of negative responses in the social milieu may have resulted in distress and cognitive dissonance in participants. Dissonance has been linked with therapists' experience of negative reactions from the public (Freeman-Longo, 1997; Jackson et al., 1997). Lea et al. (1999) observed that therapists reported constantly balancing a 'professional-personal dialectic' when treating this cohort. Festinger (1957) stated that therapists' discomfort with public attitudes towards their work may arguably arise from internal or psychological dissonance which is then reinforced by external stimuli. The participants' need to clarify their stance on sexual offending was interesting in this respect. Perhaps their clarification during interview was a habitual response on their part given their consistent experience of negative reactions to guard against judgement or criticism. The potential for dissonance amongst my participants further highlights this complex and contradictory aspect of therapists' work. Little is known about this phenomenon despite the concerns that it may be challenging and potentially distressing (Freeman-Longo, 1997; Jackson et al., 1997). This study reinforces the need for further investigation into this experience.

Whatever the participants' motivations for not discussing their occupation with others, it seems that staying silent about their work could come at a cost. Self-censorship may result in isolation, increased dependence on colleagues for support or changes in cognitive schema. Perhaps participants' exposure to perceived negative attitudes and criticism resulted in mistrust and withdrawal. Participants' coping strategies may therefore mask trauma, fear, suspicion or hypervigilance which, as discussed earlier, can signal more severe psychological problems such as burnout or VT. This finding further reinforces the possibility of indirect trauma for therapists because of others' attitudes, but also because of internal dissonance which may or may not have been identified by the participants. This finding suggests that more research in this area is important.

Finally, the participants' experiences of negative attitudes from others mirrors common public attitudes, such as moral outrage (Olver & Barlow, 2010) toward this population. Clark (2011) argues that therapists working in this arena do so because of their motivation to prevent reoffending and future victimisation in society. However, the society therapists are working to protect is prone to chastising and punishing them for their work.

4.2 Superordinate theme 2: Potential for growth

There has been growing interest in the concepts compassion satisfaction (CS) (Burnett & Wahl, 2015; Dehlin & Lundh, 2018) and vicarious posttraumatic growth (VPTG) (McCann & Pearlman, 1990) in trauma therapists (Bartoskova, 2012; Deaton, Wymer & Carlson, 2021). During my review of relevant literature (see chapter 1), I noted that many studies investigating therapists' positive experiences of working with this offender cohort reported findings that were suggestive of VPTG (Kadambi & Truscott, 2006; Moulden & Firestone, 2010; Willis et al., 2018). This study's findings strongly contribute to this premise. It seems that while the work may be challenging and has the potential for therapists to suffer from indirect trauma, it also provides them with significant opportunity for personal and professional growth. Four subthemes were identified within this superordinate theme, 'being humanistic', 'the co-therapist relationship', 'layers of support' and 'sense of fulfilment'.

4.2.1 Subordinate theme 2A: Being humanistic

Meaning-making and empathy are identified as facilitating factors for VPTG (Brockhouse, Msetfi, Cohen, & Joseph, 2011). The participants voiced that they could not do the job without being humanistic and empathic. It seemed that they engaged in a process of meaning-making when considering how they viewed and treated their clients. The participants reported that being respectful and empathic was critical for successful outcomes. Their empathic approach appeared to allow them to see their clients as human, understand their clients' background and separate the clients from their offences. Other studies have identified the importance of humanising clients who have engaged in sexual offending. Sandhu and Rose (2012) explored the emotional challenges faced by treatment providers who facilitated a closed group for clients with intellectual disability and who had sexually

offended. They reported that therapists' separation of clients from the offending behaviour helped them empathise with clients. Similarly, Scheela (2001), reported that therapists adopted a treatment philosophy of separating clients from their offences and helping them focus on rehabilitation above punishment. She noted that humanistic values and approach facilitated therapists' maintenance of positive attitudes. Slater and Lambie (2011) indicated that therapists perceived their clients holistically or as complete people who had sexual problems. They noted this facilitated recognition of clients' positive attributes which allowed them to be more optimistic about treatment. This was also seen in the current study. Having a sense of empowerment and validation of their trauma therapy through helping clients is an important aspect of VPTG (Ling, Hunter, & Maple, 2014). Deaton et al. (2021) note that empathic people have more flexible schemas and therefore the capacity to adapt the psychological distance between the client and themselves to optimise the empathic engagement. This appears to be true for the participants in the current study. This suggests that the participants may have been experiencing VPTG by entering this meaning-making process in their work.

4.2.2 Subordinate theme 3A: The co-therapist relationship

The co-therapist relationship appeared to offer the participants personal, professional and social support both within and outside the group sessions. Social support plays an important role in therapists' adaption to traumatic material and is an external factor in permitting VPTG (Deaton et al., 2021). All participants reported that they could face significant risks should group therapy be delivered in the absence of a co-therapist. They reported that co-therapy guarded against clients' maladaptive behaviours and traits and their own vulnerability to psychological distress, collusion, countertransference reactions and infiltration of the work into their personal lives. This suggests that the co-therapist relationship may protect against negative consequences and promote VPTG. Thus, participants appeared to feel more competent and confident because they felt supported, safe, protected, understood and defended in their work. It also seemed to optimise therapeutic effectiveness for them.

Findings also suggested the immediate proximity of their co-therapist provided space for them to discuss group events as soon as possible, adding to their sense of social support.

This finding is also in keeping with research indicating that de-briefing and joint case work are effective supports for therapists in this work (Scheela, 2001; Willis et al., 2018). Having emotional support to discuss distress in the work setting is also imperative in the development of VPTG (Duffy, Avalos, & Dowling, 2014). Furthermore, provision of emotional support both in supervision sessions and otherwise can provide therapists with an outlet to express emotions quickly and de-brief which also facilitates VPTG (Deaton et al., 2021). It is therefore reasonable to posit that the participants' co-therapists played a central role in the promotion of VPTG for them.

This subtheme also provided rich data on the quality of the co-therapist relationship. It seemed that a trusting relationship and the capacity to work symbiotically required openness, trust, reliance and faith in co-therapists. For example, trusting co-therapists to lead when therapeutically stuck or to professionally observe therapeutic work and interactions with clients necessitates high levels of cooperation and trust. Being open and responsive to difficult and sensitive feedback about countertransference and collusion also demands high degrees of confidence in one another. Confiding in co-therapists without threat of judgement highlights the trusting and special relationships participants felt they had with their co-therapists. Trust and reciprocity in these partnerships appeared to be the foundation upon which participants could work co-operatively and confidently in such a complex environment. This finding suggests that it was the special nature of their co-therapist relationship that provided the emotional and social support to the participants. This reemphasises that not only is social support important in terms of VPTG, in this case it was the strength of the relationship that appeared to bolster them.

Not only did the participants emphasise the trust they had in their co-therapists but they also used them to de-brief, perhaps helping them to gain coherence and meaning from the event of the group in the immediate aftermath. It may also have enabled changes in cognitive schema, something that is key in permitting VPTG (Deaton et al., 2021). Changes in cognitive schema facilitate the therapist in processing their indirect exposure to trauma thereby adopting new meaning and ownership in their work (Arnold et al., 2005). Having a trusting co-therapist relationship may arguably provide therapists with the opportunity for in-situ support from co-therapists and opportunity to debrief which may expediate the VPTG.

To the best of my knowledge, this is the first study to gain in-depth insight into co-therapist relationship, particularly those using a humanistic approach to treat this population. It is also novel to identify that this phenomenon may promote VPTG in several ways. This has significant implications for training, clinical practice and future research particularly for counselling psychology. Development of skills to ensure equal, trusting co-therapist relationships which allow safe observing, monitoring and provision of sensitive feedback and when to support co-therapists is of paramount importance and arguably requires training and supervisory support. Counselling psychologists in training may benefit from education in therapeutic and interpersonal skills not only in establishing healthy relationships with clients but also co-therapists. Further research into co-therapist relationships, how they are developed and how they manage conflict would also be useful.

4.2.3 Subordinate theme 2C: Layers of support

It is imperative that therapists can avail of effective supports to mediate inherent challenges (Rupert, Miller, & Dorociak, 2015) and to permit VPTG (Deaton et al., 2021). Systemic resources such as supervision, peer supervision and encouragement of self-care are essential in the promotion of VPTG (Deaton et al., 2021). This is true of group therapy with this population where resources such as self-reflective practice, self-care (Moulden & Firestone, 2010), collegial support (Scheela, 2001) and supervision are vital (Willis et al., 2018).

All participants placed significant value on the availability of several tiers of support to alleviate the challenges associated with their work. Firstly, self-reliance, in this case self-reflection and self-awareness were of vital importance to them. Ability to effectively bracket incongruent or negative feelings to reduce the risk of exposing personal vulnerability or jeopardising group safety because of inappropriate or biased reactions seemed central to participants' work. This highlights the importance of self-awareness and self-monitoring as buffers against in-situ countertransference reactions when working with this cohort (Moulden & Firestone, 2010; Tyagi, 2006). Furthermore, being reflective can facilitate self-care in therapists because they can self-monitor for signs of psychological problems (Hardeberg Bach & Demuth, 2018). Grady and Strom-Gottfried (2011) posit there is an ethical onus on therapists treating this population to engage in self-care and note that intrinsic in self-care is

self-reflection and monitoring to prevent, address and/or assuage potential psychological consequences. Interestingly, self-care is an important component of VPTG (Brockhouse, et al., 2011; Mairean, 2016). The findings suggest that the participants were utilising self-care through the process of self-reflective practice. This adds further evidence to suggest that the participants were in the process of VPTG.

Findings suggest that attendance at monthly supervision sessions with someone who was not part of their group was a key resource. Participants appeared to feel supervision facilitated development of therapeutic skills, new hypotheses and self-awareness. Process-oriented supervision seemed the preferred modality as participants felt it provided opportunity to self-reflect and explore other issues in a supportive environment. This accords with Gibbs (2001) who posits that supervision provides an important space for therapists to express negative feelings and develop healthy coping mechanisms while simultaneously gaining professional growth through learning. Deaton et al. (2021) highlight the importance of supervision in facilitating VPTG in supervisees. While cautioning against not becoming a therapist in supervision, they noted that trauma-informed supervision requires a trusting and validating relationship. Deaton et al. (2021) suggest that both negative and positive experiences of supervisees reactions to trauma should be encouraged as it mitigates the development of vicarious trauma. Provision of emotional support both in session and otherwise can reduce supervisees' distress and encourage VPTG (Etherington, 2000). This finding compares with Willis et al.'s (2018) observations that supervision requires a positive alliance and collaborative approach which better allows for process-oriented work and personal reflection. Kadambi and Truscott (2003) highlighted the importance of supervision in mitigating the aforementioned personal-professional conflict. Grady and Strom-Gottfried (2011) argued that therapists have ethical obligations to seek and use supervision to address countertransference, monitor boundaries and identify signs of psychological distress. These researchers all appear to be strongly advocating for process-oriented supervision particularly when enabling VPTG.

The importance of collegial support aligns well with social support, a crucial factor in the facilitation of VPTG (Deaton et al., 2021) and this was also evidenced in the current study. They suggested that collegial support was valued because it gave them a sense of belonging and respect for what they believe. This corresponds with Slater and Lambie's (2011) findings that therapists had high esteem for their colleagues. Ennis and Horne (2003)

noted that peer support could be helpful for expressing, processing and normalising countertransference reactions. They posited that collegial support moderates psychological distress experienced by therapists in this work. Scheela (2001) observed that being in a multidisciplinary team was beneficial for therapists particularly from a learning perspective. Collegial support is also a buffer for feelings of isolation resulting from stigma associated with this work (Kadambi & Truscott, 2003). Collegial support is another important facet of VPTG as it provides opportunity to gain meaning and coherence from the work. It buffers against isolation and helps therapists in this field feel a sense of belonging and respect. I reiterate that VPTG requires the presence of these factors and collegial can provide this.

Findings suggested that organisational support, particularly from co-therapists, colleagues and process-oriented supervision protected against challenges unique to this work. Being part of a like-minded team appeared to buffer against potential degradation and alienation encountered by participants outside work. This reinforced the need for service providers to create opportunities for team building, peer support and self-care (Willis et al., 2018). Implementing process-oriented supervision is therefore optimal while promotion of trusting alliances in supervisor/supervisees/co-therapist teams is also recommended (Willis et al., 2018). The emphasis on process-oriented supervision is a novel finding, yet of paramount importance when considering the high stakes involved in this work. All of these factors are prominent enablers of VPTG (Deaton et al., 2021) indicating that it is very possible that the participants were permitting personal and professional growth by accessing and availing themselves of several tiers of support needed for VPTG.

4.2.4 Subordinate theme 2D: Sense of fulfilment

It is well established that treating this population is a challenging occupation necessitating specialist therapeutic input (Edmunds, 1997; Farrenkopf, 1992). The negative impact of the work has been frequently referenced (Clarke & Roger, 2007; Scheela, 2001) however there is evidence suggesting that therapists gain significant satisfaction from this work (Elias & Haj-Yahia; 2019; Scheela, 2001; Slater & Lambie, 2011). Having a sense of meaning and reward can promote VPTG as it provides coherence, competence and satisfaction from the work (Deaton et al., 2021). This appears to have been an important component of the participants' work. Findings suggested that participants found the work

inspiring and satisfying. Slater and Lambie (2011) reported that therapists developed a sense of competence and confidence from their work while Elias and Haj-Yahia (2019) stated that therapists gained confidence, respect and empowerment from their professional competence. The participants appeared to experience similar feelings where they gained a sense of proficiency from their occupation resulting in professional self-confidence and assuredness, all factors in VPTG (Bartoskova, 2017).

VPTG can be promoted when therapists experience the benefits of seeing their clients change and grow. Existing literature suggests that witnessing clients change is a positive facet of the work (Scheela, 2001; Slater & Lambie, 2011). This was reinforced by participants who reported a sense of achievement derived from clients' completion of therapy. Observing clients grow therapeutically, change negative traits and live better lives as well as helping to reduce recidivism seemed particularly rewarding. Slater & Lambie (2011) stated that observing progress in clients was a key motivating and maintaining factor for therapists. Participants experienced a sense of pride upon seeing that their clients could re-enter society, live pro-social lives and desist from offending. This is similar to the sense of fulfilment therapists in Scheela's (2001) research gained from working for community protection (Scheela, 2001; Slater & Lambie, 2001).

Participants appeared to find working in a process-oriented manner rewarding and different from other therapeutic work. While working with this cohort in a therapeutic manner was referenced as a privilege by therapists in Scheela's (2001) study, it seemed that my participants also valued the opportunity to work in an in-depth and emotionally close way with clients. One participant's description of the connection or relationship with his clients highlighted an intricate and in-depth facet of the work. To the best of my knowledge, this is a novel finding. Other authors have noted that this work is more therapeutically in-depth given the nature of the issues addressed, such as sexuality, masturbation and deviant sexual desires (Frost, Ware, & Boer, 2016; Mann, 2012).

This subtheme highlighted the significant satisfaction participants gained from their work. Occupational rewards included professional competence, confidence, protection of society, witnessing clients change and grow, complete group. Significantly, participants appeared to find the in-depth nature of humanistic, process-oriented work and consequent rare opportunity to work at a deeper level with clients motivating and inspiring. This, again,

highlights the fact that the participants, in gaining immense satisfaction and pride from their work were provided with the opportunity to grow both professionally and personally factors that are strongly associated with VPTG.

4.3 Study limitations

Given that the study focused on participants who delivered community-based group therapy in Ireland, the findings may not be transferable to therapists working in other regions or in closed institutions such as prisons. Generalisability may also be restricted because the sample was small. However, IPA is intrinsically context-dependent, and therefore it can be carried out on small participant numbers as well as single case studies (Smith et al., 2009). Additionally, there have been calls for more qualitative and experiential research, such as IPA, in this area precisely because of the contextual/holistic information that can be garnered (Hardeberg Bach & Demuth, 2018).

Participants were qualified clinical/forensic psychologists and psychotherapists and therefore findings may not generalise to treatment providers who do not have qualifications in therapy, such as clinical nurses, social workers or prison officers. The participants also worked in a private service, implemented a process-oriented group therapy and received within-service supervision which could prove difficult to reproduce. While this type of homogeneity is lacking in other studies (Hardeberg Bach & Demuth, 2018), the generalisability of this study may be further reduced. However, this homogeneity may also be useful given the lack of studies specifically focusing on therapists with similar qualifications and experience.

Data analysis relied completely on my identification of themes and interpretation of same. This means that another researcher may well have prioritised different themes and made alternative elucidations, although this is true of any qualitative research (McLeod, 2011). Infiltration of possible bias on my part may have occurred because of my worldview, occupational experience and personal history. My previous working relationship with some of the participants could also have affected the findings. Social desirability may have restricted the quality of the information provided by participants. They may also have resisted imparting intimate experiences for the same reason. Given that three participants added

caveats regarding their stances on sexual offending, I have to consider the possibility that participants may not have trusted fully in the process. This may have been because I was inexperienced in IPA, or because of my dual relationship with participants.

My historical experience of delivering group therapy to this cohort may also have resulted in unconscious emphasis on certain issues and themes. For example, I may have unwittingly influenced participants to discuss issues documented in the subordinate theme ‘the external challenges’ because of prior knowledge (section 4.3.2).

It is important to note that I left group in March 2018 and the host service in November 2019. I also took a year’s break from the course to deal with grief. Despite this, my sorrow may have suppressed my capacity to give fully to this project. It is also possible that the separation from data allowed me to interpret participants’ experiences from a less partial position. The opportunity to revisit my findings following my VIVA may also have reduced bias as I was able to look at it from a different perspective.

Finally, there was no conflict of interest. The host service was not involved in the study as a stakeholder or in any other way once data was collected.

4.4 Clinical implications and recommendations

Several important clinical implications and recommendations have been identified from this study:

Findings have implications for organisational policymaking. This work is complex, nuanced and multi-faceted therefore qualified professionals are best placed to carry out the work. While this may be financially difficult or systemically problematic, the grave reality is that without effective treatment, risk of recidivism is increased (Hanson et al., 2002). It seems prudent for services to go the extra mile in this respect. Central to the ethos of counselling psychology is its humanistic underpinnings and focus on process-oriented therapy (Douglas et al., 2016). Counselling psychologists are arguably well-suited to carry out this work.

Further investigation into the nature of co-therapist relationships is essential given the potential cost to society, potential victims and the therapists themselves where an individual therapist were delivering treatment. Gleaning information regarding the process of trust-building, management of growing pains and dealing with conflict/problems in co-therapist relationships would be of significant benefit. It could equip supervisors and co-therapists with skills needed to address, nurture and enhance co-therapist relationships, information that appears lacking in current literature. Leaning on systemic therapy may facilitate our understanding of this special relationship. The more successful the delivery of group therapy to this cohort the better the outcomes for potential victims, clients, society and clinicians.

Further research into the benefits and disadvantages of process-oriented, co-therapist supervision is recommended. Furthermore, input into supervision for co-therapists and input into trust enhancement, regular team building events and team meetings focused on mental health would benefit therapists working in these settings. Clear messages from management and key stake holders acknowledging the work staff are doing and ensuring their staff excel will likely benefit professional teams (Willis et al., 2018) and reduce potential for trauma (McCann & Pearlman, 1992) and promote vicarious posttraumatic growth (Arnold, et al., 2005) . Specialist training for future supervisors is also merited.

Participants' ability to humanise, empathise with and separate clients from their offending seemed to be a process strongly associated with empathy and humanistic practice. Traits such as these may distinguish, without judgement, suitable therapists from others. It would be interesting to explore if it is possible to carry out this work if therapists are unable to separate clients from their sexual offending and what, if any, impact this may have. If this trait is important in the delivery of group therapy for this cohort, research into whether the process can be learnt would also be useful. Relatedly, there is a potential role for supervisors here as they are arguably best placed to ensure that this aspect of the work is introduced as a core focus in supervision.

Participants seemed to navigate inherent dilemmas and challenges through skilful application of therapeutic interventions and use of interpersonal skills. Participants reported many nuanced therapeutic interventions and communication skills using process-oriented therapy. This may inform future clinical practice in process-oriented group therapy with this cohort. Given the dearth of research specifically investigating therapists' input into this

method with this population is problematic given the potential gains both for therapists and the service users in terms of VPTG. It seems prudent that greater attention is given to this method, particularly in terms of its effectiveness. It would also be helpful to look at the

There is evidence, albeit limited, that this work can affect therapists' parenting. It would be sensible to explore this further, particularly as there are indications the work can result in increased anxiety about children's safety and, potentially, reduced parenting capacity for therapists. Monitoring therapists' perception of their parenting could be incorporated into current self-care practices and supervision to ensure that therapists and their children can be best protected from this occupational risk.

Another concern is that some participants expressed they experienced feelings of victimisation during group directly resulting from clients' interpersonal difficulties. This matter merits further investigation because it suggests that clients can become aggressors during group treatment and because therapists may experience direct trauma as a result. This deserves urgent attention given the potential for negative consequences for therapists. Understanding how best to cope with this behaviour would also be of value to therapists.

There is evidence that participants' exposure to secondary trauma in this work is twofold given that clients are often perpetrator and victim (Kearns, 1995). Evidence indicates that exposure to client-trauma can negatively impact therapists when working with victims (McCann & Pearlman, 1990) however dual exposure to victim/perpetrator details is a unique aspect of the work and largely under-researched. Further illumination on this issue could identify and address potential risks and solutions so therapists can continue their work with limited impact.

Participants reported that they experienced negative reactions from others when disclosing the nature of their occupation which they frequently dealt with through the use of different coping strategies. However, some of these coping mechanisms may be flawed with potentially harmful consequences such as isolation, dissonance, burnout or VT (see 4.3.1). It would be valuable to investigate in greater detail the impact of public (and others) reactions to therapists working in this field and how best they can address this difficulty in the least detrimental manner.

Making certain that therapists know of the risks and benefits of this work is imperative (Hardeberg Bach & Demuth, 2018). The importance of organisational and supervisory promotion of protective techniques, such as self-care, self-reflection/self-monitoring, seeking support in enabling CS and VPTG is reiterated. It would also be interesting to have more empirical evidence of VTPG in therapists working in this arena. It would be advantageous to study the benefits of training/workshops/appropriate self-care in therapists delivering treatment to this cohort (Moulden & Firestone, 2010).

Counselling psychologists are arguably amongst the best suited for this work given their focus on humanistic, process-oriented therapy. The importance of reflexivity and self-reflection in counselling psychology is also an intrinsic component of this work. It would therefore be useful for counselling psychologists in training to have specialist input into delivering group therapy with this population. While this may seem relevant only to those treating this cohort it would arguably benefit all counselling psychologists in training as it emphasises the use of humanism, empathy, acceptance and development of resilience, all traits intrinsic to therapeutic practice no matter who the client.

4.5 Reflexive statement

I found this research project personally and academically challenging. I began the course with enthusiasm and the initial stages went well. However, behind the scenes I was dealing with a significant personal problem and this may have impacted on my research despite significant effort to contain and bracket my bias/assumptions and personal feelings.

This was my first experience of IPA and on reflection I believe my data collection could have been more robust. My interview technique may not have been sufficiently open-ended despite my best intentions. Perhaps I was distracted and unreceptive to topics that participants wanted to follow up on and therefore may have lost valuable information. However, it is also important to emphasise that I am confident that my interviews, analysis and discussion were carried out generically with care and diligence. The opportunity to revisit and re-examine my findings in light of my VIVA also helped reduce potential bias and improve reliability. My findings made sense to me based on my participants' data and I believe I managed to answer my research question.

Upon completion of data collection, in October 2019, I experienced a personal tragedy. Sadly, my heartbreak and my research were henceforth inextricably linked. Following the acute crisis, the challenges of coping with my loss resulted in significant periods of unproductivity and hopelessness. IPA required a high level of motivation and concentration but my personal circumstances resulted in frequent apathy and inattention. I was fortunate to have a helpful and insightful supervisor who patiently encouraged and supported me throughout. I was also fortunate to have a second supervisor before and after my VIVA. She guided me, both pragmatically and academically, through the second phase of my research, to my VIVA and beyond. Though my experience of my VIVA was challenging, I took the opportunity for personal and professional growth. My VIVA experience was a significant learning point for me. I gained substantial knowledge about myself and my research process. I am thankful for the opportunity to revisit my dissertation. I am also proud that I have eventually completed this project.

I gained academically and personally from completing this research though it has taken some time. Having completed the study I have ascertained that, with support, tenacity and hope, I can get through adversity, no matter how difficult. I want to thank the host service and my participants, Eddie, Caoimhe, Feargal, Winnie, Aimee and Oscar for their wisdom and generosity. They provided rich information about their experiences some of which was sensitive in nature. Despite this, I believe that my study only touched the surface. However, I hope that my findings will contribute to academic literature and to the clinical practice of counselling psychology.

The aim of this research was to gain insight into clinicians' experiences of delivering group therapy to men who had sexually offended. IPA allowed me to engage in in-depth and reflexive analysis of participants' data which yielded rich findings about the complex nature of this work.

Based on the superordinate and subthemes identified during analysis, it is evident that a number of positive and negative aspects of working therapeutically with this population exist. This study identified that some therapists in Ireland are delivering community-based process-oriented and humanistic group therapy to this population. This work requires significant therapeutic knowledge and expertise as well as nuanced interpersonal skills and

therapist traits. The study also identified that therapists are subject to risks when working with this population.

One of the most interesting findings was that therapists' experienced changes in their interactions with others. Some engaged differently with others because of negative reactions to their clients and their work while others felt increased suspicion in others and concern regarding their personal safety. Some participants experienced heightened awareness of risk for their children which could impact on their parenting. It seems that not only is it important to protect society by providing therapy to reduce recidivism but that we protect society from the potential knock-on effects of therapy by protecting those working therapeutically with this cohort and promoting VPTG through several tiers of support.

How to mitigate occupational risks formed an important part of the findings not least because of the emphasis participants placed on the importance of their co-therapists when delivering treatment but also on the trusting nature of these special relationships. Collegial and organisational support and supervision were identified as imperative in terms of supporting co-therapists in this complex work and in the promotion of VPTG. It seems that a combination of self-reflective practice, self-care, and organisational supports can reduce potential for trauma and promote personal and professional growth particularly when working in a therapeutically in-depth manner with this disenfranchised population.

4.6 Conclusion

The aim of this research was to gain insight into clinicians' experiences of delivering group therapy to men who had sexually offended. IPA allowed me to engage in an in-depth and reflexive analysis of participants' data. This yielded rich and novel findings about the complex nature of this work and how the clinicians felt about this.

Based on the superordinate and subordinate themes identified during analysis, it is evident that the participants experienced a mixture of positive and negative aspects of working therapeutically with this population.

The participants' negative experiences were less emphasised than the positive however there was evidence that they were vulnerable to compassion fatigue, burnout and vicarious and direct trauma during the course of treatment delivery. This led to negative experiences such as changes in cognitive schema, feeling victimised within group and hypervigilance around the safety and protection of their children. The participants reinforced the difficulty they faced when informing others about the nature of their work whereby they were prone to self-censor and avoid the potential for hostility from others.

Despite the negative consequences the participants' positive experiences of a humanistic and empathic process-oriented treatment approach helped them see their clients as human and work with optimism that their efforts were going to reap benefits for society, potential victims and the clients themselves. A combination of self-reflective practice, collegial support and supervision facilitated them in coping with work-related challenges.

One of the most interesting and novel findings was the special nature of their relationships with their co-therapists which appeared to be a significant buffer in mitigating and managing the negative consequences of their work. While a combination of negative and positive consequences of their work was evident, the participants had many positive experiences which appeared to contribute to their well-being and personal and professional growth all of which appeared to be associated with vicarious posttraumatic growth. This, to the best of my knowledge is the first study to identify this phenomenon in clinicians' experiences of their work.

References

- American Psychiatric Association (2000) Diagnostic and statistical manual of mental disorders, 5th Ed., 2000 (DSM-5)
- Andrews, D.A., & Bonta, J. (1998). *The psychology of criminal conduct* (2nd ed.). Cincinnati, OH: Anderson.
- Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45*(2), 239-263.
- Back, C., Gustafsson, P.A., Larsson, I.B., & Berteroc, C. (2011). Managing the legal proceedings: An interpretative phenomenological analysis of sexually abused children's experience with the legal process. *Child Abuse & Neglect, 35*, 50-57.
<https://doi.10.1016/j.chiabu.2010.08.004>
- Baerga-Bufler, M., & Johnson, J.L. (2006). Sex offender management in the federal probation and pretrial services system. *Federal Probation: A Journal of Correctional Philosophy and Practice, 70*(1), 13-17.
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims, 18*(1), 71.
- Barber, R. (2008). *Doing focus groups*. Thousand Oaks, C.A.: Sage.

- Bartoskova, L. (2012). How do trauma therapists experience the effects of their trauma work, and what are the common factors leading to post-traumatic growth? *Counselling Psychology Review*, 32(2), 30-45.
- Bauman, S., & Kopp, G. (2006). Integrating a humanistic approach in outpatient sex offender groups. *The Journal for Specialists in Group Work*, 31, 247-261.
<https://doi.org/10.1080/01933920600777931>
- Beech, A., & Fordham, A.S. (1997). Therapeutic climate of sexual offender treatment programmes. *Sexual Abuse, A Journal of Research and Treatment*, 9, 219-223.
<https://doi.org/10.1007/BF02675066>
- Beech, A., & Hamilton-Giachritsis, C. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment*, 8, 219-237.
<https://doi.org/10.1007/s11194-005-4600-3>
- Beitchman, J.H., Zucker, K.J., Hood, J.E., DaCosta, G.A., Akman, D., Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect*, 16(1), 101-118. [https://doi.org/10.1016/0145-2134\(92\)90011-F](https://doi.org/10.1016/0145-2134(92)90011-F)
- Bengis, S.M. (1997). Personal and interpersonal issues for staff working with sexually abusive youth. In S. Bird Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 31-50).

- Ben-Zur, H., & Yagil, D. (2005). The relationship between empowerment, aggressive behaviours of customers, coping, and burnout. *European Journal of Work and Organizational Psychology, 14*(1), 81-99.
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214–224. <https://doi.org/10.1080/14780880802314304>
- Bowen, M. (1978). *Family therapy in clinical practice*. Northvale, NJ: Jason Aronson, Inc.
- Bradford., J.M.W., Fedoroff, P., & Gulati, S. (2013). Can sexual offenders be treated? *International Journal of Law and Psychiatry, 36*(3), 235-240.
doi: 10.1016/j.ij.lp.2013.04.004
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage.
- British Psychological Society. (2014). *Code of Human Research Ethics*. Retrieved from <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>
- British Psychological Society. (2018). *Code of Ethics and Conduct*. Retrieved from <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20%28Updated%20July%202018%29.pdf>

British Psychological Society. (2017). *Practice Guidelines*. Retrieved from <https://wwwbps.org.uk/news-and-policy/practice-guidelines>

Brocki, J.M., & Wearden, A.J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health, 21*, 87-108. <https://doi.org/10.1080/14768320500230185>

Brockhouse, R., Msetfi, R. M., Cohen, K., & Joseph, S. (2011). Vicarious exposure to trauma and growth in therapists: The moderating effects of sense of coherence, organizational support, and *empathy*. *Journal of Traumatic Stress, 24(6)*, 735-742.

Brown, S. (2005). *Treating sex offenders: An introduction to sex offender treatment programmes*. Willan Publishing.

Burnett Jr, H. J., & Wahl, K. (2015). The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. *International Journal of Emergency Mental Health and Human Resilience, 17(1)*, 318-326.

Burr, V. (2015) *Social Constructionism*. 3rd Edition, Routledge, London.
<https://doi.org/10.4324/9781315715421>

Chaplin, T.C., Rice, M.E., & Harris, G.T. (1995). Salient victim suffering and the sexual responses of child molesters. *Journal of Consulting and Clinical Psychology 63(2)* 249-255. doi.org/10.1037/0022-006X.63.2.249

- Chudzik, L., & Aschieri, F. (2013). Clinical relationships with forensic clients: A three-dimensional model. *Journal of Aggression and Violent Behaviour, 18*(6), 722-731.
<https://doi.org/10.1016/j.avb.2013.07.027>
- Clark, J. (2011). Working with sex offenders: Best practice in enhancing practitioner resilience. *Journal of sexual aggression, 17*(3), 335-355.
<https://doi.org/10.1080/13552600.2011.583781>
- Clark, P., & Erooga, M. (1994). Groupwork with men who sexually abuse children. In T. Morrison, M. Erooga, & R.C. Beckett (Eds.), *Sexual Offending Against Children: Assessment and Treatment of Male Abusers* (pp. 102-128).
- Clarke, J., & Roger, D. (2007). The construction and validation of a scale to assess psychological risk and well-being in sex offender treatment providers. *Legal and Criminological Psychology, 12*, 83-100. <https://doi.org/10.1348/135532506X93927>
- Collins, S., & Nee, C. (2010). Factors influencing the process of change in sex offender interventions: Therapists' experiences and perceptions. *Journal of Sexual Aggression, 16*(3), 311-331. <https://doi.org/10.1080/13552600903497453>
- Crabtree, D., (2002). Vicarious traumatization in therapists who work with juvenile sex offenders. *Psych. D. Pace University*. New York. <https://doi:3046101>

- Craig, C.D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, 23(3), 319-339. <https://doi.org/10.1080/10615800903085818>
- Craig, L.A., Dixon, L., & Gannon, T.A. (2013). Overview and structure of the book. In L.A. Craig, L. Dixon, & T.A. Gannon (Eds.), *What Works in Offender Rehabilitation: An Evidence-Based Approach to Assessment and Treatment* (pp. 3-20).
- Creswell, J.W., (2014). *Research design: qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.
- Cuthbertson, L. M., Robb, Y. A., & Blair, S. (2020). Theory and application of research principles and philosophical underpinning for a study utilising interpretative phenomenological analysis. *Radiography*, 26(2), e94-e102.
- Dean, C., & Barnett, G. (2011). The personal impact of delivering a one-to-one treatment programme with high-risk sexual offenders: Therapists' experiences. *Journal of Sexual Aggression*, 17(23), 304-319. <https://doi.org/10.1080/13552600.2010.506577>
- Deaton, J. D., Wymer, B., & Carlson, R. G. (2021). Supervision strategies to facilitate vicarious post traumatic growth among trauma counselors. *Journal of Counselor Preparation and Supervision*, 14(4), 12.

Dehlin, M., & Lundh, L. G. (2018). Compassion fatigue and compassion satisfaction among psychologists: Can supervision and a reflective stance be of help? *Journal for Person-Oriented Research*, 4(2), 95-107. DOI: 10.17505/jpor.2018.09

Department of Justice, Equality and Law Reform. (2009). The management of sex offenders: A discussion document. Retrieved from <http://www.justice.ie/en/JELR/FINAL%20REPORT.pdf/Files/FINAL%20REPORT.pdf>

Deutsch, C. J. (1984). Self-reported sources of stress among psychotherapists. *Professional Psychology: Research and Practice*, 15(6), 833.

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A qualitative study of their experiences. *Professional Psychology: Research and Practice*, 32(3), 298.

Douglas, B., Woolfe, R., Strawbridge, S., Kasket, E. & Galbraith, V. (2016). Situating counselling psychology. In B. Douglas, R. Woolfe, S. Strawbridge, E. Kasket, & V. Galbraith (Eds.), *The Handbook of Counselling Psychology* (pp. 5-6).

Dowling, J., Hodge, S., & Withers, P. (2018). Therapists' perceptions of the therapeutic alliance in "mandatory" therapy with sex offenders. *Journal of Sexual Aggression*, 24(3), 326-342. <https://doi.org/10.1080/13552600.2018.1535139>

Drapeau, M., (2005). Research on the processes involved in treating sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17(2), 117-125.

<https://doi.org/10.1007/s11194-005-4599-5>

Dreier, A., & Wright, S. (2011). Helping society's outcasts: The impact of counseling sex offenders. *Journal of Mental Health Counseling*, 33(4), 359-376.

Eagle, M. N. (2000). A critical evaluation of current conceptions of transference and countertransference. *Psychoanalytic Psychology*, 17(1), 24–

37. <https://doi.org/10.1037/0736-9735.17.1.24>

Edmunds, S.B., (1997). The personal impact of working with sex offenders.

In S. Bird Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 11-29).

Egan, G., (1998). *The skilled helper: A problem-management approach to helping*. Brooks/Cole, Pacific Grove.

Elias, H., & Haj-Yahia, M.M. (2019). On the lived experience of sex offenders' therapists: Their perceptions of intrapersonal and interpersonal consequences and patterns of coping. *Journal of Interpersonal Violence*, 34(4), 848-872.

<https://journals.sagepub.com/doi/abs/10.1177/0886260516646090#tab-contributors>

Ellerby, L., (1997). The personal impact of working with sex offenders. In S. Bird Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 51-60).

- Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229. <https://doi.org/10.1348/014466599162782>
- Ennis, L., & Horne, S. (2003). Predicting psychological distress in sex offender therapists. *Sexual Abuse: A Journal of Research and Treatment*, 15(2), 149-157. <https://doi.org/10.1177/107906320301500205>
- Etherington, K. (2000). Supervising counsellors who work with survivors of childhood sexual abuse. *Counselling Psychology Quarterly*, 13(4), 377-389.
- Farber, B. A., & Heifetz, L. J. (1981). The satisfactions and stresses of psychotherapeutic work: A factor analytic study. *Professional Psychology*, 12(5), 621.
- Farrenkopf, T. (1992). What happens to facilitators who work with sex offenders? *Journal of Offender Rehabilitation*, 16, 217-223.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford University Press.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). The Sidran Press.
- Finlay, L. (2006). ‘Rigour’, ‘ethical integrity’ or ‘artistry’? Reflexively reviewing criteria for evaluating qualitative research. *British Journal of Occupational Therapy*, 69(7), 319-326.

- Finkelhor, D. (1987). The Trauma of Child Sexual Abuse: Two Models. *Journal of Interpersonal Violence*, 2(4), 348-366. <https://doi.org/10.1177/088626058700200402> (Original work published 1987)
- Freeman-Longo, R. E. (1997). Introduction: A personal and professional perspective on burnout. In S. B. Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 5-9).
- Friedrich, M., & Leiper, R. (2006). Countertransference reactions in therapeutic work with incestuous sexual abusers. *Journal of Child Sexual Abuse*, 15(1), 51-68. https://doi:10.1300/J070v15n01_03
- Frost, A., Daniels, K., & Hudson, S.M. (2006). Disclosure strategies among sex offenders: A model for understanding the engagement process in groupwork. *Journal of Sexual Aggression*, 12, 227-244. <https://doi.org/10.1080/13552600601009881>
- Frost, A., Ware, J., & Boer, D. (2009). An integrated groupwork methodology for working with sex offenders. *Journal of Sexual Aggression*, 15, 21-38. <https://doi.org/10.1080/13552600802593535>
- Frost, A., Ware, J., & Boer, D. (2016). Sex Offender Treatment and Approaches. In D.P. Boer (Ed.), *The Wiley Handbook on the Theories, Assessment, and Treatment of Sexual Offending* (pp. 1469-1487). [https://doi: 10.1002/9781118574003.wattso071](https://doi:10.1002/9781118574003.wattso071)
- Gabbard, G. O. (2001). A contemporary psychoanalytic model of countertransference. *Journal of Clinical Psychology*, 57(8), 983-991.

- Gannon, T.A., & Ward, T. (2017). Cognition, emotion and motivation: Future directions in sexual offending. In T.A. Gannon, & T. Ward (Eds.), *Sexual Offending: Cognition, Emotion and Motivation* (pp. 127-145).
- Gerber, P.N. (1995). Commentary on countertransference in working with sex offenders: The issue of sexual attraction. *Journal of Child Sexual Abuse, 4*, 117-120.
- General Data Protection Regulation (GDPR). (2018). *General Data Protection Regulation (GDPR)*. <https://gdpr-info.eu/>
- Gibbs, J.L. (2001). Maintaining front line workers: A case for refocusing supervision. *Child Abuse Review, 10*, 323-335. <https://doi:10.100/car.707>
- Giddens, A. (1987). *Social Theory and Modern Sociology*. Stanford University Press.
- Gil, S. (2015). Is secondary traumatization a negative therapeutic response? *Journal of Loss and Trauma, 20*(5), 410-416.
- Giorgi, A. (1997). The theory, practice and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology, 28*, 235-260. https://brill.com/view/journals/jpp/28/2/article-p235_4.xml
- Gist, R., & Woodall, S. J. (2000). There are no simple solutions to complex problems. In J.M. Violanti, D. Paton, & C. Dunning (Eds.), *Posttraumatic stress intervention: Challenges, issues, and perspectives* (pp. 81–95). Charles C Thomas Publisher, Ltd.
- Glaser, B. (Bill) (2003). Therapeutic jurisprudence on ethical paradigm for therapists in sex offender treatment programs. *Western Criminology Review, 4*(2), 143-154.

- Gordon, R. M., Gazzillo, F., Blake, A., Bornstein, R. F., Etzi, J., Lingiardi, V., ... & Tasso, A. F. (2016). The relationship between theoretical orientation and countertransference expectations: Implications for ethical dilemmas and risk management. *Clinical Psychology & Psychotherapy*, 23(3), 236-245.
- Grady, M.D., & Strom-Gottfried, K. (2011). No easy answers: Ethical challenges working with sex offenders. *Clinical Social Work Journal*, 39, 18-27.
<https://doi.org/10.1007/s10615-010-0270-9>
- Greenbaum, T.L. (1998). *The Handbook for Focus Group Research* (2nd ed.). Thousand Oaks, C.A.: Sage.
- Hall, S., & Duperouzel, H. (2011). “We know about our risks, so we should be asked.” A tool to support service user involvement in the risk assessment process in forensic services for people with intellectual disabilities. *Journal of Learning Disabilities and Offending Behaviour*, 2, 122-126. <https://doi.org/10.1108/20420921111186598>;
- Hanlin, C.E., Bess, K., Conway, P., Evans, S.D., McCown, D., Prilleltensky, I., & Perkins, D.D. (2008). Community psychology. In C. Willig and W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 524-540).
- Hanson, R.K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sex offenders. *Criminal Justice and Behavior*, 36(9), 865-981. <https://doi:10.1177/0093854809338545>

- Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*(2), 348–362. <https://psycnet.apa.org/doi/10.1037/0022-006X.66.2.348>
- Hanson, R.K., Gordon, A., Harris, A.J., Marques, J.K., Murphy, W., Quinsey, V.L., et al. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 14*(2), 169-194. <https://doi.org/10.1177/107906320201400207>
- Hardeberg Bach, M., & Demuth, C. (2018). Therapists' experiences in their work with sex offenders and people with pedophilia: A literature review. *Europe's Journal of Psychology, 14*(2), 498-514. <https://doi.org/10.5964/ejop.v14i2.1493>
- Hardeberg Bach, M., & Demuth, C. (2019). Therapists' personal experiences in their work with clients who have sexually offended against children: A phenomenological study. *Journal of Child Sex Abuse., 1-20*. <https://doi.org/10.1080/10538712.2019.1592273>
- Hatcher, R., & Noakes, S. (2010). Working with sex offenders: The impact on Australian treatment providers. *Psychology, Crime, & Law, 16*, 145-167. <https://doi.org/10.1080/10683160802622030>
- Hayes, J.A., & Gelso, C.J. (2001). Clinical implications of research on countertransference: Science informing practice. *Journal of Clinical Psychology, 57*(8), 1041-1051. Doi: 10.1002/jclp.1072

Hayes, J.A., Gelso, C.J., & Hummel, A.m. (2011). Managing countertransference. *Psychotherapy*, 48(1), 88. Doi: 10.1037/a0022182

Heidegger, M. (1962/1927). *Being and time*. Oxford: Blackwell.

Hellman, I. D., Morrison, T. L., & Abramowitz, S. I. (1987). Therapist experience and the stresses of psychotherapeutic work. *Psychotherapy: Theory, Research, Practice, Training*, 24(2), 171–177. <https://doi.org/10.1037/h0085701>

Hinshelwood, R.D. (1999). Countertransference. *The International Journal of Psychoanalysis*, 80(4), 797. Doi: 10.1516/0020757991598927

Hollin, C.R. (2009). Treatment manuals: The good, the bad and the useful. *Journal of Sexual Aggression*, 15(2), 133-137. <https://doi.org/10.1080/13552600902907304>

Hood, R. (2015). Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work*, 15. DOI: 10.1177/1473325015586248.

Hudson, K. (2005). *Offending identities: Sex offenders' perspectives on their treatment and management*. Cullomptom Willan Publishing.

Husserl, E. (1927). *Phenomenology*. For Encyclopaedia Britannica (R. Palmer, Trans. and Revised).

- Iiffe, G., & Steed, L.G. (2000). Exploring the counsellor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence*, 15(4), 393-412
- Jackson, K.E., Holzman, C., Barnard, T., & Paradis, C. (1997). Working with sex offenders: The impact on practitioners. In S.B. Edmunds (Ed.), *Impact: Working with Sexual Abusers* (pp. 61-73).
- Jahnke, S., Philipp, K., & Hoyer, J. (2015). Stigmatizing attitudes towards people with pedophilia and their malleability among psychotherapists in training. *Child Abuse and Neglect*, 40, 93-102. <https://doi.org/10.1016/j.chiabu.2014.07.008>
- Jennings, J.L., & Deming, A. (2017). Review of the empirical and clinical support for group therapy specific to sexual abusers. *Sexual Abuse*, 29(8), 731-764. <https://doi.org/10.1177/1079063215618376>
- Johnsen, B.H., Eid, J., Lovstad, T., & Michelson, L.T. (1997) Posttraumatic stress symptoms in nonexposed, victims, and spontaneous rescuers after an avalanche. *Journal of Traumatic Stress*, 10(1), 133-140. Doi: 10.1023/a:1024820716613
- Kadambi, M.A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its limitations. *Journal of Trauma Practice*, 3(2), 1-21. https://doi.org/10.1300/J189v03n02_01
- Kadambi, M.A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. *Traumatology*, 9(4), 216-230. <https://journals.sagepub.com/doi/abs/10.1177/153476560300900404#tab-contributors>

Kadambi, M. A., & Truscott, D. (2004). Vicarious trauma among therapists working with sexual violence, cancer and general practice. *Canadian Journal of Counselling and Psychotherapy*, 38(4).

Kadambi, M., & Truscott, D. (2006). Concept Mapping Professionals' Perceptions of Reward and Motive in Providing Sex Offender Treatment. *Journal of Offender Rehabilitation*, 42(4), 37–58. https://doi.org/10.1300/J076v42n04_03

Kendall-Tackett, K.A., Williams L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 64-180. <https://doi.org/10.1177/153476560300900404>

Kearns, B. (1995). Self-reflection in work with sex offenders: A process not just for therapists. *Journal of Child Sexual Abuse*, 4, 107-110. https://doi.org/10.1300/J070v04n01_10

Kottler, J. A., & Markos, P. A. (1997). Therapists' personal reactions to treating sexual offenders: Variations on a theme. *Sexual Addiction & Compulsivity*, 4(1), 69-76. <https://doi:10.1080/10720169708400131>

Knight, C., & Borders, L. D. (2018). Trauma-informed supervision: Core components and unique dynamics in varied practice contexts. *The Clinical Supervisor*, 37(1), 1-6.

Knox, S., & Burkard, A.W., (2009). Qualitative research interviews. *Psychotherapy Research*, 19, 566-575. <https://doi.org/10.1080/10503300802702105>

- Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3; 102-120.
<https://doi.org/10.1191/1478088706qp062oa>
- Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, 43, 103-119.
<https://doi.org/10.1177/0306624X99431010>
- Levenson, J.S., Brannon, Y.N., Fortney, T., & Baker, J. (2007). Public perceptions about sex offenders and community protection policies. *Analyses of Social Issues and Public Policy (ASAP)*, 7, 137-161. <https://doi.org/10.1111/j.1530-2415.2007.00119.x>
- Levenson, J.S., & MacGowan, M. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment*, 16, 49-63. <https://doi.org/10.1023/B:SEBU.0000006284.33837.d7>
- Lieberman, M.A., Yalom, I.D., & Miles, M.B. (1973). *Encounter groups: First facts*. Basic Books, New York.
- Ling, J., Hunter, S. V., & Maple, M. (2014). Navigating the challenges of trauma counselling: How counsellors thrive and sustain their engagement. *Australian Social Work*, 67(2), 297-310.

- Lindsay, W. R., & Michie, A. M. (2013). Individuals with developmental delay and problematic sexual behaviors. *Current psychiatry reports, 15*, 1-6.
- Lipscombe, S. (2012). Sarah's Law: The child sex offender disclosure scheme. *Home Affairs*. London, UK: House of Commons Library.
- Lyons, E., & Coyle, A. (2016). *Analysing qualitative data in psychology* (2nd ed.). Sage Productions London.
- Mairean, C. (2016). Secondary traumatic stress and posttraumatic growth: Social support as a moderator. *The Social Science Journal, 53*, 14-21. Doi: 10.1016/j.soscij.2015.11.007
- Manning-Jones, S., de Terte, I., & Stephens, C. (2017). The relationship between vicarious posttraumatic growth and secondary traumatic stress among health professionals. *Journal of Loss and Trauma, 22*(3), 256-270.
- Marshall, W.L. (2005). Therapist style in sexual offender treatment: Influence on indices of change. *Sexual Abuse: A Journal of Research and Treatment, 17*, 109-116.
<https://doi.org/10.1177/107906320501700202>
- Marshall, W. L., & Barbaree, H.E. (1990). An integrated theory of the etiology of sexual offending. In W.L. Marshall, D.R. Laws, and H.E. Barbaree, (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 257-275).

Marshall, W.L., & Burton, D.L. (2010). The importance of group processes in offender treatment. *Aggression and Violent Behavior, 15*, 141-149.

<https://doi.org/10.1016/j.avb.2009.08.008>

Marshall, W.L., Fernandez, Y.M., Serran, G.A., Mulloy, R., Thornton, D., Mann, R.E., & Anderson, D. (2003). Process variables in the treatment of sexual offenders: A Review of the relevant literature. *Aggression and Violent Behavior, 8*, 205-234.

[https://doi.org/10.1016/S1359-1789\(01\)00065-9](https://doi.org/10.1016/S1359-1789(01)00065-9)

Marshall, W. L., & Maric, A. (1996). Cognitive and emotional components of generalized empathy deficits in child molesters. *Journal of Child Sexual Abuse, 5*, 101-110.

https://doi.org/10.1300/J070v05n02_06

Marshall, W. L., & Moulden, H. (2006). Preparatory programs for sexual offenders. In W.L. Marshall, Y.M. Fernandez, Marshall, L.E., & Serran, G.A. (Eds.), *Sexual Offender Treatment: Controversial Issues* (pp. 199-210).

Marshall, W.L., & Serran, G. (2000). Improving the effectiveness of sexual offender treatment. *Trauma, Violence, & Abuse: A Review Journal, 1*, 203-220.

Marshall, W., Burton, D., & Marshall, L. (2013). Features of treatment delivery and group processes that maximize the effects of offender programs. In J. Wood, & T. Gannon (Eds.), *Crime and Crime Reduction: The Importance of Group Processes* (pp. 159-174).

- Maslach, C. (1982). *Burnout, the cost of caring*. Englewood Cliffs: Prentice-Hall.
- Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). *Maslach burnout inventory manual*. Palo Alto, CA: Consulting Psychologists Press.
- McCann, I.L., & Pearlman, L.A. (1990). Vicarious traumatization: a framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*, 131-149. <https://doi.org/10.1007/BF00975140>
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. London: Sage Publications.
- Mearns, D., & Thorne, B. (2007). *Person centred counselling in action* (3rd ED.). London:Sage
- Medeiros, M. E., & Prochaska, J. O. (1988). Coping strategies that psychotherapists use in working with stressful clients. *Professional Psychology: Research and Practice, 19*(1), 112.
- Merriam, S.B. (2009). *Qualitative research: A guide to design and interpretation*. San Francisco: John Wiley & Sons, Inc.
- Minichiello, V. (1990). *In-depth interviewing; Researching people*. Longman Cheshire.
- Mitchell, C., & Melikian, K. (1995). The treatment of male sexual offenders: Countertransference reactions. *Journal of Child Sexual Abuse, 4*, 87-93.
https://doi.org/10.1300/J070v04n01_06

- Moulden, H.M., & Firestone, P. (2010). Therapist awareness and responsibility in working with sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 22(4), 374-386. <https://doi.org/10.1177/1079063210382047>
- Nelson, M., Herlihy, B., & Oescher, J. (2002). A survey of counselor attitudes towards sex offenders. *Journal of Mental Health Counseling*, 24(1).
- Olver, M.E., & Barlow, A. (2010). Public attitudes toward sex offender and their relationship to personality traits and demographic characteristics. *Behavioural Sciences and the Law*, 28, 832-849. <https://doi.org/10.1002/bsl.959>
- Orne, M.T. (1969). Demand characteristics and the concept of quasi-controls. In R. Rosenthal & R. Rosnow (Eds.), *Artifact in Behavioral Research* (pp. 143-179).
- Ortlipp, M. (2008). Keeping reflective journals in the qualitative research process. *The Qualitative Report*, 13(4), 695-705. <https://doi.org/10.46743/2160-3715/2008.1579>
- Pais, S. (2001). Therapist issues in working with sex offenders. *Journal of Clinical Activities, Assignments & Handouts in Psychotherapy Practice*, 1(4), 89-97. https://doi.org/10.1300/J182v01n04_09
- Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533-544. <https://doi.org/10.1007/s10488-013-0528-y>

- Paton, D. (2006). Disaster resilience: building capacity to co-exist with natural hazards and their consequences. *Disaster resilience: An integrated approach*, 3-10.
- Payne, B.K., Tewksbury, R., & Ehrhardt Mustaine, E. (2010). Attitudes about rehabilitating sex offenders: Demographic, victimization, and community-level influences. *Journal of Criminal Justice*, 38(4), 580-588. <https://doi.org/10.1016/j.jcrimjus.2010.04.029>
- Pearlman, L.A. (1996). Psychometric review of TSI Belief Scale, Revision – L. In B.H. Stamm (Ed.), *Measurement of Stress, Trauma, and Adaptation* (pp. 415-417).
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional psychology: Research and Practice*, 26(6), 558.
- Pearlman, L. A., & Saakvitne, K. W. (2013). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In *Compassion fatigue* (pp. 150-177). Routledge.
- Peaslee, D. M. (1995). Countertransference with Specific Client Populations? A Comment on "The Treatment of Male Sexual Offenders". *Journal of Child Sexual Abuse*, 4(1), 111-116.
- Pines, A., & Maslach, C. (1978). Characteristics of staff burnout in mental health settings. *Psychiatric services*, 29(4), 233-237.

Psychological Society of Ireland/Ps.S.I. (2019). *Code of Professional Ethics*. Retrieved from <https://www.psychologicalsociety.ie/footer/Code-of-Ethics>

Racker, H. (2012). *Transference and countertransference*. Karnac Books.

Rathe, E. L. (2008). Transference and countertransference from a modern psychoanalytic perspective. Presented at NACSW Convention, February, 2008, Orlando, FL

Rich, K.D. (1997). *Vicarious traumatisation: A preliminary study*. In S. Edmunds (ED.), *Impact: Working with sexual abusers* (pp. 75-88). Vermont: Safer Society Press.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.
<https://psycnet.apa.org/doi/10.1037/h0045357>

Rogers, P., Hirst, L., & Davies, M. (2011). An investigation into the effect of respondent gender, victim age, and perpetrator treatment on public attitudes towards sex offenders, Sex offender treatment, and sex offender rehabilitation. *Journal of Offender Rehabilitation, 50*(8), 511-530. <https://doi.org/10.1080/10509674.2011.602472>

Rosenthal, R. & Fode, K.L. (1963). The effect of experimenter bias on the performance of the albino rat. *Behavioural Science, 8*(3), 183-189. <https://doi.org/10.1002/bs.3830080302>

Rosnow, R.L. (2002). The nature and role of demand characteristics in scientific inquiry. *Prevention & Treatment, 5*, 37. <https://doi:10:1037/1522-3736.5.1.537c>

- Rupert, P.A., Miller, A.O., & Dorociak, K.E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice*, 46, 168-174. <https://doi:10.1037/a0039297>.
- Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers?. *Clinical Psychology Review*, 23(3), 449-480.
- Sandhu, D.K., & Rose, J. (2012). How do therapists contribute to therapeutic change in sex offender treatment: An integration of the literature. *Journal of Sexual Aggression*, 18(3), 269-283. <https://doi.org/10.1080/13552600.2011.566633>
- Sandelowski, M. (2004). Encyclopedia of Social Science Research Methods.
- Sattar, S. P., Pinals, D. A., & Gutheil, T. (2002). Countering countertransference: a forensic trainee's dilemma. *Journal of the American Academy of Psychiatry and the Law Online*, 30(1), 65-69.
- Saunders, M. (1999). Clients' assessments of the affective environment of the psychotherapy session: Relationship to session quality and treatment effectiveness. *Journal of Clinical Psychology*, 55, 597-605. [https://doi.org/10.1002/\(SICI\)1097-4679\(199905\)55:5%3C597::AID-JCLP7%3E3.0.CO;2-M](https://doi.org/10.1002/(SICI)1097-4679(199905)55:5%3C597::AID-JCLP7%3E3.0.CO;2-M)
- Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma the effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19(1), 49-64.

- Scheela, R.A. (2001). Sex offender treatment: Therapists' experiences and perceptions. *Issues in Mental Health Nursing, 22*, 749-767. <https://doi.org/10.1080/01612840152713009>
- Serran, G.A., Fernandez, Y., & Marshall, W.L. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology: Research and Practice, 34*(4), 368-374. <https://doi.org/10.1037/0735-7028.34.4.368>
- Shaw, R. (2010). Interpretative phenomenological analysis. In M.A. Forrester (Ed.) *Doing Qualitative Research in Psychology: A Practical Guide* (pp. 141-159). <https://doi.org/10.1080/00207284.1997.11490812>
- Shelby, R.A., Stoddart, R.M., & Taylor, K.L. (2001). Factors contributing to levels of burnout among sex offender treatment providers. *Journal of Interpersonal Violence, 16*, 1205-1217. <https://journals.sagepub.com/doi/abs/10.1177/088626001016011006#con3>
- Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis, 22*(1).
- Shrim, E., & Baum, N. (2022). Treating sex offenders: Effects on male and female therapists. *Journal of Interpersonal Violence, 37*(3-4), NP1733-NP1758.
- Slater, C., & Lambie, I. (2011). The highs and lows of working with sexual offenders: A New Zealand perspective. *Journal of Sexual Aggression, 17*(3), 320-334. <https://doi.org/10.1080/13552600.2010.519056>

- Snyder, C. R. (2000) The past and possible futures of hope. *Journal of Social and Clinical Psychology, 19*, 11-28. [https://doi: 10.1521/jscp.2000.19.1.11](https://doi.org/10.1521/jscp.2000.19.1.11)
- Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of loss and trauma, 12*(3), 259-280.
- Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54. <https://doi.org/10.1191/1478088704qp004oa>
- Smith, J.A. (2007). *Qualitative psychology: A practical guide to research methods*. Sage.
- Smith, M.E. (2011). A qualitative review of perception of change for male perpetrators of domestic abuse following abuser schema therapy (AST). *Counselling and Psychotherapy Research, 11*, 156-164. <https://doi:10.1080/14733145.2010.486863>
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. Sage.
- Smith, J.A., & Nizza, I.E. (2022). *Essentials of Interpretative Phenomenological Analysis*. American Psychological Association.
- Smith, J.A., & Osborn, M. (2007). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A Practical Gui*

de to Research Methods (2nd ed.) (pp. 53-80).

Sribney, C. & Reddon, J. (2009). Adolescent sex offenders' rankings of therapeutic factors using the Yalom Card Sort. *Journal of Offender Rehabilitation*, 47, 24-40.

<https://doi.org/10.1080/10509670801940367>

Stamm, B. H. (2005). The proQOL manual. Retrieved July, 16, 2007.

Steed, L., & Bicknell, J. (2001). Trauma and the therapist: the experience of therapists working with the perpetrators of sexual abuse. *The Australasian Journal of Disaster and Trauma Studies*, 1, 30-37.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. London: Sage Publications.

Sturgess, D., Woodhams, J., & Tonkin, M. (2015). Treatment engagement from the perspective of the offender: Reasons for noncompletion and completion of treatment – A systematic review. *International Journal of Offender Therapy and Comparative Criminology*, 60(16), 1873-1896. [https://doi: 10.1177/0306624X15586038](https://doi.org/10.1177/0306624X15586038)

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455-471.

- Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical applications of posttraumatic growth. *Positive psychology in practice: Promoting human flourishing in work, health, education, and everyday life*, 503-518.
- Thakker, J. (2013). The role of cultural factors in treatment. *What Works in Offender Rehabilitation: An Evidence-Based Approach to Assessment and Treatment*, 387-407.
- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, 2(4), 52.
- Tyagi, S. V. (2006). Female counsellors and male perpetrators of violence against women. *Women & Therapy*, 29, 1-22. https://doi.org/10.1300/J015v29n01_01
- Ullman, S. E., & Filipas, H. H. (2005). Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse & Neglect*, 29(7), 767-782.
- VanDeusen, K.M., & Way, I. (2006). Vicarious trauma: an exploratory study of the impact of providing sexual abuse treatment on clinicians' trust and intimacy. *Journal of Sexual Abuse*, 15(1), 69-85. https://doi.org/10.1300/J070v15n01_04
- van der Kolk, B. (2015). *The body keeps the score*. Penguin Books.
- Ward, T. (2015). Ethical issues: the dual relationship problem. In D.T. Wilcox, T. Garrett, & L. Harkins (Eds.), *Sex Offender Treatment: A Case Study Approach to Issues and Interventions* (pp. 27-44).

- Ward, T., & Siegert, R.J. (2002). Towards a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime & Law*, 8(4), 319-351.
[https://doi: 10.1080/10683160208401823](https://doi.org/10.1080/10683160208401823)
- Way, I., VanDeusen, K. M., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence*, 19(1), 49-71.
- West, D. (1996). Sexual molesters. *Dangerous people*, 51-69.
- Willig, C. (2013). *Introducing qualitative research in psychology*. (3rd ed.). Maidenhead: McGraw Hill/Open University Press.
- Willis, G.M., Prescott, D.S., & Levenson, J.S. (2018). Promoting therapist longevity: Exploring sexual offending treatment providers' experiences of workplace support. *Journal of Sexual Aggression*, 24(3), 311-325.
<https://doi.org/10.1080/13552600.2018.1528794>
- Yalom, I.D. & Leszcz, M. (2020). *The theory and practice of group psychotherapy* (6th ed.). New York: Basic Books.
- Yardley, L. (2000). Dilemmas in Qualitative Health Research. *Psychology and Health*, 15, 215-288. <https://doi.org/10.1080/08870440008400302>

Appendix A
Ethics Approval Letter

Wed 27 Mar 2019 at 12:48
Approved ethics

Dear Siobhan,

please find attached your ethics form approved by the School of Psychology Ethics Committee and the Chair of the Research Ethics Committee for the School of Social Sciences at London Metropolitan University.

You can proceed with your research process and recruitment.

I apologise for the delay in getting your ethics form processed. Your form was assigned to a reviewer immediately, but due to workload purposes the initial reviewer ended up not being able to review it and it eventually had to be re-assigned.

--

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou, PhD; AFBPsS; FHEA
Principal Lecturer in Counselling Psychology
Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences
Chair of Subject Standards Board for PG Psychology
Chair of Ethics Review Committee for PG Psychology

Appendix B

Letter from Director of the Host Agency,

Siobhán Nic Coitir (Researcher),
School of Social Sciences,
Department of Psychology,
London Metropolitan University,
School of Social Sciences,
Room T6-20,
Tower Building,
166-220 Holloway Road,
London N7 8DB

26th June 2018

Re: Proposed study in Professional Doctorate in Counselling Psychology at London Metropolitan University

Dear Siobhán,

I hereby confirm that [REDACTED] are pleased to host your doctoral research.

The clinical team will be available to participate in your study, if they so wish.

We will support your research in as far as we are able, provided the ethical approval is provided by the university prior to the study. In addition, clinical services will be provided to participants post participation if needed, or should it be clinically indicated.

Yours sincerely,

[REDACTED]

Director

This letter was reproduced to maintain confidentiality for host service.

Appendix C

Interview Schedule

1. Could you describe the group therapy at [REDACTED]?

Prompt: How does it work?

Prompt: What else can you tell me about it?

2. What do you hope to achieve in the delivery of group therapy at [REDACTED]?

Prompt: How is that done?

Prompt: Can you describe the theoretical underpinnings of the therapy at [REDACTED]?

3. Are there particular tasks you are responsible for delivering?

Prompt: How are the core tasks addressed?

Prompt: Is there a particular sequence for the core tasks?

Prompt: How are the tasks integrated with theoretical underpinnings?

Prompt: What assists you in achieving the goals?

Prompt: How do you know when a group member is ready for a core task?

Prompt: How does this present?

Prompt: What would prevent a member moving to the next core task?

4. Could you tell me about your personal experience of delivering group therapy at [REDACTED]?

Prompt: What do you find useful?

Prompt: Are there challenges in this work?

Prompt: Can you describe the challenges or benefits of working in this way?

Prompt: How do you feel when working with the men who sexually offend?

5. How does the delivery of group therapy at [REDACTED] impact on you emotionally?

Prompt: Has there ever been a time when you were distressed by your group work?

Prompt: Has there ever been a time when you have experienced psychological consequences?

Prompt: What were they?

Prompt: How do you cope with these experiences?

Prompt: How does this work impact on you personally?

6. What qualities or traits do you feel are most helpful as a therapist working with men who have sexually offended?

Prompt: How does having that trait assist you in the delivery of group therapy at [REDACTED]?

Prompt: What trait is most important in your experience?

Prompt: What do you believe are unhelpful qualities in delivering group therapy at [REDACTED]?

Prompt: How do you ensure group safety?

Prompt: What is the most useful intervention in this regard?

Prompt: How is group safety maintained?

7. What emotions are expressed by the group members?

Prompt: Are negative emotions expressed in the group?

Prompt: How does this impact on the group members?

Prompt: Are positive emotions expressed in group?

Prompt: How does this impact on you?

Prompt: What are the most difficult emotions to deal with?

8. What is the most challenging aspect of group for you?

Prompt: what makes this so difficult?

9. What is the most rewarding aspect of group work for you?

Prompt: What makes this so rewarding?

10. How was it for you to engage in this research today?

Prompt: Have you anything else you think is important to add?

Question bank and prompts:

Tell me a bit more about that...

Is there anything else that comes to mind?

How was that for you?

How so?

What emotions are associated with that?

Any other feelings?

Any other thoughts on that?

So, it sounds like it was _____ would that be accurate?

Appendix D

Participant Information Sheet

Letter of Information for Research Participants

Research title: Clinicians' experiences of delivering a community-based group therapy to men who have sexually offended – An Interpretative Phenomenological Study

Researcher: Ms Siobhán Nic Coitir, Psychologist in Training for a Top-up Doctorate in Counselling Psychology

Supervisor: Dr Raffaello Antonino

Dear Clinician,

You are being invited to participate in a research study. Participation in this study is entirely voluntary. This research does not involve full or partial deception. If you do not understand something, or are uncomfortable about something, you will have the opportunity to ask questions about this research prior to the interview and before you sign a consent form.

Purpose of the study

The purpose of this study is to explore clinicians' experiences of their delivery of community-based group therapy for men who have sexually offended; the [REDACTED] model. The study is focused on the clinicians' understanding, therapeutic processes, and reflections, of their group work with men who have engaged in sexual offending.

Criteria for participation on the study

Participants of this study will be clinicians who currently deliver the [REDACTED] group therapy model for men who have sexually offended. In addition, participants will have delivered group in the past. Participants must also have a minimum of 18 months experience facilitating group.

Details of what involvement in the study will require

If you decide to participate in this study, you will be asked to attend 1 private, face to face meeting with me. You will be asked to participate in an audio recording of an open-ended, semi-structured interview, which will likely take between 60 and 90 minutes. You can decline any question put to you and can stop the interview at any stage. You will be offered time to reflect on the interview and decide if you wish to proceed. You will also be given the opportunity to ask me questions about the research. Interviews will be carried out in a room convenient to you or in a room in [REDACTED]. The results of this study can be made available to you, in a summary, on request and following completion of the research.

Confidentiality

Your name and any other identifying data will not appear on written records and it will not be possible to identify you in any way. Given that there is only a small pool of eligible therapists in [REDACTED], I ensure that any identifiable information is disguised or removed during transcription. It is imperative that the privacy of all participants is protected. I will not inform others if you do/do not partake in the study.

Anything you say in the interview will be kept strictly confidential. Your transcripts will be encoded and will be allocated a pseudonym to ensure anonymity.

All information that is gathered will be transcribed and coded. The original recording will be deleted but the transcriptions will be stored until the recommended timeframe for holding sensitive information is passed. All data relating to the study will be stored in a secure location in my home and in adherence with GDPR guidelines.

If you consent to participate in this study, I would like to use the anonymised information from your interview, to inform other health professionals about service providers experiences of implementing group therapy in [REDACTED]. This study may be used in academic reports, presentations, and publications.

You will have the opportunity to withdraw from the study, up to six weeks after the interview. You may access your own data through the Freedom of Information Act (FOI) at any time. Your withdrawal from the study will be without prejudice and will not impact on your work in [REDACTED].

Limitations to confidentiality

The only limitations to confidentiality are if you report that you want to harm yourself or another person, or if child protection issues arise. The British Psychological Society's 'Code of Ethics and Conduct, Code of Human Research Ethics and Practice Guidelines' will be adhered to at all times. In addition, the Health Care and Professionals Council's 'Standards of Conduct, Performance and Ethics' will also be followed as well as Code of Ethics, Psychological Society of Ireland.

Possible concerns

There may be a possibility that you are reluctant to participate but unable to voice this. This may be because you are fearful of being perceived as unhelpful or unsupportive. Participation will be kept strictly confidential and you will be asked not to discuss the research with other staff. This will minimise the possibility that clinicians who may choose not to participate are not viewed in a negative light.

You may also be afraid of being evaluated or judged based on your answers. You may also be concerned that the information you provide could highlight self-perceived weaknesses in your knowledge or practice and that this could be later brought up against you. It is important that you know that the information you provide will be used solely for this research and nothing else.

You may be worried that you could be identified when the dissertation has been written up and examples of what participants have said are outlined in the results section. This may be particularly pertinent to you because you are part of a small team of therapists who work in [REDACTED] and you have attended regular group supervision with other facilitators, where your personal process has been explored. You will also have discussed your group experiences with your co-facilitators. The undersigned will endeavour to maintain everyone's confidentiality and anonymity through the use of disguising and concealing techniques. Any concerns you have in this regard can be addressed with the undersigned prior to consent-giving. The undersigned is happy to discuss your concerns with you and to go through the process of anonymisation with you before you give your consent.

There is a chance that you could experience distress during the interview. A distress protocol has been designed for this possibility. Given that I am a practitioner in counselling psychology, and I am trained in distress management, I anticipate that I can support and contain your distress should this happen. In addition, I will terminate the interview at any time if, in my professional opinion, the interview should not be continued based on your best interests, or, because you request the cessation of the interview.

It will be possible for you to have de-briefing from an impartial and external clinician should you experience prolonged distress. You will not incur the costs of the de-briefing should you need to avail of the service.

You may be concerned about the possibility of a conflict of interest, given that the undersigned is known to you. We can address this together and we can work out how the conflict can be managed prior to consent. This means that you are in control and can choose not to proceed if you do not feel comfortable.

Freedom of Information and the right to withdraw from the study

If you decide to participate in the study but later change your mind, it is possible to withdraw from the study. You can request to have your information deleted from the study up to 6 weeks following your interview. Additionally, it is your right, under the Irish Freedom of Information Act (1997) to access information about you. You can do so by requesting this information, in writing, from me.

Thank you for taking the time to read this letter. If you have any questions about this study, please do not hesitate to contact me on 00353861730025.

Yours sincerely,

Siobhán Nic Coitir (Researcher),
School of Social Sciences,
Department of Psychology,
London Metropolitan University,
School of Social Sciences,
Room T6-20,
Tower Building,
166-220 Holloway Road,
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Dr Raffaello Antonino,
Cpsychol AFHCA Chartered Counselling Psychologist, HCPC reg.,
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Professional Doctorate in Counselling Psychology,
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166-220 Holloway Road,
London N7 8D.

Appendix E

Informed Consent Form

Research title: Clinicians' experiences of delivering community-based group therapy to men who have sexually offended – An Interpretative Phenomenological Study

Name of Researcher: Siobhán Nic Coitir

Name of Supervisor: Dr Raffaello Antonino

Name of Participant: _____

Please initial the box when you have read and understood each sentence.

I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.



I understand that I can withdraw, from the up to any point individual interviews have been coalesced and put into the general data set. You may access your own data through the Freedom of Information Act (FOI) at any time. Your withdrawal from the study will be without prejudice.

I understand that relevant sections of my data collected in the study may be looked at by the researcher and her supervisor and by other responsible individuals for monitoring, audit and transparency purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential and that they will be anonymised.



I understand that the interview will be audio recorded using a digital device, and transcribed, and that anonymous direct quotes from the interview may be used in the study reports.



I understand that what I say during the interview will be kept confidential unless I reveal something of concern that may put myself or someone else at any risk. I understand that should this happen; it will then be necessary to report this to the appropriate persons.



I understand that information recorded, about me, during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept according to GDPR or university guidelines after the study has ended and then will be destroyed.



I understand that it will be possible for me to access de-briefing from an impartial and external clinician, in the event that I become distressed during the interview



I agree to take part in the above study

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

Siobhán Nic Coitir (Researcher),
School of Social Sciences,

Department of Psychology,
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London N7 8D.

Appendix F

Demographic Questionnaire

Research title: Clinicians' experiences of delivering community-based group therapy to men who have sexually offended – An Interpretative Phenomenological Study

1. **Age:** _____

2. **Gender:** _____

3. **Ethnicity** _____

4. **Relationship status: (please pick one)**

- Single, never married
- In a relationship
- Cohabiting
- Married
- Separated
- Divorced
- Widowed

5. Do you currently facilitate the [REDACTED] group therapy programme for men who have sexually offended??

- Yes
- No

5.1 If you answered 'yes' when did you commence facilitating group therapy at [REDACTED]? _____

5.2 If you answered 'No' when did you cease facilitating the group therapy at [REDACTED]? _____

6. How many years of experience have you facilitating group therapy at [REDACTED]? _____

7. What is your professional background? (You may tick more than one)

- Counselling Psychology
- Clinical Psychology
- Forensic Psychology
- Psychotherapy
- Psychoanalysis
- None of the above

7.1 If you answered 'none of the above' what is your professional background? _____

Please complete this form and place it in the envelope provided. Please inform me if you have any questions.

Appendix G

Distress Protocol

Potential risks during the interviewing stages are:

- Participants may become distressed when answering questions, particularly relating to their therapeutic process
- Participants may be unable to complete the interview as a result of their emotional distress
- Participants may experience distress in the aftermath of the interview and when they have left the interview venue
- Participants may experience prolonged distress following interview
- Issues relating to limits of confidentiality may arise

The following procedure will be in place, prior to interview, to mitigate against the possibility of a participant getting distressed:

- I will run through the 'Participant Information Sheet' prior to interview
- All participants will be given prior information, both verbally and in writing, that they can decline any question
- All participants will be given prior information, both verbally and in writing, that they can stop the interview at any time
- All participants will be given prior information, both verbally and in writing of limitations to confidentiality
- All participants will be given prior information, both verbally and in writing, of potential concerns
- All participants will be offered the opportunity to raise additional concerns or questions

Despite the best efforts on my behalf, to reduce the possibility of distress in a participant, it is always a possibility. Therefore, in the event that a participant presents with distress the following 'Distress Protocol' will be employed:

- I am an experienced practitioner and trained in distress management. As such, should a participant become distressed during interview, I will intervene using therapeutic skills that will manage, contain, and soothe the distressed participant

- I will cease the interview process until the participant has recovered. Recommencement of the interview will only take place if both myself and the participant agree that the participant is ready to reengage
- Should the participant remain in acute distress the interview will be stopped. I will inform the participant, in a sensitive manner and if appropriate, that if they wish to arrange a follow-up appointment to complete the interview, they can contact me via email or telephone
- I will reassure the participant that they are not obliged to complete the interview and can withdraw from the study up to 6 weeks after the interview date
- I will ensure that the participant's information is taken out of the study should they withdraw up to 6 weeks after the interview date
- Should I be of the opinion that the participant is in deep distress, and that further intervention is necessitated, the de-briefing protocol will be reiterated to them and the participant will be reminded that they can avail of support from a professional external to [REDACTED] without cost or prejudice
- Should I learn that a participant has experienced delayed distress, post-interview, I will again discuss the options open to the participant (distress protocol, right to withdraw, de-briefing protocol)
- All participants will be given prior information, both verbally and in writing of their right to withdraw from the study up to 6 weeks after the interview
- Participants will be informed that they can withdraw from the research without prejudice

Should I have to break confidentiality (where issues relating to limitations to confidentiality are identified), the following protocol will be used:

- I will supportively and sensitively inform the participant of my professional responsibilities
- I will inform the necessary support people and relevant professionals of the case and concerns.
- I will follow the relevant guidelines as outlined by British code of Ethics and Conduct, Code of Human Research Ethics and Practice Guidelines. The Health Care Professionals Council's 'Standards of Conduct, Performance and Ethics' will also be adhered to as will the code of ethics, Psychological society of Ireland

Future Support

The following contact details are for the Psychological Society of Ireland (PSI), should you require support post-interview:

The psychological Society of Ireland,
Grantham House,
Grantham Street,
Dublin 8,
D08 W8HD

Telephone: +353 1 472 0105 (lines open 11am-1pm and 2pm-4pm, Monday to Friday)

<https://www.psychologicalsociety.ie/>

Appendix H

External De-briefing Resource

Dear _____ (participant's name)

Thank you for volunteering and participating in the research. I greatly appreciate the time and effort you put into this project. During the interview, issues may have arisen for you that may be difficult for you to process and you may be feeling somewhat distressed or vulnerable. If this is the case, then please do not hesitate to contact me to discuss your concerns.

I also wish to remind you that it is possible for you to access external clinical support as confirmed by Dr [REDACTED], Director of [REDACTED], should you need support after the interview process. I can assist you in accessing this support and you will not incur any costs.

I would like to thank you again for partaking in this study,

Kind regards,

Siobhan Nic Coitir

TRANSCRIPTS

DESCRIPTIVE

LINGUISTIC

CONCEPTUAL

I: Yeh

C: You know, em, yeh, questioning "does it work?" or "did we make the right decision, is this person suited to group?"

I: Ok, ok

C: Or "did we make the right decision putting him in there?" Em, yeh, so it, it can kind of leave you I suppose emotionally, mixed emotionally at times

I: Yeh

C: At times, and then the opposite is also true when things go well... you know and you kind of get an insight that someone is beginning to progress and making changes you hear about the changes somebody is making outside of group which is the important thing, week to week when they are not in the room, and you hear about those and you see a different type of presentation in someone, you see them speak differently, you hear different interactions among the different group, you hear, you may make comparisons about how they were in the early stages, seeing progress and that generates its own set of emotions, that's very life-giving, very energising and restores your belief

SUITABILITY OF GROUP MEMBER.

MEN PROGRESSING
 ↳ GAINING INSIGHT.
 ↳ SPEAKING DIFFERENTLY
 ↳ RELATING DIFFERENTLY

COMPARISONS BT. EARLY & LATER IN GROUP.

'LIFE GIVING'

ARE WE DOING A GOOD ENOUGH JOB?

↓
 SOME SENSE OF IMPACT ON ENERGY - SUCKS ON CAOMHE'S SELF-WORTH ?? WITHIN CONTEXT OF GROUP.

SELF-CONFIDENCE

THINGS GOING WELL. THIS IS REFLECTED IN PROGRESS OUTSIDE GROUP.

Appendix J

Example of development of each participant's emergent themes

Emergent Themes	Sample of Eddie's transcript	Exploratory comments Purple: Description Green: Language Red: Conceptual Blue: Reflexive
<p>strong holding/containing function</p>	<p>30. E: Well I think it's, emm....its, it, its, it's welcoming, its receptive. Its...non- and its non-criminogenic, so it's, its, it, it takes as its fundamental premise eh, psychologicaldysfunction. Eh...Its highly supportive and its enormously respectful, which I think...emm...probably is the hallmark of the constituent components, probably drives the process whereas the, the em..., the approach as mentioned earlier, is, is, is you know the theoretical academic approach is the one we talked about a minute, a few minutes ago. Whereas the process, which, if I am right in, in, in answering, in answering your question about you know what makes it what it is, its, the answer to that probably lies in the, in, in the process of the delivery eh,</p>	<p>The model is welcoming and receptive... He describes a non-punitive approach with overarching premise that the offending is a manifestation of psychological dysfunction. The model is encouraging and respectful and this is the hallmark of all components which serve to propel the work. He clarifies that the earlier points he made were related to the theory behind the model. The group process is central. Delivery of the programme is critical. Person-centred/humanistic aspect best represents the model. There is a strong holding/containing component to the programme also. It is not only that it is supportive of change, but the facilitator's role is also concerned with the immediate process and safety of the men. Facilitators have to be constantly aware of this. That's likely true.</p>

<p>FPSM</p> <p>Welcoming</p>	<p>em...yeh, which is, which is also very ... its very, eh, yeh, yeh its very person-centred, its very, it, its humanistic in many, many respects,but I would say that's what the, that's what the, that's what, that's what typifies, that's what probablywould be recognised. And there is a strong holding/containing function as well. Its not merely supportive, its not merely supportive of change but there is a, there's an in-situ process of, of, of holding and containing which a facilitator, I as facilitator, mm, need to always, eh, be mindful of.... So that's probably true</p>	<p><i>Repetitive use of words [its, it, it's... welcoming], in & answering. Is he finding the right words? It seems important that he describes the model accurately? Authentically? Pauses and repetition [Its...non- and its non-criminogenic, so it's, its, it, it]He is carefully emphasising that the model is founded in the thesis that offending = psychological impairment. He delivers a strong pause before the word dysfunction to further emphasise his point. This seems important for him to get across. Eddie pauses [Eh...] to make his point stronger or is he thinking? Use of further intensifying words [highly] to express that the model is respectful. Hesitation, repetition and pausing again [...emm...] [the, the, em...] [is, is, is]. [hallmark of the constituent components] use of descriptive and complex language. Integral = constituents?[you know] emphasising the point? Assuming I know/understand what he is talking about?</i></p> <p><i>[drives the process] active language to emphasise the foundations of the groupwork which sets the work in motion. It seems to be important for Eddie to answer my question accurately. [If I am right in, in, in answering, in answering your question]</i></p>
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<p>Approachable</p> <p>Promotes of change</p> <p>Respectful</p> <p>warmth</p> <p>Person-centred</p> <p>Facilitator’s significance – the way the group is delivered is key</p> <p>Holding and containing is central</p> <p>Facilitators are central in terms of creating a safe place</p> <p>Humanistic</p> <p>Facilitator traits</p> <p>Is this therapeutic environment conducive to progress</p> <p>Safety paramount</p>		<p><i>further repetition [you know what makes it what it is].</i></p> <p><i>More hesitance, repetitive, reinforcing/intensifying language, this time with the use of the word ‘yeh’ [Eh, em...yeh, which is, which is also very ... its very, eh, yeh, yeh] [That’s what the, that’s what, that’s what typifies, that’s what probably] Is he emphasising his narrative or having difficulty formulating his thoughts? Pauses to ensure he is expressing his thoughts accurately. Eddie seems to be working through his thoughts as he speaks</i></p> <p><i>[strong holding/containing function]descriptive. Repetition of the words ‘its not merely supportive’ to ensure his point is made that the model? That it is not just concerned with supporting respecting the men. [there’s an in-situ process of, of, of holding and containing which a facilitator, I as facilitator, mm, need to always, eh, be mindful of] repetition of the word ‘of’; holding, containing, facilitator’ emphasis is strong. Eddie does not commit completely [that’s probably true]here but he could be emphasising his point also.</i></p> <p>Friendly and open; down to earth? approachable?</p> <p>Nonthreatening? The offending behaviour is a manifestation of psychological dysfunction.</p>
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<p>Group mirrors the family =</p> <p>Facilitators represent the parents</p> <p>Inclusive</p> <p>Setting limits / boundaries</p> <p>Non-punitively critical</p> <p>Attentive listening</p> <p>The facilitator plays an important parental role...guidance, non-punishing but firm</p> <p>Creating safe place for change to occur</p> <p>=</p>		<p>Eddie wants this point to be heard... why? Is he invested in this aspect of the programme? Is it helpful to him? Theoretically founded in psychodynamic understanding but support, respect, warmth are the tenets upon which the process is driven. For Eddie, while the theoretical aspect is important, it is the active, human (emotional) interaction results in the successful delivery of the group?</p> <p>The group process is the group work, what happens and how it happens is important. The way the group is facilitated and delivered is key to the group process; facilitators role is central? But Eddie is also concerned with answering the question, he wants to do a good interview? He wants his participation to be beneficial? Humanistic approach... fits with the respect, supportive and person-centred piece he described earlier. However, holding and containing is a huge part of the group process. Holding of what? Holding emotions? Keeping the clients emotionally 'safe'. He as the facilitator has to be cognisant of this at all times... the facilitator is key to ensuring the process is safe. Facilitator is important? Central to the process?</p>
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<p>Setting the scene for what happens in group.</p> <p>The clinical space acts as the emotional and physical safety net</p> <p>Facilitator as mediator</p> <p>Interpersonal interaction</p> <p>Delivery of group programme</p> <p>Delivery of confrontation in safe place</p> <p>The facilitator is critical to the delivery of a safe and effective programme? Respect for the clients permits the containing function to happen</p>	<p>31. I: Yeh, so as the facilitator, you know you mentioned that holding or containment, what are you talking about there</p> <p>32. E: Well, there's that, that's got a lot to do with em, respecting the person in the situation number 1, number 2 being mm...non-punitively critical, mm...as, as far as, as is humanly possible, there will be times when its necessary to, to, operate in a quasi-paren, parental role but certainly, the whole thing of containing is that, that the theoret...the clinical space of the room where we, where this work is done in, in the group situation acts as a containing space or a transitional space and that space ... provides a boundaried environment to hold the members of the group, just the psychological space... and then the containing function, is the mediation of</p>	<p>Respecting the group member in the present is the most important thing. The next important point is that it is non-punishing but critical. But there are times when it is important to take a parental role. The therapy room is also a containing and boundaried space that also allows for change to happen in a safe way. The psychological space, along with the containing function is how the arbitration, support and the interpersonal interaction is managed and delivered. It allows for confrontation to take place in a therapeutically motivated and safe way. Nobody will be undermined or ignored.</p> <p><i>Hesitance, pausing again [that, that's][em]Is this his own style of articulation? He uses numbering here to distinguish and emphasise his narrative. [Non-punitively critical]setting this point apart in a clear manner? With the use of sophisticated language</i></p>
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	<p>the interpersonal interaction the, the, the manner of the delivery of support, the manner of delivery of confrontation, which is very, very, eh, eh therapist..., therapeutically governed...that provides a containing function, with mmm, with the proviso that matters will always be looked at emmm properly and respectfully where...nothing will be negated or lost or... or dismissed. I think that's the containing function.</p>	<p><i>again... is he doing this to bolster self-confidence? Repetition, pausing. Lost in thought? [mm...][mm...]</i> <i>[as, as far as, as][to, to]</i> <i>[quasi-paren, parental role]</i> <i>Hesitant here? Is he contemplating his answer? Use of the word 'Quasi'... it is unusual, does he mean. Quasi parental... a seemingly parental role? Is it to reinforce the parental role he may take on? Emphasises [But certainly] that the clinical space in the room is a space where the work is done but is also [a containing or a transitional space][boundaried environment]; reinforcing with repetition [the, the, the] [very, very, eh, eh] [mmm] [emm]thinks about his narrative. Pausing for effect? [Whether...nothing will be negated or lost or dismissed] Could he be worried I will negate lose or dismiss what he is saying</i></p> <p>Respecting the man in front of him is of paramount importance. Not to be punishing or undermining but is it difficult at times given his use of the phrase "as far as is humanly possible"? Need to take on a pseudo-parental role at times – does this mean that this can result in being punitive at times? Being disapproving/judgemental? The facilitator plays an important parental role...guidance, non-</p>
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	<p>33. I: Yeh, yeh, what's that like in terms of the containing you mention you know not, not having that punitive side to it at all but you wanna hold the fact what the men had done is obviously wrong</p> <p>34. E: Yes</p> <p>35. I: And you talked about confrontation</p>	<p>punishing but firm? Boundaries? The group members become the children and siblings? The clinical space in the group room acts a physical and emotional safety net... the group members can feel safe no matter what they are working on. They will be heard and encouraged. The facilitator must provide the support and containment so that confrontation can be carried out in a safe way, ensuring that for change can occur? This allows for the goals of group to be addressed in the psychological space. The group space is therapeutically driven and always respectfully. The facilitator is critical to the delivery of a safe and effective programme? Respect for the clients permits the containing function to happen</p> <p>I change the direction of the conversation here, possibly prematurely as Eddie may have wanted to talk more about the process of containing?</p>
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<p>Transference/ Countertransference can be powerful</p> <p>Facilitators can experience countertransference</p> <p>Facilitators are not infallible</p> <p>Facilitators must be highly alert</p> <p>Facilitators must be highly sensitive</p> <p>Facilitators must be self-reflective</p> <p>Facilitators are holding and containing negative emotionality to maintain safety</p> <p>Impact of group on facilitators</p> <p>The facilitator's mindfulness of his/her internal process is crucial in containing the therapeutic space</p>	<p>there as well, so I am just wondering how, what's that like as, as the therapist, you know, what's it like to hold that, what's your views on that</p> <p>36. E: Well there's two things that happen there. The one is, certainly, the one is the very, very powerful transference element, which, which hits the facilitator just at a human level. Eh, that has to be held and contained within the microcosm of the facilitator, never mind... never mind in the, after... containing the environmental therapeutic group and space...so that's the internal process that the facilitator is always, always, tasked with and that's, that's very important because sometimes em, i, it takes a lot to, to do that, to hold and contain without counter projecting back into and onto, and that, that's, that's an important facet of this particular kind of work</p>	<p>He speaks about 2 things that happen around confrontation... Number one: Transference; which can affect the facilitator at a human level and which the facilitator has to contain internally both within the group and afterwards. He notes that it is hard work. And the facilitator has to be mindful not to counter-transfer.</p> <p>After group he can experience residual impact of the transference? <i>Numbering his points again, calibrating his own thoughts or reinforcing? [There are two things that happen there]. He clearly states what the first one is in a strong, reinforcing way [The one is] [is the very very] and states that the issue of transference is strong, influential perhaps? [powerful]. Reiteration of [Which, which] and use of pugilistic language reemphasising the powerful nature of transference issues [hits] and reinforcing that he is human? Fallible? [at a human level]. Describes the facilitator (himself) as holding and containing the transference</i></p>
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		<p><i>experience within his [microcosm]. Can he also mean, that he is a microcosm of the group? Emphasises his next point by using the term 'Never mind'. [Never mind in the, after...] [so that's the internal process that the facilitator is always, always, tasked with] He speaks to it being a significantly issue [And that's, that's very important] and that it can be challenging</i></p> <p><i>[em, i, it takes a lot to, to do that, to hold and contain]. Not allowing his internal process to play out in group is an important component of the groupwork? [Without counter projecting back into and onto, and that, that's, that's an important facet].</i> 2 things happen with confrontation. Transference occurs and can be powerful</p> <p>Facilitators can experience the men's projections, in a human way...facilitators are not infallible. Eddie emphasises how issues relating to transference and countertransference can play into the group work, how the facilitator must be self-aware, self-reflective and alert to this possibility at all times. This has to be done as the facilitator is holding and keeping the group safe. Is Eddie saying that the facilitator's mindfulness of his/her internal process is crucial in containing the</p>
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<p>Facilitator traits</p> <p>Transference/Countertransference?</p>	<p>work, So there is, you know that comes with the territory, territory and I think.... you know, 'healer know thyself' is central to this work mm. In my particular case (Eddie emphasises this sentence)...moving from the generic.... being a psychoanalyst, I am very aware of these things, at a very deep level in myself, I've had a lot of self- I suppose searching in my training and in my interaction with this work all the time, so I'm very in, very much aware of how I do respond. Ehhh, and I can feel, if something is, is em, at variance with, with my, with the way that I ought to be reacting, I'm very conscious of it and it gets logged, I log it, and I kind of, kind of put it in a register that I keep boundaried. So there's a separate register of response. Emm, now because.... because I've been doing this for so long, you know I, I (Small laugh) suppose, I suppose you know, if you're in the bell factory long enough the bellss ring, you know, you know they are not alarm bells, they are ringing bells and that's a big</p>	<p>this context as the training requires a significant amount of self-development, reflection and awareness. Eddie is acutely aware of how transference can impact him due to his training in self-awareness. And he is self-aware in this work, and as such he is aware of how he responds, he consciously records/encodes it if he is not reacting the way he feels he ought to. He ensures that he remains boundaried within group when he experiences the unexpected reaction. He has a lot of experience in this work and that this has facilitated his ability to self-analyse. He clarifies his unexpected responses are not alarming... or of major concern. He puts this down to experience... being a psychoanalyst. <i>He uses pauses and reinforcing language to make his point [Oh well...I mean...extreme discomfort]. Use of alliteration to emphasise how powerful the experience of transference can be [astounding, astonishment] Use of strong emotional language to describe his feelings [outrage][anger][Resentment]. Reiterates and pauses to explain that these are [human qualities....which....] Could he be expressing this to ensure that I don't judge him for having these strong</i></p>
<p>Self-awareness/self-reflection?</p>		

<p>Hard work</p>	<p>difference, you know, you know, there's, because of my experience, because of what I do. That's important, you know, the psychoanalytic, I suppose in my particular case is....</p>	<p><i>negative reactions to things that are being said in group? Does not refer to himself using pronoun [...which a facilitator will experience from time to time] Is this another sign that he does not want to be judged? Or to step away from the strength of these negative emotions... [maturity and experience]help to balance these experiences...this seems important use of a maxim to reinforce this point ['healer know thyself']. In my particular case (Eddie emphasises this sentence)... intensifying words to highlight that he has engaged in self-development[very aware] He is deeply aware [I'm very in, very much aware of how I do respond]. He emphasises that his internal process is always being monitored and he records it... metaphor of 'logging information' in a ledger [I kind of, kind of put it in a register]. Use of metaphor to emphasise his point [if you're in the bell factory long enough the bellsss ring]</i></p> <p><i>Use of [you know] in a reinforcing way or to ensure that I understand him? He could also be explaining that it is a normal thing, back to the human side again? Ensuring that I do not misjudge what he is saying??</i></p>
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		<p><i>[you know they are not alarm bells, they are ringing bells and that's a big difference] Is he emphasising that he does not experience internal crisis when transference arises?</i></p> <p><i>Reemphasis on his experience through the use of repetition [You know, you know, there's, because of my experience]</i></p> <p><i>He seems to be reinforcing the importance of his practice as a psychoanalyst here [Because of what I do] [That's important, you know, the psychoanalytic, I suppose in my particular case is]</i></p> <p>Eddie describes emotional responses to transference. These are strong, powerful and negative emotions... is this is a good example of what he has to deal with on a personal level when delivering group treatment? He qualifies that the emotions he experiences are 'human'; is this to ensure that I don't judge, that therapists should more resilient? Expressing that he is vulnerable to strong negative emotions when delivering group maybe a risk? But he wants to be authentic and help with the research? It shows he trusts me? There is an emphasis on facilitator qualities here, and age, maturity and experience are necessary, in his opinion to carry out this work</p>
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		<p>effectively. He emphasises the importance of experience and maturity when doing this work... does this tap into his own age, length of time doing group work and what he has learnt over time? His age/experience are important for Eddie? Does he believe that this makes him more skilful at recognising transference? What else might he be saying? Is this important for him?</p> <p>Self-awareness and development is key component to the facilitators effectiveness at the work. He is aware of his responses, whether they are congruent or incongruent with what he is exposed to within group.</p> <p>Being a psychoanalyst is important – his identity? Does he feel that this qualification is of benefit when doing this work? Eddie is reinforcing the fact that when he becomes aware of a shift in his own process, that he needs to hear it, process it and encode it. Why is this so important? Does it relate to his coping mechanism? What could happen if he did not log it? Repercussions for his self? Eddie clarifies that the internal process for him is in being aware of his process, and that when he becomes aware of an unfamiliar?? response, he will log that feeling rather than be alarmed by it. He believes that this is because</p>
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		of his experience that he can respond in a measured manner rather than by being distressed or panicked by it. It's not a concern, it's a reminder?
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Sample of superordinate themes and subthemes - Eddie			
Emergent theme	Page/Line	Key words	Superordinate theme
The programme is non-punitive without condoning the men's offending	10/32	"Well, there's that, that's got a lot to do with em, respecting the person in the situation number 1, number 2 being mm...non-punitively critical, mm...as, as far as, as is humanly possible"	The process of delivery
Humanistic approach	7/30	"its, the answer to that probably lies in the, in, in the process of the delivery eh, em...yeh, which is, which is also very ... its very, eh, yeh, yeh its very person-centred, its very, it, its humanistic in many, many respects"	
Group represents the family	10/32	"there will be times when its necessary to, to, operate in a quasi-paren, parental role"	
The force of transference and countertransference	15/36	"The one is, certainly, the one is the very, very powerful transference element, which, which hits the facilitator just at a human level."	Impact of the work
Facilitator as an imperfect being - risk of significant emotional impact	15/38	"I mean...extreme discomfort. At times even astounding, astonishment and	

		outrage at what is being said. Emm, anger, resentment, these are all human qualities....which... which a facilitator will experience from time to time”	
Risk for lone facilitator	86/240	“Oh god, laugh, beyond, there aren’t words, laugh, no, to fly this plane alone is dangerous, dangerous, do you hear me recorder, dangerous!!”	Co-facilitation
Public perception of the men	40/94	“It’s an immediate conversation stopper, why do align yourself with these people? You know, you know”	Negative public attitudes towards facilitators and clients
Coping with public attitudes/ Public attitudes towards facilitators	39/90	“Most eh, the most challenging part of the work ironically comes not from the work with the clientele we are talking about, it’s got... it comes from mmm, the public, you know when the public learn that I’ve done for a living or what I do, you know...”	
Emotionally disabled	74/216	“Its always holding respect...but again, you know I am very quick to tell myself...that we work with a lot of damaged people and this is not coming...from somebody who ought not to be here. The truth is we are dealing with emotional cripples here. And just because they don’t come in in wheelchairs, or they	Men’s traits

		don't come in in zimmerframes doesn't mean they are not crippled"	
Psychologically vulnerable	75/216	“When it is directed in my face, there's a serious affront to, to my position I get annoyed... I get annoyed and I d..., I don't, I feel I don't deserve this but then, but then seconds later you know I'm telling myself you are dealing with a very broken person here. You know”	
The men are marginalised	99/312	“you know, working with the marginalised and the societal, societal throwaways, I come from that, Now, that's an important I would never lose that...”	
The men have positive traits	57/144	“there's more positive to the men, there are healthy parts of their character which need to be respected and that's where the respect goes, not condoning the behaviour, but respecting the healthy parts of the, pre...lets call it the premorbid functioning”	

Emergent Themes	Sample of Feargal's transcript	Exploratory Comments Purple: Description Green: Language <u>Red: Conceptual</u> Blue: Reflexive
<p>Facilitators can be exposed to personal challenges</p> <p>Experience helps</p> <p>Coping strategy – self talk</p> <p>Transference/countertransference</p> <p>Challenges – threatening behaviour</p> <p>Highlighting personal vulnerabilities</p> <p>Low-Confidence/ self doubt</p>	<p>165.F: Yeh, again in confessional terms I've found some of the group clients more threatening than others and its an interesting word for me to use 'threatening' because I am the facilitator like you know that maybe I thought that they maybe, my vulnerabilities were exposed and they could see them a bit like you know. Em and that has unnerved me a little bit at times, remember when I was saying to you the incident with the man from Northern Ireland who saw me kind of change tact within, you know to go in behind XXX in terms of eh, but there have been times in terms of my own life history has created a doubt about my own confidence and, and, and then, an and, more often than not even then that might be there I put it off and get through it like you know I mean I suppose in more recent years that is, is lesser of an issue for me that I'm... my, my self-talk is around eh, yo, you may not be the best in the world at this but you're not bad either, so, so I'm able, but, but it does expose that even though you keep it under wraps as best you can, the</p>	<p>Some men are more threatening than others. As the facilitator, he felt that the man he found to be threatening had identified Feargal's weaknesses, and that they were exposed. Feargal revisits the issue that arose at the beginning of the interview: feeling threatened by a group member highlighted his vulnerability. Coping with difficult experiences in group, that while he can be personally affected in group, he gets on with it and puts it off. Less of an issue now, uses self-talk to get through this, self-affirmations, this is how he copes... Try to keep vulnerabilities out of sight, but they can still be revealed in group work, especially if something mirrors what has happened to you in your own life. He can be affected on a personal level too if something from his past is triggered. His ability to quash doubts has improved with experience? With age?</p> <p><i>Feargal states that he is intrigued by his use of the word "its an interesting word for me to use threatening"</i></p> <p><i>Pauses, repetition here, to give him more time to consider his answer? Or because it is a</i></p>

<p>Facilitator traits/attitude</p> <p>Respect/humanity</p> <p>Compassion</p> <p>Humanity</p> <p>Ethos of why I am here</p>	<p>practice in the group but, but at times it does cause you to, you know, do they see what I don't want them to see, or, or there's an issue that comes up that is close to one of your own life issues you know ans that's eh that's a worry at times, well not a worry, th, that's a kind of sensitive time where you have to manage it personally</p> <p>166. I: Yeh, it's challenging time, yeh exactly, I think...</p> <p>167. F: You know, yeh, but I haven't had any clients in forensics in the 9 years that I can recall with great clarity that I, I, I didn't particularly like. I mean there were certainly some clients in, in , in the group in forensics who I struggled with and at times I was finding it. I found it hard to warm to you know. Emm, eh, but you know, you know, I really hope I operate from that place of "this person is in group because of something that happened in their lives and if we can help them understand what that was about" so even though there was someone in the group that was you know, their personalities wouldn't be</p>	<p><i>difficult topic? "and, and then, an and, more often than not even then that might be there I put if off"</i></p> <p><i>"that I'm... my, my self-talk is around eh, yo, you may not be the best in the world at this but you're not bad either, so, so I'm able, but, but you keep it under wraps as best you can"</i></p> <p><i>he does not use the word 'I though...</i></p> <p><u>Is his lack of confidence is coming up here again? That his sense of not being good enough is identified by a group member? He notes that he has doubted himself in his life and this plays out in the interaction with the group member. Is there a sense of him not believing what he is saying? Self-doubt?</u></p> <p>Sometimes Feargal finds it difficult to warm to the men, but it does not happen that he dislikes them.... He doesn't lose sight of why he is there and who the person in front of him, what has happened in his life. The work is not based in whether he likes the group member or not</p> <p><i>'But you don't lose sight of why you're there.</i></p> <p><u>Feargal's humanity and core belief that the men are damaged</u></p>
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	<p>the types you would warm to very well and then there's the opposite of people you warm to very quickly, but you don't lose sight of why you're there. Yeh, yeh, its, it's not about I don't really warm to this person or really like him that much, you now that's not what its about, its about what happened to this person</p> <p>168. I: Yeh, yeh, that's really interesting, coz em, yeh, that's nice, but I, that's lovely way to... yeh... I feel like em that's a really nice place to finish, but</p> <p>169. F: Yeh</p> <p>170. I: I need to ask you is there anything you would like to add about your experiences of facilitating forensic...</p> <p>171. F: Yeh, eh, no, I'm absolutely certain that 5 minutes after we've finished Siobhán, there's something that's going to come up like</p> <p>172. I: Yeh, that would have been nice to say that</p> <p>173. F: I should have said that...So, we will just take a few minutes on it</p> <p>174. I: Ok</p> <p>175. F: Just to reflect on the question like you know, eh is there anything that I</p>	<p><u>help him to stay grounded and objective</u></p> <p><u>... ethos of respect comes in here.</u></p> <p><u>Compassion, acknowledgement that this man has been through something in his life that has influenced his behaviour and shaped his personality</u></p>
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<p>Challenging but rewarding</p> <p>Effective</p>	<p>would like to add like you know em... I hope by our conversation today you see that I'm passionate about the work that forensics do in this area, I've great belief in it you know, Even though at times you might get a group dynamic where the particular group members are maybe not as competent at, you doing the work and you struggle with them and they can be frustrating and you can have sessions where you feel like you have been banging your head against the wall or whatever but, but, I'm absolutely without any doubt eh I believe that the approach that myself and XXX takes is as effective as it can be and sometimes that's very effective and sometimes that's not so effective like you know</p> <p>176. I: Mmm</p> <p>177. F: Emm there are times when we think there is a group member and he is just not going to get is and then they go through core task into another stage and you begin to say wow, they are getting it to, yeh, something happens like you know, and I know there are times when clients don't want to leave group because it becomes so important to them like you know, and, and we have to kind of nurture them, like the parents that we are towards independence, and eh, help them in leaving group like you know</p>	<p>Passion for the job and has great belief in the effectiveness of group work but the work is challenging, and some men are unsuitable, less competent or capable, leads to frustration, but he is confident that Group treatment is effective</p> <p><i>Metaphor 'where you feel like you have been banging your head against the wall'</i> <u>The work is inherently difficult but Feargal believes it is ultimately effective and rewarding</u></p> <p><u>Satisfactory, reason for doing it....</u></p> <p>Sometimes the men don't want to leave group because it has been so important for them. Become dependent, group becomes so important for them</p> <p><i>'nurture them like the parents that we are towards independence'</i></p> <p><u>What is this like for Feargal? He continues to nurture and help the group member develop the autonomy to leave 'Home', leave the 'family'.</u></p>
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	<p>178. I: It, it really sounds like it's a developmental process right through</p> <p>179. F: Absolutely and, and it is, I'm a great believer in process over content like you know, like mmm, you know people say when does a person who is new to the group do their life story? Do they do it after 2 month, 3 months or 4 months? Sometimes people can be 9 months before they do it, their life story when do they come on to do the chart work piece around the offending behaviour, they do it when they are ready to do it, and how do we judge that? Well, it's just our experience as facilitators allows us to, to say ok, this person's now ready to do it like you know. So we don't, myself and XXX don't you know, its, it's not a conveyor belt of pieces of core work and then you come out the other end, it's a process, a therapeutic process and a developmental process and at the different developmental stages, we make if you like a professional judgement about when they are ready to do the next piece of core work like. So if somebody could be in and out of group and perhaps the best we've had is about 15 months but we've had people in group 3.5 years and that was right for them as well, so Its that kind of way, eh other then that emm eh regrets I've had</p>	<p><u>Parent metaphor again</u></p> <p>He believes strongly in the process of the group moreover the content... the subtle but significant changes that take place during the men's time in group... Feargal demonstrates that group goes at the individual's pace.... Men's readiness to move through core tasks. Experience tells Feargal and his co-facilitator when the men are ready, they decide, and it is nuanced and individual. It is a developmental process</p> <p><i>'it's not a conveyor belt'</i></p> <p><u>Professional decisions are made 'Professional judgement, readiness, person-centred, developmental'</u></p> <p><u>Feargal's experience and belief in the group process, he is saying that the men are not just numbers, bums on seats, but individuals who deserve to be treated with humanity and respect so that they can progress through group at their own pace.</u></p>
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in my life, I regret I never got the chance to spend, I was in GXXX for 2 years and then as an organisation yo, kind of, yo, finished up and eh I had visualised me moving from probation to GXXX and working there for the last 10 or 15 years of my life, but that never happened, for different reasons like you know GXXX, with the politics of the service and the you know financial difficulty it was in it, it, it folded and like you know I went back to probation for a short while like eh I, I'm very confident that this is the kind of work that ultimately, I was meant to do

180. I: Right, ok

181. F: Strangely enough, yeh, yeh,

182. I: So it's rewarding?

183. F: Yeh so it is enriching in lots of different ways like you know

184. I: Ok

185. F: Whether I'll still be doing it in a years time or 5 years time, well that's another question altogether like you know

186. I: Yeh, what do you think, now you've set me off on another question, but

He loves his career and finds it enriching. His passion is evidenced here. He is confident that this is where he should be in terms of his career

<p>Family metaphor</p> <p>Facilitator traits</p> <p>Respect</p> <p>Care</p> <p>Humanity</p> <p>Family - symbolism</p> <p>Education</p> <p>The men are human, not just numbers</p> <p>Progress at own pace</p> <p>Loves his career/rewarding and enriching</p>	<p>what do you think is enriching about it, could you, can you qualify that in any way or?</p> <p>187. F: Well I know we've used the metaphor of the family and eh and throughout our conversation like you know, But isn't, isn't, isn't this what we aspire to for our children, like it, wh, isn't this what we aspire to, to do for them, we want to see them grow from dependent to independent to see them grow from eh, em you know not being emotionally aware of what life situation they are in, to becoming more aware of, aware, the enriching piece is to see someone come in raw in an emotional sense into the group with a, a lot of misconceptions and a lot of stuckness, I mean very often I say, when somebody is graduating, I say really, what we are at now, is we are just at the beginning, you know, you are at the beginning of the next stage of your life but also you, your, yourself, your programme of self-actualisation will now continue until you breath your last like you know, so I say that to them, and I always say as well, never neglect, you've found your inner child, now never neglect them, neglect your inner child again and that means that your adult self has to be minding and mindful of your inner child,</p>	<p>The developmental piece of group process is described here. The men make progress through stages of growth. Metaphorically, the group is the family, where the parents facilitate and support the siblings to gain autonomy. They are educated and helped to gain emotional intelligence and insight. It is a process of self-actualisation which they will continue until death.</p> <p><i>Family metaphor</i></p> <p><i>'isn't this what we aspire to for our children?'</i></p> <p><i>'our children come into the group', a lot of misconceptions and a lot of stuckness', 'when somebody is graduating', 'you are at the beginning of the next stage of your life,' 'your programme of self-actualisation will now continue until you breath your last like'.</i></p> <p><i>'you've found your inner child, now never neglect them'</i></p> <p><i>'Because em... eh, you know this work is the journey back to self'</i></p> <p><u>Feargal's passion for his work and seeing the group member graduate is profound. He is, bringing the men through their lives, to start a more positive, and healthy journey towards being themselves and towards being the best they can be. Feargal says that by caring and nurturing the inner child, the adult will be healthier</u></p>
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	inner self like you know, because em... eh, you know this work is the journey back to self and, and, and the journey back to self is to, is to repair, a hurt that was done to the child so the adult that you now are can look after the child yeh, so that's as much as I can think of, laugh	
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Sample of superordinate themes and subthemes from one participant - Feargal			
Emergent theme	Page/Line	Key words	Superordinate theme
Based on Good Lives Model	3/9	“look a little bit on the theory of it like yo, mm I mean I would have eh... had a lot of interest in the Good Lives Model”	GLM informed
Humanistic – person-centred	6/15	“you’ll appreciate that eh, anyone who is new to a group needs to have some opportunity like to... to develop trust and the safety of the group so, so probably the first stage would be to you know... eh... facilitate that person’s em growing into the group in a sense like you know”	Therapeutic process
Facilitators’ traits	35/101	“powerful aspect of the work like you know because you are giving these men the opportunity to speak about the most intimate aspects of their lives not only in terms of the behaviour	

		but in terms of their sexuality as well”	
The core tasks are not the most important aspect of group	60/179	“it’s not a conveyor belt of pieces of core work and then you come out the other end, it’s a process, a therapeutic process and a developmental process”	
Facilitators’ relationship is critical	11/25	“I’ve enough confidence in myself, eh, to know that most of the time when I speak, eh, XXX is confident about the way I’m going. Yeh, yeh, so we trust each other a lot”	Co-facilitation
Co-therapists’ relationship	14/43	“In, in group I think the relationship between the 2 facilitators is key.”	
Life enhancing	61/183	“Yeh so it is enriching in lots of different ways like you know”	Job satisfaction
Rewarding to see the men graduate	62/187	“Well I know we’ve used the metaphor of the family and eh and throughout our conversation like you know, But isn’t, isn’t, isn’t this what we aspire to for our children, like it, wh, isn’t this what we aspire to, to do for them, we want to see them grow from dependent to independent to see them grow from eh, em you know not being emotionally aware of what life situation they are in, to becoming more aware of... aware”	
Public attitudes towards the facilitators are negative	37-38/111	“I mean I have on one or two occasions	Public understanding of

		referenced in passing you know the kind of work I do, which generally, will illicit that kind of pregnant pause of...a non-response”	men who engage in sexual offending
Not discussing work with others due to potential negative impact on them	39-39/113	“recently I did a assessment on a man who raped and murdered a woman, and I’m not going to talk about that you know eh, people in my ordinary life because it was a horrendous act”	
Society’s lack of education around sex offending	33/99	“That there is a lot of ignorance and a lot of, a lack of understanding around the, for men who sexually offended around the dynamics involved”	

Emergent Themes	Sample of Caoimhe's transcript.	Initial Notes
<p>Being a female facilitator – can be a challenge as it can result in unconscious projection and transference from the men</p> <p>Being the only female in the group</p>	<p>57C: Yeh, and I think, yeh that can be at times, that can feel like everything, particularly if, if... if they are going through difficult times with their partner, if their spouses, or they've had difficult relationships with their mothers or their sisters or they may kind of harbour a lot of anger or resentment towards women and as the 'only female in the village' (Laughs) you get it then, you know its kind of hurled at you, and emm the vast majority of the time it's not even conscious but it comes your way, so it's not that the men are actively trying to be actively disrespectful towards you or trying to insult you but its..</p>	<p>Purple: Description Green: Language Red: Conceptual Blue: Reflexive</p> <p>Caoimhe explains that being the only female in the group means that a lot of issues can be directed at her. Depending on the relationship the man has with significant women in his life, or depending on his attitude towards women, these feelings can be projected towards her given her sex.</p> <p>The men are not consciously trying to be nasty to her.</p> <p><i>Takes a quote from a comedy... 'only female in the village' (Laughs)</i></p> <p><u>Caoimhe uses humour here but her words seem to describe an isolation or a marginalisation that can take place being the only female in group?? How the role of being the only female group can impact on her in a way that is different to the male facilitator? Caoimhe is careful not to blame the men here, for their acting out...</u></p>
<p>Countertransference Representing someone in the men's lives</p>	<p>58I: It's...</p> <p>59C: Its projection or its, and its also possible that, but that I might have some personality traits that remind him of his mum or his wife or his sister or whoever, or his teacher in school or</p>	<p>Sometimes it may be because she reminds them of someone, female teacher, or relative. More on the balancing responsibilities in group, this time in facilitating the men to repair</p>

<p>There is a lot involved being the only female in group</p> <p>Sense of responsibility</p> <p>Role of female facilitator – to aid the men in correcting negative attitudes towards women</p> <p>And modelling positive female relationships</p> <p>Balancing - The balancing act of modelling a positive female role model, and demonstrating equality in that sense, and being a figure of authority within the group</p>	<p>whoever it is that he might have had some fractious relationship with or difficulty with or, I suppose the other piece he might be dealing with, he might have had you know might have had romantic feelings for, so that's the other piece, so yeh being female brings a lot, you carry a lot, and I suppose sometimes you do feel a little responsible for how the man's going to leave the room viewing women so that, somehow, in some ways your relationship might need to, to be a corrective experience for, em, for, so that whatever difficulties might be there can be worked through, em and that we can be, we can be equals em that there isn't an imbalance, now that's, I suppose that's kind of difficult as well, because I suppose at one level there is, there is a power imbalance and he's a client, I'm a therapist, so therefore, that very, you know there's an imbalance at the get go but I suppose that in terms of the male/female dynamic to try and em resolve difficulties or address issues in a respectful way, em, safe way.</p> <p>60I: So, what is the impact of that on you as a female do you think, for you?</p> <p>61C: Hmmm</p> <p>62I: Personally Caoimhe? Or what has been?</p>	<p>potentially negative relationships with women. Imbalance already present because of therapist/client relationship</p> <p><i>She asks a question is 'Who do I represent to them?', Is there a sense of burden here? 'Being female carries a lot'</i></p> <p><u>The female in the group, on her own, is going to potentially be at the receiving end of men's difficulties with woman and one responsibility to help them repair those. She is saying that in some way her relationship with the men may be instrumental in changing their existing view of women so this is also a modelling responsibility. It is a fine balancing act given the nature of the therapist/client relationship.</u></p>
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<p>Impact – Having Negative view of men</p> <p>There is a risk associated with that</p> <p>Personal?</p> <p>Professional?</p> <p>With male colleagues?</p>	<p>63C: I think at times, eh, eh at times I can have quite a jaundiced view of men em, yeh, that’s probably the predominant and that’s, that’s quite a... that’s quite a risky, potentially kind of a dangerous emm..., yeh, its not a bi, its not a good thing but at times you can, I can end up with a jaundiced view of...</p>	<p>Impact on Caoimhe of being the female in the group and juggling these complex issues sometimes her relationship and experience of the men in group can leave her with a tainted or negative view of men.</p> <p><i>‘jaundiced view of men’</i></p> <p><u>This is interesting, given her effort to model positive female interaction with the men that she comes away feeling her attitude towards man is negatively affected. Is this another risky issue for Caoimhe as it may impact on her ability to work in group???</u>Her relationships with men in general?</p> <p>Pages 14 and 15 of transcript</p>
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Sample of superordinate themes and subthemes from one participant - Caoimhe			
Emergent theme	Page/Line	Key words	Superordinate theme
Having negative view of men.	16/61	“eh at times I can have quite a jaundiced view of men em”	Impact of the work
Male colleague may not fully comprehend/understand the impact or the dynamic that is playing out... and not fair to expect it of them either	16/65	“it would be unrealistic to expect your male facilitator to, to fully understand what it’s like from your perspective so while they can, they can go so far”	
Transference Male to female projection	14/57	“I might have some personality traits that remind him of his mum or his wife”	Impact of work being the only female in the room

Men's expression of misogyny can impact on the female co-facilitator in a subjective way leading to instinctive and raw reactions	19/80	"and sometimes misogyny can be a big feature in how they are arranged (...) you've almost reacted before you know you've done anything you've reacted to that"	Impact of being the only female in the room
Need to balance reactions and need for self-awareness and self-reflection	19/80	"yeh, it is another tightrope and it is about being self-aware, in-situ having to effectively "am I reacting here?""	Need for self-reflection and awareness Walking a tightrope
Feeling negated by non-verbal / gestures	20/86	"they could do it softly but you know, its defo, definitely communicating something to you"	Impact of being the only female in the room
Feeling intimidated	21/88	"It can actually throw you off, can be, be feeling a little bit... threatened might be a little bit strong... intimidated maybe"	Impact of the work
Being the only female in group and being in an authoritative role	13/51	"I suppose the two kind of knit in together, being female and being perceived as someone in authority"	Role of female

Emergent themes	Sample of Winnie's transcript	Exploratory notes Purple: Description Green: Language Red: Conceptual Blue: Reflexive
<p>Supportive</p> <p>Gentle</p> <p>Challenging – less easy</p> <p>Sense of responsibility</p> <p>Support from co-facilitator</p> <p>Imperative that you can trust your co-facilitator</p>	<p>21. I: No, no. And your experience of that challenge and support, I think that's what you were speaking about. I'm just wondering about you know... stepping into your shoes and hearing what it's like for you</p> <p>22. W: Yeah, having support from your co-therapist is absolutely crucial em... because at times, if you have maybe jumped in and challenged somebody and if they've come back to you em... you need sometimes the co-facilitator to manage the therapeutic environment of the group and take that sting out of it a bit... em... and to kind of reflect what's going on. Em, that's really, really, crucial eh... that you feel like you can trust the other person, that they have your back and you have theirs. Em... in terms of challenging I think once you have a good relationship with</p>	<p>Support from co-facilitator is imperative</p> <p>Winnie talks about challenging the men, but that the men can retaliate, and her co-facilitator has to manage it to ensure therapeutic value is not lost?? Importance of having the men's best interests at heart and this means that they know this and that having to challenge them, you have to have a good relationship with them. Winnie talks of taking a gradual approach to challenging them, so gentle at first and then ensuring the points are made, but in a safe way.</p> <p><i>Thoughtful, repetitive to reinforce the importance of what she is saying [Em, that's</i></p>

<p>Challenging when the men retaliate to constructive feedback.</p>	<p>somebody and that they know that you are challenging them in a way that is because you have their best interests at heart, I think that challenge becomes a lot easier to expect. So, I think you can say things to people that em... that are quite forthright and quite direct eh but it's the manner in which you do it. Em... I think that's kind of gently kind of teasing things out, for me I know my tone initially, kind of saying "oh have you thought about it from this perspective?" and eh kind of maybe, hammering home then the following weeks "we did bring this up and we have actually talked about it in previous sessions"</p>	<p><i>really, really, crucial eh...]</i></p>
<p>Need to have a good/trusting relationship with the man in order to challenge them effectively</p>		<p><i>Metaphor to reiterate what she is saying 'that they have your back and you have theirs'. Here she uses another metaphor to demonstrate that facilitating group can be challenging, difficult... 'take the sting out of it a bit'</i></p>
<p>Skills as a therapist as how to challenge in a safe way.</p>		
<p>Traits Letting them know that you have their best interests at heart.</p>		
<p>Timing of the therapist's intervention / challenge is important</p>		
<p>Building a good relationship with the men</p>		<p><u>Is there a sense in Winnie here that, it is difficult for her when the men respond negatively to her challenges, she has to trust in, and rely on her co-facilitator to support her</u></p>
<p>GLM</p>	<p>23. I Yeh</p>	
<p>Need to go through the stages</p>	<p>24.. Yeh</p>	
<p>Group duration is open-ended</p>	<p>25. I: Kind of setting the scene for them or...</p>	
<p>Facilitator's can decide when it is appropriate to challenge</p>	<p>26. W: Yeah. And the one really good thing I think about the GLM is</p>	<p>GLM means that there is no set time frame and this means the men can't avoid the work, but it also gives the therapist the chance to choose when the work can be done rather than being under time pressure to do it and the men not being ready to do it. <i>'the one really good thing I</i></p>

<p>Man can address their issues at their own pace</p> <p>Men need to have the capacity to be challenged so need to build positive relationship with them</p>	<p>that it's not prescriptive in terms of the amount of time that men would spend there, it's not a case of "I've got 12 weeks, I can get out of this by doing just, not engaging that much or ignoring challenges". You kind of attend until you get through all the different stages. So I think there's a path where if somebody's not comfortable with the challenge right now, you could say "well we can come back to this" and you can be quite gentle by saying "if you're not ready to explore right now that's ok, but that's not that its off the table and we might know that there's a piece of work maybe around your mother, maybe around your family setup, or maybe about your future plans that we need to come back to" em...</p> <p>27. I: Yeah so it sounds like it is a balance you know em, one of the things that you mentioned there was that sometimes there might be a sting in it em but also I just want to be mindful of the</p>	<p><i>think about the GLM is that it's not prescriptive in terms of the amount of time that men would spend there'</i></p> <p><u>Winnie values the open-ended nature of the FPS programme as it gives flexibility to the therapist's approach and timing and the men can't dodge the work.</u></p>
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<p>Being the only female in the group</p> <p>Men can respond differently to female's intervention - transference</p> <p>Attitudes towards female in group – can be negative</p> <p>Opportunity to change/heal</p> <p>Modelling how to manage conflict in relationships</p> <p>Checking in with client for feedback on how they heard something that they may perceive as criticism</p>	<p>fact that you mentioned the issue around eh being the only female in the group and then the importance of your co-facilitator, I'm just wondering which one of those would you like to talk about?</p> <p>28. W: Em... I suppose the sting in it bit, I think that's sometimes that's very much linked to being the female, I think that sometimes saying something as a female can be interpreted differently than if it's coming from a male, em I don't think with every man but I think that sometimes something can be heard from a woman in a way that's maybe its heard more as criticism. And I don't think that's unique to men who are attending the GLM therapeutic group, I think that happens in all walks of life but em I think... but in the group there's that bigger dynamic em I think being female its sometimes asking, for me it's something to check in and say "how did you hear this?" or "what did you perceive</p>	<p>It can be difficult work especially when the men react negatively to the challenges, and Winnie believes that this is related to being the female in the group, that the men hear feedback differently from the female facilitator to the male facilitator.... Winnie feels it is important to check with the men how they have heard what she has said because of her sex. Winnie is describing the group process here. The men need permission to address their issues and this may come up in the form of their reactions towards facilitators which can then be processed in group.</p> <p><i>Winnie chooses to speak about the challenging aspect of group 'I suppose the sting in it bit' – being the only female. Pensive and pausing to reflect on what she is saying 'em I think...' 'em' Winnie uses a metaphor to describe how she checks in with the men that they understand her 'Em so checking to see if you are both on the same</i></p>
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	<p>from what I said?" Em so checking to see if you are both on the same wavelength, the same way that you had offered it. Em and I think also acknowledging therapy is about, the therapeutic alliance is about rupture and repair so actually its ok at times if somebody is annoyed that you've brought something up that might be very much crucial to the therapeutic process em and getting somebody to come back and to know that actually that's ok that you had that discussion last week and its looking back at therapy the following week and work on that, I think those probably are those crucial moments in therapy that actually evoke quite a long of change. So, it's not being scared of that either...</p> <p>29. I: Yeah and emotionally does, is that, in terms of the emotions that might come up for you as the facilitator in group and you know, is there anything specific when</p>	<p><i>wavelength, the same way that you had offered it'. Strong descriptive language here to express what group therapy is about 'Rupture and repair'</i></p> <p><u>Winne seems to be saying that although men can construe what women say as criticism in life, that within group it can play out more. She adds that this is useful in group as it can promote change and healing.</u></p> <p>Taking group on her own was challenging.</p> <p>Winnie challenged the man and he walked out on group (rupture). She felt significant anxiety, professional self-doubt. Rewarding feeling when he returned to the</p>
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<p>Taking group on own is difficult</p> <p>Importance of 2 facilitators</p> <p>Anxiety provoking when group does not go well. Leads to self-doubt?</p> <p>Early days – lack of confidence</p> <p>Sense of responsibility for the safety of them men</p> <p>Anxiousness</p> <p>Questioning self</p>	<p>you speak about that, that you can recall on or what your experiences of that would be?</p> <p>30. W: Yeah I can remember one group, I was facilitating it by myself em because my co-facilitator em was ill that night, I think it was quite late and we couldn't cancel, so that would be quite unusual and em I was working with a gentleman who had taken quite some time to commit to coming to group and we were discussing his early childhood which was quite traumatic em but also he would have engaged in a lot of denial em about his victims em and minimise quite a bit and he minimised something and I referenced that in session that actually “was that actually the case?” and he left the group, he walked out that night and that evoked a huge sense of anxiety for me em that I had gotten it wrong, essentially that I had jumped in too quickly with the challenge maybe em and not</p>	<p>group and they were able to process what had happened (repair). She felt very anxious about it when it happened however. Balance of challenging the men and of ensuring that the therapeutic effectiveness is maintained</p> <p><i>hesitant language, uncertain? [em, I suppose...]</i></p> <p><u>Importance of 2 facilitators</u></p> <p><u>Responsibility for the man and the group as a whole. She questioned her intervention and what she should do... this was difficult for her... professional self-doubt?</u></p> <p><u>Responsibility for the whole group, Does this suggest a sense of responsibility for the safety for individual man and group? But also, others? For the victim? For society?</u></p>
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	<p>really being sure of what to do in terms of you know I made the decision to remain with the group and assume that he would come back, which he did. Em and he came back in and there was a really nice moment where he said “I just couldn’t handle that, em that’s a bit too much”. But he remained within group and came back in that night and we could discuss like that was just too much too explore what that challenge was about</p> <p>31. I: And for you in terms of that anxiety evoking kind of experience, can you tell me any more about that or? What was it like for you?</p> <p>32. W: Em its, you know cognitively and logically that you’re never going to get everything right in therapy, that there will be moments where you make the wrong step or you choose the wrong words, em or that somebody will hear something in a way that you hadn’t perceived or</p>	<p>On a cerebral level Winnie knows that she will not always get it right</p> <p>Winnie experiences significant emotional reaction to the content of the group. Anxiety is the over-riding emotion but also sadness and anger. Sadness is an easier emotional response to manage than anger. The stories can be heart-breaking and evoke empathy and sadness in her as a result. She says that the goal of therapy is to help the men make links between their adverse life events and their offending...</p> <p>Can feel very sad hearing from the men and it is harder to manage her anger towards the men. This is related to their behaviour and attitudes in group, and the impact of their behaviour on both the facilitator and the</p>
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<p>Age</p> <p>Experience</p> <p>Difficulty being a female, young and inexperienced</p> <p>Confidence can be low</p> <p>Anxiety provoking when someone picks you up wrong Getting it right</p> <p>Group supervision and de-briefing with co-facilitator are important</p> <p>The men need to feel safe</p>	<p>their react in a different way. Eh I think emotionally, even when it happens, even though you know that intellectually it still feels very anxiety provoking em and it still feels em, I suppose you're kind of quickly ruminating in your head "oh crap, what did I do? What did I say?" em "how will I repair this?" eh and you're still managing usually 7 other people and their emotion to that, "what's their fallout?" I think for me as well as that anxiety piece there's also a part around, as a female and a young female, wanting to appear confident, so wanting to have control of the group. Em and I mean that in that kind of way that you want to hold that... so people feel safe and contained and that you've got this. Em and I think if something like that happens em you kind of question "oh I hope everybody else is still thinking that I know what I'm doing here" and that they still feel safe in this em so its anxiety on a few</p>	<p>group. This is why supervision is needed</p> <p><i>Describes being young and female['As a female and a young female, wanting to appear confident, so wanting to have control of the group']₂, 'question "oh I hope everybody else is still thinking that I know what I'm doing here' Self-questioning, "oh crap, what did I do? What did I say?" em "how will I repair this?" concern for the group "what's their fallout?]</i></p> <p><u>Winnie gives a clear sense that she experiences empathy for the men despite this being something that would be out of the ordinary, that people do not believe that the men deserve empathy or compassion, based on what they have done, but she is able to separate the man from his offending behaviour and see the human being though therapy and getting to know them so well.</u></p> <p><u>Winnie's description of the men's negative behaviour is detailed, with a strong sense that she can feel drained and frustrated by them.</u></p>
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<p>Need to be seen to be confident and experienced.</p> <p>Emotions – feeling anger, anxiety, sad for things that happen in group</p> <p>Challenge being young, inexperienced and female</p> <p>Ensuring that people feel safe and contained</p> <p>Need for supervision and for debriefing</p>	<p>different levels em so that is the strongest emotion that I can think. Em in terms of other emotional reactions, certainly at times I felt incredibly sad when things have happened in group, em there have certainly been times where I felt really angry maybe about things that happened in group em but I think that's really natural, that's where we use group supervision em and debriefing afterwards to manage those</p>	<p><u>Winnie's skills as a therapist are described here.</u></p>
<p>Seeing the men as human and separating the offending</p>	<p>33. I: Ok and would you like to tell me a little bit more about that? You know in terms of what it's like to feel sad or angry in group and then that piece of seeking support, is there anymore you'd like to tell me on that or?</p>	<p>Sadness can be experienced but is easily managed because Winnie hears very sad life stories and then can help the men make the connections as to where their offending came from.</p>
<p>Sadness is easier to manage</p> <p>Empathy for what went wrong in their lives</p> <p>Feeling angry towards the men (for their minimising etc), harder to manage</p>	<p>34. W: I think sadness is probably a much easier one to manage em so that comes from normally when men were taking about their life stories and you can see the trajectory and I guess the idea is that the men will make</p>	<p>Can empathise when she formulates as to what went wrong, what supports were absent. Anger can be more difficult to manage even though sharing of her anger or annoyance</p>

<p>Insight into why they offended, can see that bad things happened to people who did bad things</p> <p>Men minimising, not being truthful, not acknowledging, being selfish, taking energy from the group.</p> <p>Challenging when the men resist taking feedback on board.</p> <p>Challenging when one group member takes time from group but time that is not productive or in the best interests of the men or the individual</p> <p>Attitudes of other's, not compassionately disposed to the men at all, given their offending, seen as not deserve treatment</p> <p>Need for supervision</p> <p>Co-therapist is to make decisions on what work they are going to undertake, who is better suited for a critical piece of work, what is the other person's role at that time</p>	<p>those links themselves as to where their offending behaviour comes from. But as a psychologist you're constantly formulating and you can see at times where trajectories went wrong or supports weren't available em and that can be really just I suppose an empathy, a sadness eh. I think that's quite ok to manage, em I think at times, that probably sounds quite unusual if you don't work in that area because if you don't you think "well, you know why would you feel sad, people have done terrible things, so you shouldn't feel sad". But I think when you work as a therapist you meet the person who's in front of you and people, you have an awareness of that they can do things that are not ok at all and equally have bad things happen to them. So that one was easy to manage, in terms of feeling angry I think that's probably one that I could struggle with a bit more em so I think anger definitely would come from maybe</p>	<p>could impede the progress. Challenges – men minimising, not being truthful, not acknowledging, being selfish, taking energy from the group. She is invested in the process and wants to do it right but if she feels angry she needs to acknowledge that in supervision Supervision plays a critical role in effective group therapy</p> <p><i>Winnie uses descriptive and strong language to describe her experiences of the men's life stories. 'incredibly tragic upsetting tales of what life was like for young people and you can see the trajectory'</i></p> <p><i>Dichotomy of the work expressed here 'you have an awareness of that they can do things that are not ok at all and equally have bad things happen to them' and challenges, using metaphor 'not being completely honest em or maybe twisting things em maybe so kind of sucking a lot of energy out of group and making it all about them'.</i></p>
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<p>Must see the man in front of you</p> <p>Timing of feedback and interventions is important</p>	<p>when people weren't acknowledging things or were maybe minimising things em, not being completely honest em or maybe twisting things em maybe so kind of sucking a lot of energy out of group and making it all about them. Em maybe so, I can think of one gentleman who often took a lot of sympathy from group because of his, he would come in and describe his wife and describe that relationship and the men would feel very sympathetic towards him em but actually I suppose from a clinical perspective our formulation would have been that this man was not giving the exact details of the relationship with his wife and that actually his wife was probably making very sensible decisions in terms of ensuring her safety and removing herself from the environment em but he found it very difficult to be challenged on any of that em and I think that's a trickier one because at times I</p>	<p><u>Winnie appears to find some emotions, which are evoked by the men during group, easier to deal with than others. Sadness is easier to manage but anger and frustration less so. She notes that when she expresses these emotions and the men do not take how she is feeling on board as challenging. She emphasises that the timing of feedback around her experiences is also important given that it may not be beneficial at a particular time to offer the feedback. There is a negative impact on her here. In the same way she finds it hard to deal with the men who take energy from the group without being productive as it is in noones best interest?</u></p>
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<p>Managing own feelings in group</p>	<p>could feel quite frustrated and annoyed with him that he couldn't take any of this on board em but equally you're aware that by expressing complete annoyance or frustration it's not going to be beneficial, you're not going to get anywhere in therapy, he probably going to just leave (laughs). Em so I would use group supervision I suppose A) to acknowledge my feelings and just say that they're there, em "this is here", even when that happens you get a huge sense of relief, "how can I express this constructively?" em so you know who, which one of us as therapists is going to, is going to take this on? Em what's the role for the other person? Em how are we going to manage this in group, so it doesn't suck everybody else in? Em and maybe that was part of my frustration that particular case that this man had sucked in the other group members who were generally quite good at holding each other accountable</p>	
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	<p>em. So... yea I think it's, managing any emotion in therapy is, is part of it is using supervision and exploring "what am I feeling? Why am I feeling? and how do I manage it and use it productively?"</p> <p>35. I: Ok and em supervision and the co-facilitator, they're two things you've talked about em in terms of support, yea. Em is there anything more that you'd like to speak on in either of those topics?</p> <p>36. W: I think em supervision is crucial, its really crucial in all areas of therapy but particularly within the GLM, if you're spending two years, two and a half years seeing somebody on a weekly basis em I think you've, its very very, its essential to have somebody who's out of that process looking in and maybe naming dynamics because you like to think that you're really good at identifying dynamics and seeing them but there's also maybe</p>	<p>Importance of Supervision is emphasised by Winnie here. Having an external person oversee your work, their reduced investment in the group process means that they may pick up on dynamics that the co-facilitators have missed, objective view of the process especially in light of the fact that she spends so much time with the group. Winnie does not think that group would work without supervision. Importance of facilitators trusting in one another. Winnie emphasises that commitment to each</p>
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	<p>those dynamics that you're not picking up on and to have somebody I suppose with a non-invested eye looking at your work and saying "have you thought about this?" or "have you considered em maybe that this might be going on?" Em I don't think the group would work without it. Em and in terms of your facilitator em, yea you need someone you can trust and rely on and feel that you can work together and be quite open as well because you need to feel free to say to somebody "oh I don't think we went down the right path there" or "what did you think of that?" to be able to say to somebody em, you need to be able to challenge each other</p>	<p>other is critical, that it would not be useful in this line of work for there to be a turnover of co-facilitators, it creates safety and it is containing for the men, but it is also the same for the facilitators.</p> <p><i>Reinforces her point by reiterating it [Supervision is crucial, its really crucial...] [I think you've, it's very, very, its essential to have somebody who's out of that process looking in']</i></p> <p><u>Supervision is imperative. The relationship between the co-facilitators must be trusting. Need to be able to challenge each other and disagree, otherwise Winnie seems to be saying that group would not work. She says that she invests significant time in group and this means that objectivity can be compromised as they spend so much time with the men.</u></p> <p><u>Winnie appears to be emphasising that group would not work without supervision, the need for the objective input is paramount as new questions can be asked</u></p>
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<p>-Maintains objectivity</p> <p>-Brings new ideas/concepts/interpretations/feedback about process</p> <p>-Long term work</p> <p>Co-facilitator paramount</p> <p>Need to be committed and invested</p> <p>Need to trust and rely on the co-facilitator</p> <p>Need to be open with them/disagree with them/challenge them</p>	<p>37. I: Ok so the trust as you said is very important?</p> <p>38. W: Yeah, yeah I think so, and commitment em, it's not a therapeutic process that I would like to, to... be swapping over facilitators regularly. Eh I think you do need that commitment em of your working with somebody on a very regular basis. I think that's even containing for the for the men, but it's also very safe and containing for the facilitators</p>	<p><u>of the facilitators, new hypothesis developed.</u></p> <p>Co-facilitators must be committed to the work</p> <p>Need to work long term basis.</p> <p>Turn over should be minimal.</p> <p>Makes it safer for the men but also the facilitators.</p> <p><i>Winnie uses pausing to think about the answer she is giving [em] [Its not a therapeutic process that I would like to, to... be] [Eh] and emphasises her point be starting the sentence with [its not a therapeutic process]</i></p> <p><u>Is Winnie suggesting that there is a risk of some sort to having a high turn-over of co-facilitators? What could this be? She is making the point that it is both safe and containing for the group and the facilitators where there is a commitment to work long term. If the facilitators were not grounded and contained, what would happen to group?</u></p>
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<p>Co-facilitators must be committed to the work</p>	<p>39. I: Yeah. Some of the stuff there you've spoken about is really interesting around the emotions that come up for you em, how to manage that with your co-facilitator, supervision and I'm just wondering em how, have there been any experiences eh for you in terms of the emotions that are expressed by the men?</p> <p>40. W: In terms of....so emotional outbursts by men that?</p> <p>41. I: Any emotional expressions that you'd like to talk about, it's not you know, I'm just wondering about what sort of emotions are expressed by the men, maybe what that's like to be present with?</p> <p>42. W: Yeah em I can think of one emotional one, it was actually</p>	<p><u>Would group survive? Would group be effective? It seems that it would not.</u></p> <p>Winnie clarifies what the question is</p> <p>Winnie describes how the men are not always able to put names to their emotions, that they are not emotionally literate, and the facilitators are</p>
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<p>Need to work long term basis.</p> <p>Turn over should be minimal to ensure safe environment for both the facilitators and the group. Long-term, committed work makes group safer.</p> <p>Turn over should be minimal to ensure that group is effective.</p>	<p>when I was leaving group and explaining to the men that I was finishing up and going and one of the guys em started to, he was telling me then, he just spoke, he said I don't feel well, there's a tightness in my stomach and my chest and very physically feeling unwell em and when we explored that it was eh he was feeling very unsafe and unsettled, that this had been a safe spot. He didn't have em a partner, he didn't have em, I suppose he didn't have somebody reliable and containing within his life em and the group had been very much a safe spot for him and that was being changed by my departure. Em and that really stood out to me em because I think one thing that I probably identify is some men who are really incredibly intelligent, and competent and who do very well maybe in work life were so emotionally illiterate and so unaware of their own emotions, and that really stood out for me that he just didn't have</p>	<p>therefore responsible for educating them about this. They can then help the men process what is making them feel a certain way by looking at their experiences in context.</p> <p>The departure of a co-facilitator can have a deep impact on the men and Winnie experienced this when she informed the men that she was leaving group.</p> <p><i>Significant use of [em] here, as Winnie gave deep thought to what she was saying.</i></p> <p><u>It stood out for her that the man did not feel safe at the thought of her leaving as it was going to change the group dynamic, she was a consistent person in his life and he was going to have to say goodbye, deal with loss and cope with same. This appears to have been surprising for Winnie, and something that impacted on her greatly. What seemed to be of note for her, was that the men could experience intense emotions but not understand them or have the capacity to</u></p>
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	<p>a frame work to articulate how he emotionally felt at the time it was so physical and em that for me was something always stood out, that people could have really strong emotions but not be able to articulate them or express them em...</p> <p>43. I: And what's that like to work with?</p> <p>44. W: Its actually really rewarding, I think as a psychologist we are so, we talk about emotions all the time, were very comfortable with acknowledging them and naming them and thinking about them em that when you're working, I think one gentleman described it as like doing his junior infants ABC's. and that's where he was at in terms of his emotions , he just, all these new ways of coping, em because he had tried lots of other ways of really numbing every emotions, if that was drugs, offending em you know gambling em, he just didn't have</p>	<p><u>recognise or express them. She provided a tangible example of this emotional illiteracy in the men's functioning.</u></p> <p>Rewarding to teach the men how to identify and express emotions. Men learn maladapted ways of coping with uncomfortable emotions from childhood. Group taught her that people can live without understanding or identifying their emotions and as a result express their emotions through unhealthy and harmful actions.</p> <p><i>Winnie emphasises how rewarding she finds it to teach emotional literacy and expression to the men by using reinforcing and intensifying language [Its actually really rewarding]</i></p> <p><u>Winnie found group educational for her and it was rewarding for her when she could facilitate emotional</u></p>
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	<p>an emotional, a way of expressing any emotion without doing something that was quite harmful, em and that's really powerful and I think it's, that was probably something unexpected, maybe I hadn't expected before I did group therapy eh because there were people who were working, you know it wasn't somebody with a learning disability or somebody who had been struggling to get by in life, these were people who were managing quite competently em but had just very maladaptive ways of coping from early childhood I suppose</p>	<p><u>development in the men</u></p>
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Sample of superordinate themes and subthemes - Winnie			
Emergent theme	Page/Line	Key words	Superordinate theme
Challenging the men	8/24	“if you have maybe jumped in and challenged somebody and if they’ve come back to you em...”	Challenges
Being aware of and handling personal process during the group and when giving constructive feedback	58/92	“I think it’s the type of work....first of all some people would say “no its not for me at all!” but I think even for people who do work in it there would be periods of time in their life where it’s not right for them. I think it’s being kind of reflective around that”	
Hearing the men describe their offences	39/62	“So I think that was a constant challenge for me and just holding, particularly when people would talk about their mapping of their offending behaviour, that was a challenge to retain I suppose that empathy and sympathy for the person in front of you and also hold the damage that they have done”	
Establishing trust and good relationships with the men so that necessary challenging can take place	9/24	“Em... in terms of challenging I think once you have a good relationship with somebody and that they know that you are challenging them in a way that is because you have their best interests at heart”	Therapeutic process
Humanise the men so they see themselves as more than their offences	44/72	“when you meet with people, they’re all people in front of you	

		and you see them as people, I think that's a little bit, it surprised me how much I saw people as the person in front of you"	
Need to rely on each other	21-22/36	"Em and in terms of your facilitator em, yea you need someone you can trust and rely on and feel that you can work together and be quite open as well because you need to feel free to say to somebody "oh I don't think we went down the right path there" or "what did you think of that?" to be able to say to somebody em, you need to be able to challenge each other"	Co-facilitators relationship
Sadness when men outline their personal histories	16-17/34	"But as a psychologist you're constantly formulating and you can see at times where trajectories went wrong or supports weren't available em and that can be really just I suppose an empathy, a sadness eh"	Impact of work
Unable to support others in personal life in aftermath of group	38/62	"After group I wouldn't want somebody to ring me with a problem because I just had given a lot in those few hours and just wasn't in the space where I could be there for other people afterwards"	
When men make important connections and changes	46/74	"So, you get a huge sense of satisfaction in that type of work where people have made really significant changes to their lives	Job satisfaction

		and have been living offence free for a period of time and you think “yeah thats a good thing to be part of”	
Working with victims is seen as the right side or good side	61/94	“you feel you’re on the “good side”, you’re on the “right side” or you’re fighting for the justice”	<i>Public attitudes towards the facilitators/working on the wrong side</i>
Facilitators can feel judged	61/94	“whereas I think when you work with the offenders people, I suppose maybe it’s a bit of judgement, sometimes I felt a bit judged when people would say “are you saying that what they did is ok?” and it’s funny, even during this interview I needed to say really clearly that I don’t think its ok, but that even tainted by association....it’s so vile that that people feel almost to work with that isn’t ok”	

Emergent themes	Sample of Aimee's transcript	Exploratory notes
Men's attitudes towards females	<p>99.I: And was there anything else that you noted as, as the woman you know, as the female in the group?</p> <p>100.A: Emm... .. I suppose initially when they started off in group a lot of them felt difficult to address certain topics when I was there and they apologised to me for saying certain things, sexual issues and using bad language and stuff like that so em, but that usually changed over time once they had been there and so on (Laugh)</p> <p>101.I: Yeh and what was that like for you?</p> <p>102.A: Yeh, I have no problem with that... I've</p>	<p>Purple: Description Green: <i>Language</i> Red: <u>Conceptual</u> Blue: <u>Reflexive</u></p> <p>Aimee describes the way the men initially apologised to her for using bad language, sexual issues or saying certain things to her but this changed as they adapted to group.</p> <p><i>Aimee laughs at the end here but the point is humorous in that the men did not take long to lose their inhibitions once group progressed.</i></p> <p><u>Aimee seems to be saying that the men were initially reluctant to talk about sexual issues and using bad language in front of her. This suggests that there were preconceptions on their part as to how a woman would react to hearing bad language etc. She says that this changed after a while</u></p>

<p>Therapist traits – building rapport</p>	<p>heard bad language used in my life (Laugh) I'm well used to it (Laugh) So... Like I've always found it quite funny they...eh were quite inhibited in that regard until...</p> <p>103.I: They, yeh ... And can you remember in, in terms of you being female, how was, can you remember there being any specific qualities that you might have used to, to overcome, to help the men overcome that problem or to overcome any of the problems in terms of...</p> <p>104.A: Yeh, I suppose like, in, initially especially when they were uncomfortable about saying speaking about sex in front of me and using bad language and so on I would just take that stuff and you</p>	<p>Aimee says that this was ok for her, that she has both heard and used bad language. She notes that she finds it funny that the men are inhibited in this way when in the presence of women</p> <p><i>Aimee laughs a couple of times here, and mentions that she finds it funny that the men have these inhibitions.</i></p> <p><u>Humorous that the men have these inhibitions when in the presence of women</u></p> <p>I miss something Aimee was going to say here, by my interruption</p> <p>Aimee says that the men used to feel self-conscious speaking about sex and cursing in front of her but she overcame this problem by asking them questions in group, use terminology and she also used break-time as an opportunity to</p>
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<p>Reasons for the job satisfaction</p> <p>Facilitator needs to clarify that it sounds bad to find working with this clientele enjoyable – why?</p> <p>Work is powerful</p> <p>Work is challenging – listening to what the men have done</p>	<p>know and kind of specific questions and use all the language and so on and also the breaks to have a bit of banter with them and, and yeh, let them know that I am well able to, to listen to their jokes and so on, ans, yeh and em... so... yeh.....</p> <p>105.I: Mm, yeh, so em, what, in terms of your experiences in group and you, you, and overall your experience in group you know, em, how would you, how would you describe working with men who sexually offended</p> <p>106.A: Emm... I... it sounds really bad, but I really enjoyed it (Laugh) Emm... Like I was always impressed how, how deep sessions were and em... and how, how much change you could see within a relatively short period of time, so within a year or two how people really came out of the group completely different then they went in as em... and I suppose you get them at a point</p>	<p>have fun and show them that she could listen to their jokes</p> <p><u>Aimee appears to be saying that she uses break times to get to know the men, demonstrate that she can listen to their jokes and build a sense of trust and rapport with them/ facilitator trait – treating them with respect?</u></p> <p>I interrupt again – change the topic – why? Is my agenda coming through?</p> <p>Aimee reinforces the fact that she enjoyed working with the men. She laughs and says that this sounds really bad...uses humour. She clarifies why she found it enjoyable... She says that she was always impressed at the level of depth there was to the sessions and the positive changes the men could make in a short space of time. She says that within a year or two the men would leave group as different men, She notes that the men enter group in vulnerable states and</p>
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<p>Facilitator's trait – seeing the men are highly vulnerable upon entering group</p>	<p>where they are very vulnerable, probably more vulnerable than people who come to us for a generic group em... that are not offenders so maybe it , I always found it very powerful to work with them, em, obviously also challenging listening to the things that they have done and so on but em... .. yeh, no I've always really enjoyed it</p>	<p>this means that it is easier to get to the crux of their difficulties quicker than a therapist might do with the general public. She explains that their level of vulnerability means that the men's problems are more obvious and thus easier to access. She says that the working with the men felt powerful, as well as challenging to listen to the nature of their crimes. She reiterates that she always enjoyed working with them.</p> <p><i>Aimee commences her response with [Emm...I... it sounds really bad, but I really enjoyed it (Laugh)] She uses humour to make her point as she states it it sounds really bad to 'enjoy' working with men who have sexually offended? She clarifies what made it enjoyable by listing positive aspects of working with the men. Aimee uses [em] and pauses a lot here as she thinks about what she is saying. She says she found the work [very powerful] reinforcing the forceful, tough nature of the work? She uses [very vulnerable] to define how fragile the men are upon entering group. She uses repetition of some words to amplify what she is saying [to to get to the] [they, they, their vulnerability]</i></p>
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	<p>107.I: And, in, in your experience of working with men who have sexually offended in terms of group work, em... .. what I suppose... .. what are, what are the over-riding em thoughts or, or em yeh, I suppose thoughts or understanding you have around working with them as a therapist?</p>	<p><u>Aimee finds it necessary to clarify that it sounds really bad to say she enjoys this work. Is this a nod to something around people's negative attitudes towards this work? She uses humour to say it is enjoyable – to soften what she is saying? Has experience informed her that it not something she should feel? Aimee found the work enjoyable in that it seems to have been invigorating, powerful, challenging and in some ways easier to get to the core issues given the men's vulnerabilities when they enter group. The level of vulnerability is emphasised as is the challenging nature of group, in particular listening to the men describe their offences. Despite this, Aimee's experience appears to have been positive and enjoyable</u></p>
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<p>Work is demanding</p>	<p>getting to a point where, probably because there are so many emotions going on in quite tense emotions, things happening all the time that, yeh, I don't really know where I was going with that, but yeh, it can be difficult</p> <p>111.I: Yeh, that there can be a risk of burnout</p> <p>112.A: Yeh</p> <p>113.I: Its so intense and its eh, 3 hours, yeh, with one facilitator that you are working with</p> <p>114.A: Yeh</p>	<p>she is uncertain where she was going with her answer and saying it can be difficult.</p> <p><i>Aimee laughs does not fully commit to saying that group can raise a risk of burnout. [they also leave you feeling quite drained (Laugh) so I guess there is the risk of kind of yeh, burning out a bit]She loses her train of thought but reiterates that it can be difficult</i></p> <p><u>Aimee appears to be lacking in confidence to say that there is a risk of burnout.... Aimee says this but laughs afterwards, is she worried that by saying this, she will be judged?</u></p> <p><u>Paraphrasing</u></p> <p>I try to draw this out a bit... I am also interested in hearing more about this from Aimee. She agrees with me that the work is demanding but I gave her the word... therefore is this her true experience? Or my influence? I think that based on what she has said previously, it is fair</p>
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	<p>115.I: And you know em... so yeh its demanding, is that what you are saying?</p> <p>116.A: Yeh, that's exactly what I'm saying</p> <p>117.I: Demanding and em... .. I'm just... eh...was there any aspect of the core tasks, you've mentioned Life Story and em, them, I suppose them talking about what they've done, you've said that you have to hear quite a lot of, you have to hear what they've done and em</p> <p>118.A: Yeh</p> <p>119.I: And that is offence-specific and I know what you've said is the interesting thing is that you actually moved away from that, that that's part of the treatment programme as well... and so, but for you is there any part of that that is actually more challenging than the other or em, the, the more, more em, that</p>	<p>Aimee confirms</p>
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<p>Life Story is best task as facilitators really get to know the group member</p> <p>Best task – Life Story</p> <p>Get to know men’s background – the men themselves</p>	<p>you’d be more motivated to do than the other...</p> <p>120.A: I think I always liked the Life Story best because you got all the background and you really got to know somebody</p> <p>121.I: Ok</p> <p>122.A: And you al, yeh you saw or a lot of things were already flagged that you kind of saw were important in their lives that led them to do what they did whereas the offence-specific work in itself, I mean by the time that they got to do that you always felt, I had a pretty good understanding of what, what was going on and so on so while it was probably important for them and you could challenge them on a couple of points... yeh it was a bit less interesting for me I suppose (Laugh) Em, also it is a very structured thing so em, yeh I prefer the Life Story really</p>	<p>Aimee says that Life Story is the best task as it gives a background to the person and demonstrates what the key issues in their lives which led them to offend. She says that offence specific work was less enlightening because as a facilitator she would have already had a good sense of the issues although the chartwork was important for the men as they could be challenged on certain aspects of their offending-related narrative. She notes that it was less interesting for her than Life Story and she laughs. She adds that chartwork was more structured so Life Story was her preferred task.</p> <p><i>She also laughs here, again, maybe because she is worried about saying that it is [a bit less interesting]</i></p> <p><u>Aimee finds the offence-specific work quite rigid, so she prefers the flexibility of the life story. Does this fit in with her self-view as a therapist as well I wonder? Life story - Interesting Informative, Unstructured, Get to know the men’s backgrounds and the key factors behind their offending. Offence-specific Work – structured and useful for the men as they can be challenged on</u></p>
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<p>De-briefing with co-facilitator is useful</p> <p>Going for a walk with co-facilitator after group was useful</p> <p>De-briefing after evening groups is less convenient as facilitators need to get home</p> <p>Impact of group can go unprocessed if after-group de-briefing does not happen</p> <p>Facilitators develop coping strategies of which humour is one</p>	<p>123.I: Ok, and, and the more structured offence-specific em as you said, like one of first things was the surprise for you wasn't actually just about that like</p> <p>124.A: Yeh</p> <p>125.I: There was so much of the, the whole man being brought into it yeh, that's interesting, and em you've mentioned the thoughts of burnout, demanding, difficult and em that's the, the difficult negative emotions that can emerge as well, em... what are your experiences of dealing with that?</p> <p>126.A: Em... I suppose initially what was really helpful was, like, the first group I was in was one that was held in the</p>	<p>aspects of their offending related narrative, but facilitators have already grasped the main components to their offending</p> <p>I draw Aimee back into exploring the impact working with the men, and how she deals with that?</p> <p>Aimee states that debriefing with her co-facilitator after group helped her deal with the impact of group when it was held in the day, but this was not as easy when she was working in the evening... She did not feel she had the same time to process what had happened in group...</p>
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<p>De-briefing with co-facilitator for about 1/2hour to discuss and process what happened in group is useful.</p>	<p>mornings so we used to go for a walk with my co-facilitator afterwards so that always helped to have the time to have a chat about it and so on, then the later groups were run in the evening like, of course we kind of sat together for a brief while to write up the notes and so on but we didn't really have time to process or didn't want to spend too much time processing and so on and we just wanted to get home (laugh) So... yeh... that, you were left sitting with, with more, I suppose in that sense and that, that em... .. yeh, but em, I guess working in that area kind of all day, every day em, pretty much that you get used to hearing all the quite difficult stories and so on so em, yeh, yeh you get better at coping with it and just, yeh and make a few jokes about it and em</p>	<p>because they wanted to get home!! Aimee explains that she could therefore be left dealing with issues that occurred in the group without processing them however she balances this by saying that she gets used to the work and hearing the difficult stories and she developed coping strategies to deal with the difficult stuff such as joking</p> <p><i>Aimee's language here is more tentative, hesitant [so... yeh; that, that, em....., yeh, but em, I guess, em, pretty much, so on, so em, yeh, yeh....] She also laughs saying that they wanted to get home rather than hang about after an evening group... this is honest and her humour is easy to interpret here I think.</i></p> <p><u>Aimee appears to be raising an issue about the nature of the group work and how draining it can be, especially if held at night?? There is less time for co-facilitators to de-brief and so more chances that the impact of group will go unprocessed.</u></p> <p><u>I feel that Aimee is endeavouring to say that it could be difficult to be left holding some of the issues that arise in group if they have not been de-briefed, however, she then says</u></p>
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<p>Facilitators can better process what went on and it is less difficult to carry the emotions left over from group</p> <p>Experience of delivering group with an experienced facilitator if not experienced can be challenging</p> <p>Feeling valued by co-facilitator is important Feeling respected by co-facilitator is important</p>	<p>127.I: Yeh so, so the, the co-facilitator is, for you, is is support??</p> <p>128.A: Yeh, yeh and suppose even if its just for a half an hour after group to sit down and go through what happened in the session and so on, that gives you space enough to process it and to em...help, yeh carry the emotions</p> <p>129.I: And your experiences as, as a co-facilitator?</p>	<p><u>that it becomes a norm and she got better at coping with it through the use of jokes</u></p> <p><u>I interrupt her by clarifying what she started to say so I believe I missed an opportunity here to draw on the use of jokes as a support???</u></p> <p>Aimee reiterates the usefulness of sitting down for 30 minutes after group to discuss the session, as that helps her process and carry the difficult elements that have come up in group</p> <p><u>Holding onto issues/emotions from group is difficult – debrief for about 1/2hour to discuss and process what happened in group is useful.</u></p> <p>Facilitators can better process what went on and it is less difficult to carry the emotions left over from group</p>
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<p>Feeling supported by co-facilitator is important</p> <p>Importance of 2 facilitators</p> <p>-Need the support if something arises</p> <p>-To de-brief/off load with</p> <p>Co-therapist relationship – importance</p> <p>Necessary for two to facilitate group</p>	<p>130.A: Say again?</p> <p>131.I: Your experiences of being a co-facilitator?</p> <p>132.A: Oh right, with my co-facilitator?</p> <p>133.I: Yeh, yeh</p> <p>134.A: Yeh, em yeh, as I said before sometimes a bit challenging because I always felt that my co-facilitator was a lot more experienced than I was so em, but at the same time like em, yeh there never were any issues between us and I always felt like valued and respected em I suppose and supported in the work that I did so eh, em... it was really important to have a co-facilitator I suppose because you need somebody to, as I said, kind of, well first of all you need somebody in the room and kind of em you know will support you if there's, if something comes up and so on and, and also then to, to de-brief after the sessions that actually well, were most important, to have somebody that I can talk</p>	<p>Here, Aimee reiterates her sense of being less experienced than her co-facilitator, which was difficult for her, however she says she always felt respected and supported. She says she needs the co-facilitator for support during the sessions and also to de-brief when she needs to address her process or something that has happened in group.</p> <p><u>Aimee feels less capable??than her co-facilitator but she also feels respected and supported. However, the sense she is giving is that it was challenging to work with a more experienced colleague. Experience of delivering group with an experienced facilitator if not experienced can be challenging. Feeling valued by co-facilitator is important Feeling respected by co-facilitator is important Feeling supported by co-facilitator is important. Importance of 2 facilitators</u></p>
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<p>Having empathy is crucial</p> <p>Group would not be effective without empathy</p> <p>FPSM is comprehensive, the 'whole man' is addressed, it is not just offence-focused</p> <p>It would not have the same affect or outcome if it is not person-centred and focused on empathy</p> <p>The wider approach is more important for the men</p> <p>A less confrontative, non-punitive approach is better</p> <p>It is probably a more challenging approach however given the number of components</p>	<p>to about what actually happened</p> <p>135.I: Yeh, ok... to de-brief</p> <p>136.A: Yeh, off load quickly</p> <p>137.I: Yeh, and what, in terms of you know if you think about my question and my study, would you think that there is something, anything really important that you'd like to say in terms of your facilitation of the groups and your experiences?</p> <p>138.A: Mmm...</p> <p>139.I: Is there anything that would spring out for you, that , that you feel, you know might be interesting to...</p> <p>140.A: Well I suppose warmth...the, the big, the</p>	<p>-Need the support if something arises</p> <p>-To de-brief/off load with</p> <p>Aimee emphasises the importance of empathy in the work. She says that the model is successful because it is comprehensive and holistic in nature. Person-centred, focused on empathy, gentle rather than confrontational or punitive is more important</p>
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<p>The man is seen as a person and not specifically an offender</p> <p>It is important for the men to understand what factors in their lives contributed to their actions so that it can be prevented in the future</p> <p>Human approach</p>	<p>one quality that you really need to have in the work is empathy because I don't think it would work without it, you know, I don't think that, if it would be a, a, a kind of structured group where you are just kind of task focused and offence focused and so on, em, I, I, I don't think it would work, you know, it wouldn't have the same effect or the same outcomes that, that, that our model has, here it is much more person-centred and, and yeh, focused on empathy, I suppose and the gentler approach while it can also be very challenging but it is important for the man as well not to just be work focused on their offence but to have the wider approach and...</p> <p>141.I: Mmm... can you tell me a little bit more about why that's important</p> <p>142.A: Mmm, because it, it makes them feel that they are seen as a person and not just as, as and not just the offender you know and also for them to understand what got them to do what they did and em what changes they need to do to make</p>	<p>than focusing only on the offence, despite the fact that it may be more challenging process</p> <p>The man is seen as a person, <u>human??</u></p> <p><u>He is seen as an ex-offender... so it is good for them to see how and why they went wrong so that they can change and desist offending in the future.</u></p> <p><u>Aimee seems to be reflecting on the</u></p>
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<p>Therapist traits and skills</p>	<p>sure it doesn't happen again yeh hmm</p> <p>143.I: Mmm, yeh that's really good, I'm checking just, just...</p> <p>144.A: Yeh (Laugh) Because I also wonder about my safety and my children... I can get worried about that a lot, so its good to remember that we are working to make the world safer</p> <p>145.I: Mmm...And em I think that you've answered all of the questions but one of the questions I didn't ask eh, is your expectations for the group, you know what your expectations for the group and the men would be you know when delivering the model? Whatever you feel is relevant</p> <p>146.A: Yeh, ok, well first of all in sessions that they participate and that they are open to share mmm... and also able to, or at least open to kind of get in touch with their emotions a bit more because that is really difficult for some of</p>	<p><u>possibility that she or her children could be assaulted in the future and this is why the work is so important.</u></p> <p>Aimee reiterates the importance of helping the men address their problems through open and genuine participation in the group by getting them to connect with their emotions, participate, contribute to group and to be self-reflective. In terms of outcomes Aimee says that it is for people to gain insight into their offending and the contributing factors to their offending, change negative behaviour and the influence of negative emotions, learn coping strategies and deal more effectively with life</p>
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	<p>them, especially the internet offenders, they, they quite often are very detached and it is difficult for them but at least be open to it and try, so that would be my expectation for them, to actively participate like you know... speak up if you have something to say and em, yeh also reflect, to be reflective and open to... ..yeh, reflect on things and think about how, how things affected them mmm.... Yeh, in terms of outcomes for the group, I suppose yeh, for people to get to a place where first of all they've got a good understanding of, of why they did what they did Laugh, and of their behaviour and also that, for them to have made or at least started to have made changes with regard to, to their behaviour and reactions to problems in their lives, emm... so that they, that I feel they are able to cope with things that happen in their lives a lot better than they were initially coming into the group em</p>	<p><i>Aimee reflects on her answer here a great deal, mmm pausing, reflection [em, yeh] [you know] [to be reflective and open to... ..yeh, reflect on things and think about how, how things affected them mmm.... Yeh]</i></p> <p><u>Expectations of men in group:</u></p> <p><u>Participation,</u></p> <p><u>Speak up</u></p> <p><u>Reflect</u></p> <p><u>Be open to feedback</u></p> <p><u>Reflect how group has impacted on them</u></p> <p><u>Reflect on their lives and how that has impacted on their offending.</u></p>
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Sample of superordinate themes and subthemes - Aimee			
Emergent theme	Page/Line	Key words	Superordinate theme
GLM - model	2/8	“Ok, em, I suppose, the model, I suppose I don’t need to go into the whole Good Lives Model (GLM) and the tasks they have to do and all that”	GLM informed
Contrasting moods in one group, light-hearted and then deep and meaningful	17/46	“em, it was really a mix of kinds of different emotions that you could have within one session”	Group dynamics
Empathy - important	45/140	“Well I suppose warmth...the, the big, the one quality that you really need to have in the work is empathy because I don’t think it would work without it, you know, I don’t think that, if it would be a, a, a kind of structured group where you are just kind of task focused and offence focused and so on, em, I, I, I don’t think it would work, you know, it wouldn’t have the same effect or the same outcomes that”	Therapist traits
See the men as people/empathy	8/30	“so I remember like, to realise that these are actually people that I can empathise with”	
Facilitators can process together what has happened in group	43/128	“even if its just for a half an hour after group to sit down and go through what happened in the session and so on, that gives you space enough to process it	Importance of two facilitators

		and to em...help, yeh carry the emotions”	
Need to be able to rely on each other	23/62	“while, you really have to, to be able to rely on each other and, yeh, depend on each other I suppose, em, to manage it”	Rely on co-therapist
Acknowledgement of the victim	10/32	“there needs to be consequences of their behaviours”	Role of facilitator
Challenging the men and managing their emotional responses	26/76	“quite often I notice if I, I go in with a gentle approach its more effective then, then if I go in head-first and yeh”	Therapist traits
Men have preconceptions about women	33/98	“it was like a lot of them I think felt quite protective of me and em... yeh”	Being female
Female provides a nurturing role – the traditional mother role	32-33/98	“I guess we do take on the mother role in the group em, a man the other way around, looking back at their childhood in particular and at the relationships they now have”	
Conflict – balancing the needs of the victim and the needs of the men	10/32	“I just felt like sending them to prison doesn’t make any sense in a way, of course it probably does for the victim and there needs to be consequences of their behaviours and so on, but in terms of their personal development”	Challenges
Chart work is difficult – listening to what they have done	36/106	em, obviously also challenging listening to the things that they have done	Impact
Risk of burnout	38/110	“I’ve said, 3 hours, while they sometimes fly by, they also leave	

		you feeling quite drained (Laugh) so I guess there is the risk of kind of yeh, burning out a bit and getting to a point where, probably because there are so many emotions going on in quite tense emotions”	
Facilitators make deep emotional connections with the men during group	35/106	“I... it sounds really bad, but I really enjoyed it (Laugh) Emm... Like I was always impressed how, how deep sessions were”	Deep relationships formed

Emergent themes	Sample of Oscar's transcript	Exploratory notes
<p>Conflict between seeing the men as human but condemning their actions</p> <p>Limitations of Rogerian approach</p> <p>Facilitator's emotions – Frustration; judging men's actions</p> <p>Men's traits – delineate between offences and them as men</p> <p>Apology for not being able to apply humanistic approach entirely</p>	<p>24.O The, the bit where I struggle with it...is the eh, the unconditional positive regard eh coz it is conditional, I'm sorry its not unconditional (Smiles and laughter but seriousness also) I, I would definitely want to hold them in positive regard and I try to but when they come to what they have done I don't have any positive regard for that and so I I I I, do for myself and I think what them as well, the service too, constantly make a clear distinction between who they are as human beings and who they can eventually become and the behaviour that got them into the room in the first place, which is part of who they are but is not the whole of them</p>	<p>Purple: Description Green: Language Red: Conceptual Blue: Reflexive</p> <p>Oscar, however, says that he finds it challenging to engage in the unconditional positive regard element of Rogerian approach because his affirmation of the men is conditional. He laughs but emphasises that he is serious. He states that he wishes to hold the men in positive regard and he endeavours to do this but he doesn't have any capacity to see their offending in positive terms. He notes that for himself, and likely the men and FPS persistently do is make a clear distinction between who the men are as humans, who they can become and their offending which is a component of who they are but not the whole of who they are.</p> <p><i>Oscar expresses his own experiences in an open manner and his struggle is reflected in his hesitation I think. [The, the bit where I struggle with it...is the eh]. There is no doubt here that Oscar has</i></p>

		<p><i>clarity about how far he can empathise with the men [the unconditional positive regard eh coz it is conditional, I'm sorry its not unconditional (Smiles and laughter but seriousness also). He apologises, why? Who is he debating this with? Himself? Other professionals who may judge him?</i></p> <p><i>Oscar uses the repetition of the word 'I' to give time to reflect here. It seems to add importance to what he is saying [I, I would definitely want to hold them in positive regard]. He voices his struggle again [I try] but is emphatic in saying [I don't have any positive regard for that]. Oscar outlines that he makes a clear distinction between the offence and the man [and so I, I, I, I, do for myself][constantly make a clear distinction between who they are as human beings and who they can eventually become]. He uses the term 'human beings' again. This definitely means something to Oscar.</i></p> <p><u>Whilst Oscar finds the Rogerian approach</u></p>
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<p>Group is challenging – conflict</p> <p>Offending is always in the group awareness,</p> <p>Facilitator’s emotions -</p> <p>Important to emphasise that group is not an easy place to be?</p> <p>the offending is never forgotten</p>	<p>25.I And, this might be a difficult question, but it.. its more to kind of explore that, that, that process, that, that balance of holding the regard, but yeh, you know not condoning the behaviour as well, how do you manage that?</p> <p>26.O Hmmm, well I think it does, the way its managed in the group and the way I can live with it is that we, it, its constantly brought up in the room here’s never a moment like when, that, that there’s, there’s kind of an acceptance of what people have done at no point and its fairly regular in, in every session in fact somewhere or another it will come in, that you know “the reason you guys are here in this room is you’ve broken the law, you’ve done something illegal, you’ve done something completely wrong, you’ve put children at risk and that, so its named, I guess that’s the thing it’s the not avoiding naming what they’ve done yeh, and keeping that very clear, and the</p>	<p><u>useful in treating the men as humans, he cannot use this approach throughout.. he cannot because he does judge the men’s actions, however he, the men and the model endeavour to distinguish between the man, the man’s potential and his actions at all times. There is a sense of conflict for Oscar here as he is unable to be person-centred always. He apologises for this? Who too?</u></p> <p>Oscar says that the way he manages it in group and the way he can live with it, is that the offending is always raised in the group and there is never a time when the men’s offending against children isn’t raised in each group session and in fact it happens on a regular basis that they are reminded that they</p>
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	<p>unacceptability of that and generally speaking in the room you know, guys are not behind the wall saying it themselves, they, they... and they say it to each other, so it doesn't, it's not just the facilitators that are reminding everybody as to why we're here So its very kind of like, it's not a nicey, nicey sort of ... Laugh let's all hold hands kind of we are lovely people kind of thing</p>	<p>are in the group room because they have broken the law, engaged in criminal activity, done something very wrong and have put children at risk. Oscar says that the crux of it is that he does not avoid naming what they have done and remaining clear that their actions were unacceptable. He notes that the men are also forthright in naming it and saying it to each other so it is not just the facilitators who remind them all as to why they are attending group. He says that group is not a pleasant thing where everyone says they are all lovely.</p> <p><i>Oscar owns his narrative by using 'I' statements. He pauses to reflect at times and uses sounds and repetition to give himself time [Hmmm], [we, it, its constantly brought up in the room], [that, that there's, there's], [in, in every session], [they, they... and]</i></p> <p><i>Oscar uses quotes from group and this brings energy and meaning into his narrative ["the reason you guys are here in this room is you've broken the law,</i></p>
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		<p><i>you've done something illegal, you've done something completely wrong, you've put children at risk"]</i></p> <p><i>Oscar also uses an idiom to show that the men challenge each other [you know, guys are not behind the wall saying it themselves]. Oscar also adds drama to the answer by adding sarcasm to the narrative and theatrically demonstrating what the group is NOT!! [nicey, nicey sort of ... Laugh let's all hold hands kind of we are lovely people kind of thing]. This seems to be important and adds weight to what he is saying.</i></p> <p><u>Group is challenging because of the conflict between treating the men well and not condoning their actions but Oscar overcomes that by ensuring that their actions and the reason they are attending group are always held in the group awareness and process. There is ongoing sense of anger or frustration in this section of Oscar's narrative. He notes emphatically that group</u></p>
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<p>Conflict - Rogerian approach is difficult to maintain in a pure sense because there is a sense of judgement</p> <p>Facilitator emotions -</p> <p>Judging the actions – difficult to separate from the man</p> <p>The work is nuanced – complex and difficult to express in words. Subtleties at play.</p>	<p>27.I As you say, the, the, the Rogeria... you suspend the unconditional because, because of where you are going with it?</p> <p>28.O Yeh</p> <p>29.I Because the aim of the group</p> <p>30.O You know what, I mean, I, I would be questioning, generally in my own therapeutic practice anyway, I'mmmm not so sure about that, that Rogerian thing of unconditional positive regard Emm, eh, coz sometimes there has to be negative regard eh, and I know</p>	<p><u>is not a touchy, feely, nice place to be.</u></p> <p>Oscar says that he finds the unconditional positive regard aspect of Rogerian approach challenging at times and even in his own therapy practice. He explains that even in therapy negative regard comes into play because he does judge and he has judgements about what the men have done. Oscar notes that this is a nuanced piece of work.</p> <p><i>Oscar hesitates and repeats words as he contemplates his answer [You know what, I mean, I, I], [I'mmmm not so sure about that, that Rogerian thing],[Emm, eh, coz sometimes].</i></p> <p><i>Oscar notes that he judges the men's actions and seems to use sarcasm as humour to question the</i></p>
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	<p>31.I Right, yeh very much so... so in what you've told me already, there's, there's quite a bit, ok so there's your experience of anger, you know when you are actually working with the guys</p> <p>32.O Yeh</p> <p>33.I There's also that sort of, sss, sort of working with the, the nuanced piece of "we need to respect the guys"</p> <p>34.O Yeh</p>	<p><i>existence of non-judgementalism [I certainly have it, judgements, non-judgemental, myeh (Sarcastic but humorous laugh)].</i></p> <p><i>He repeats the fact that he has judgements several times, and this appears to be important for him to stress [well I'll see what I can do but there's no question about my having judgements, I certainly would have judgements about what these guys have done so, yeh, it's a little bit nuanced]</i></p> <p>Conflict, Rogerian approach not always possible</p> <p>Work is complex and there are subtleties at play</p> <p><i>I recap on what Oscar has been saying and I give Oscar a choice of what he may like to talk about it.</i></p>
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<p>Relationship with the men</p> <p>Men's traits</p> <p>Sometimes a strong negative reaction to the men</p> <p>Challenging</p> <p>Countertransference</p> <p>Impact</p> <p>Impact - Self-doubting</p> <p>Support from co-facilitator – de-brief</p> <p>Coping strategies - address process finding a way forward</p>	<p>35.I But we need to hold them you know, responsible for what they've done and make sure that they don't do it again yeh and emm then... that process within the group emm of how that happens you know</p> <p>36.O Yeh</p> <p>37.I Is there anything there that you'd like to tell me more about?</p> <p>38.O Eh... emm</p> <p>39.I Is there anything more that you'd feel like exploring out of those things that you've raised there</p> <p>40.O Ok, emm... I'm just thinking of the current group, So... within that group, eh, there, there's 7 of them now, was 8, there's one of them that I like, I just like him (smiles) 'Cause he's straight, upfront, articulate, never makes any eh kind of eh excuses for himself, he's really clear, there's one... there's one that I dislike intensely, laugh, eh, maybe dislike is the wrong word, not so much disliking, I just find him very irritating... emm and then for a while I'd "Ah Jesus, I can't be, you know manage this" and then I spoke to EXXXX and said he's driving me insane and he explained that the man is limited... so that helped, that he's actually got a psychological issue, its not, he's not just irritating, he's got... he's got something that he struggles with, he's not doing this deliberately. OK (voice raised like in relief) so that meant so that, that, I calmed down so I can actually I can slag him a bit now and have a</p>	<p>Oscar contemplates the question</p> <p>Oscar notes that he is reflecting on his current group, in which there are now 7 members (there were 8) and there is one man he likes, he just likes him because the man is straightforward, forthright, expressive and never tries to justify his actions and he is very clear. Oscar also notes that he strongly dislikes one of the men, then says that that feeling might be too strong and says that he finds the man extremely bothersome/irksome</p>
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<p>Sense of relief when find a way forward</p> <p>Facilitator / client relationship –</p>	<p>bit of fun with him whereas before I was like ...</p>	<p>and as a result he says that he thinks to himself that he cannot handle group. He says that he would then tell his co-facilitator that the particular man is driving him beserk, then his co-facilitator explained that the man is limited and that helped him as the man has got psychological difficulties and its not that he is merely irksome, the man has challenges and he is not deliberately trying to be annoying, and that meant that he calmed down and now has the capacity to have banter with him whereas prior to that he was</p> <p><i>Oscar uses pauses and contemplative sounds frequently here and this seems to bide him time to think [Ok, emm...], [So... within that group, eh hh, there, there's 7 of them now], [never makes any eh hh kind of eh], [ehmmm, maybe dislike is the wrong word], [I just find him very irritating... emm].</i></p> <p><i>Oscar also uses repetition to emphasise his point [there's one of them that I like, I just like him (smiles)],</i></p>
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	<p>41.I That's it, you've just raised something that I am actually interested in talking to you in terms of the...The aim of the study and that is the kind of emotions that are evoked in you, through the, work with your men and the kind of irritation</p>	<p><i>[there's one... there's one]</i></p> <p><i>Oscar also uses an expletive to emphasise his frustration with one member [Ah Jesus, I can't be, you know manage this"] and he raises his voice as he says [OK] to demonstrate that he now how insight into something[OK (voice raised like in relief) so that meant so that, that].</i></p> <p><u>Oscar is fond of one man in particular – straightforward and accountable but he has difficulty with others, whom he finds irritating. He has self-doubt about his ability to facilitate group as a result. He needs support from his co-facilitator to manage these feelings and in addressing his problems he finds a way to continue</u></p> <p>While I agree with what Oscar has said, I completely interrupt him here and raise my agenda.... Perhaps too soon? We too and fro here although Oscar appears to understand the question. I bring up emotions evoked in the</p>
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<p>Different emotional responses</p> <p>Impact of countertransference is strong despite knowing the progress the men are making</p> <p>Wave of negativity is ok</p>	<p>42.O Ohh Yeh...</p> <p>43.I And the anger and then the</p> <p>44.O the positive</p> <p>45.I the positive</p> <p>46.O the positiveness to others. I do think there is transference stuff going on for sure, emm then there is another guy who, who is very articulate, ehh, but when he gets going its very hard to stop him you see he just keeps talking and he talks and XXXX (difficult to make out) he repeats himself and I so... I'm ok, I can take it but I'm also, I've, the odd time I've said to myself, sitting there saying "you think you fucking know it all" (Laughs) and Agghh like wanting to nearly burst the bubble a little bit, on the other hand I can kind of see that he has made enormous strides and he, he acknowledges that himself and he, he's fair enough, he's grounded enough. Now, the, there are still things I think he needs to look at but he's... yeh, so I'm just saying I'm k, I'm ok and then I get a wave of... like negativity</p>	<p>facilitator such as negative emotions like Irritation</p> <p>Oscar indicates that he understands?</p> <p>and anger</p> <p>Oscar goes with the positive</p> <p>Oscar says the positiveness towards other, and notes that it is his belief that there is a lot of transference going on, he says that there is another man who speaks well and when he starts he keeps going and it is hard to stop him as he keeps talking and repeating himself and Oscar states that there are times when he thinks to himself that the man thinks he knows everything (laughs) and exclaims that that it is like wanting to burst a bubble, however on the other hand Oscar states that the man has made significant progress and also admits that himself and is now balanced and is grounded. Oscar then says that the man still</p>
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		<p>has a lot of things to address, but what he is saying is that he is comfortable with the wave of negativity</p> <p><i>Oscar demonstrates how irritated he can get with the men when he quotes his personal internal reflection during group [I so... I'm ok, I can take it but I'm also, I've, the odd time I've said to myself, sitting there saying "you think you fucking know it all (Laughs), "] and expresses his frustration in a theatrical manner [and Agghh like wanting to nearly burst the bubble a little bit]</i></p> <p><i>He describes a man he finds it easier to deal with and uses softer tones and words [emm then there is another guy who, who is very articulate, ehh] [and he, he's fair enough, he's grounded enough]</i></p> <p><i>Oscar notes that he is ok in group but waves of negative emotion can affect him? [I'm k, I'm ok and then I get a wave of... like negativity]</i></p> <p><u>Oscar again refers to a man whom he reacts to despite many reasons for complimenting the</u></p>
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<p>Facilitator plays a certain role for the men</p> <p>Family metaphor</p> <p>Comfortable with the transference</p> <p>Need in men for facilitator to be in charge</p>	<p>47.I So your own process is very important... yeh</p> <p>48.O Is going on all the time, then there is another guy who, the chap who has the ADHD and challenges, lovely fella, very nice fella, but I catch him watching me... regularly and there is something going on between him and me like and I am not 100%, I'm quite comfortable with it in a way but I'm, I notice it, its like he is getting me on his side or something he's checking with me and he'll do it... this kind of thing, look at the watch and I've got the, I'm the timekeeper, I end up... being the timekeeper and I'm looking at the watch and he's going (demonstrates that the man looks at his watch) like its time for a break you know... so there's a little, a little kind of one to one communication going on, now there's nothing nasty about it, right, but its like, ah I dunno its like... a kind of big brother or something or he's looking to me for some kind of support now his main relationship is with XXXX and they have a... they have a longstanding relationship going on you can see that, but he's kind of including me, now I think that he's looking at me with a bit of eh... concern in the beginning because I wasn't (the other co-facilitator)...</p>	<p><u>man and his progress. Transference is at play, but knowing that does not make it easier? The pull of negative emotional reactions is strong for Oscar</u></p> <p>I reflect that Oscar's own process is very important</p> <p>Oscar says that his own process is happening all the time. He notes that there is another lovely man in group who has psychiatric issues and who Oscar regularly catches looking at him and feels that there is something going on (process wise) between them although he is not 100% certain what, but he is comfortable with it, he is aware of it and he feels it might be that the man is trying to get Oscar on his side perhaps, that he is attempting to check something with him and then the man will do it. Oscar says that it is that sort of thing, like look at the watch, that Oscar is the timekeeper and he then is the timekeeper and</p>
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		<p>the man in group is looking at his watch...and indicating that it is break time, so there is some individual communication happening and there is nothing horrible going on but it feels like being a big brother or something or that he is looking for support from Oscar. Oscar then clarifies that the man's main relationship is with his co-facilitator as they have a long relationship which is clear to Oscar. He notes that the man is including him and perhaps looking at Oscar out of concern that Oscar was not the previous therapist (Laughter)</p> <p><i>Oscar uses a flow of words here, with little pausing or room to take a breath. He seems fond of this man and his tone of voice is gentle. [lovely fella, very nice fella].</i></p> <p><i>It seems as though Oscar is working through his process right here in the interview. He uses gestures to imitate the men he is talking about, possibly to make his point stronger? [look at the watch and</i></p>
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<p>Different reactions to the men</p>	<p>49.I Yeh Laugh</p> <p>50.O Laugh</p> <p>51.I Yeh</p> <p>52.O Yeh?</p> <p>53.I I know yeh...</p> <p>54.O But that's shifted now and I'm glad, there's a softness about him.... you know its like we're ok, yeh and I'm glad about that... I'd have a good feeling about him, emm yeh, so I suppose, the, the, the thing for me is, is I'm interested in</p>	<p><i>I've got the, I'm the timekeeper, I end up... being the timekeeper and I'm looking at the watch and he's going (demonstrates that the man looks at his watch)]</i></p> <p><i>Oscar repeats words as well, seemingly to emphasise his point [so there's a little, a little kind of one to one communication going on]</i></p> <p><i>Oscar continues to reflect on his process as he answers the question [now there's nothing nasty about it, right, but its like, ah I dunno its like... a kind of big brother or something].</i></p> <p><u>Oscar talks about his relationship with another man, but he is uncertain what his role is for this man. He feels like a big brother perhaps, or is there something about the man asking him to take more control in group, wanting him to time keep? He is comfortable with it though</u></p>
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<p>Relationship with the men changes over time</p> <p>Preference for some</p> <p>Men's traits</p> <p>Can prefer some men despite efforts at objectivity</p>	<p>the fact that I'm quite different... that I've quite different emotional responses to each of the guys you know, emm and I am very aware of how I'm far more positive towards one, I think more than any of the rest of them, just, yeh I have to watch that (laugh)</p>	<p>Oscar then states that the relationship has moved on, something that pleases him and he says that there is a gentleness to the man, like they are ok now and he has a good feeling about the man. Oscar notes that the thing [about his process] is that he is that he experiences quite diverse feelings in response to each of the men and he is acutely aware that he feels more positive towards one than the rest and he needs to be cognisant of that (Laugh)</p> <p><i>Oscar seems to reflect on his process during this narrative, he clarifies things and reflects [there's a softness about him.... you know its like we're ok, yeh and I'm glad about that... I'd have a good feeling about him, emm yeh]</i></p> <p><i>Oscar notes that he is interested in this aspect of himself... how different his emotional reactions to the men</i></p>
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	<p>55.I Eh yeheh (Laugh). And then sometimes em, it is what it is?</p> <p>56.O Yeh</p> <p>57.I I..., Like, but the, the...</p> <p>58.O Yeh</p> <p>59.I The personal process is something that I, that I really was interested in hearing about because I'm wondering about how clinicians manage that, you know or experience that and manage that because you're talking about the positive regard and the feeling that you like that person</p> <p>60.O127 Mmm</p> <p>61.I And that, that's nice you know so then when somebody's actually,</p>	<p><i>and he uses repetition, pauses and emm as he considers his response. He also makes use of intensifying words to clarify this [so I suppose, the, the, the thing for me is, is I'm interested in the fact that I'm quite different... that I've quite different emotional responses to each of the guys you know, emm and I am very aware of how I'm far more positive towards one, I think more than any of the rest of them, just, yeh I have to watch that (laugh)]</i></p> <p><u>Oscar speaks about his different response and approach to the men, depending on the transference or countertransference?</u></p> <p><u>He definitely prefers one of them</u></p>
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<p>Difficulty dealing with process, especially anger, impatience</p> <p>Support from facilitator is imperative - debriefing</p> <p>Different skills as facilitators</p> <p>Humour as coping</p> <p>Facilitators complimenting each other</p> <p>Men's traits</p> <p>Facilitators' decision to ask man to leave</p> <p>Facilitators need to challenge</p> <p>Facilitator's limitations – dealing with anger</p>	<p>there's something going on or there's a person with a particularly difficult personality to deal with, how do you manage that as a clinician</p> <p>62.O Yeh, emm not easily. Now in the current group I don't have the experience of any of them being particularly difficult as in their personality really grating on me, I don't have that, they're all, they're fine actually not bad, they are quite a tight group. They work well together but I'm thinking about in GXXXX there was one guy and I just, I hated him, I really did, I had a visceral... he was... he was sly, he was... he was dodgy, he, he, he was manipulative in the group we ended up having to get rid of him out of group, but emm dangerous, I think he was, I think he was predatory you know, um he affected me very badly and em... I was with XXXXX at the time and glad of it because he is much tougher then I am, he just named the stuff straight up you know and your man got very angry and I wouldn't be great at that you know, I'm not great at the anger thing but its, I can hold it but I, I really disliked that man, I didn't like him and I think if... there was, there was... he had a bad influence in the group as well. Mmm, now, I like with, with the two of us, we would talk about it after group and I'd say "Jesus I'm going to fuckin kill him" and Eddie would say "well yes we all feel... but we won't do that now will we?" (Laugh)</p>	<p>Oscar states that he does not manage his process very easily. He explains that in the current group there is no one whom he finds really challenging and they are a good group and work well together. He recalls one man in a previous group whom he detested and whom he had an instinctive dislike to. He says that the man was cunning, unreliable, dishonest and calculating and they had to ask him to leave the group in the end, he notes that, in his view, the man was dangerous and predatory. Oscar states that the man had a negative impact on him and he was facilitating</p>
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		<p>the group with another man and at the time was glad that his co-facilitator was tougher than he. His co-facilitator would challenge the man directly and the man used to get angry and Oscar says that he would not be great at dealing with anger, although he can hold the anger. He reiterates that he did not like the man and he felt he also had a bad influence on the group. Oscar says that he and his co-facilitator would discuss the man after group and he would say that he felt like killing the man. He said his co-facilitator would agree but clarify that they would not do it! (Laugh)</p> <p><i>Oscar uses [emm] to pause prior to saying that he does not manage process easily. He uses intensifying word to emphasise his lack of strong feelings [really grating].</i></p> <p><i>He uses several different words to describe his narrative here [they're fine actually not bad, they are quite a tight group. They work well together] Oscar</i></p>
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		<p><i>describes strong negative feelings evoked by one man in group [I hated him, I really did, I had a visceral... he was... he was sly, he was... he was dodgy, he, he, he was manipulative], [emm dangerous, I think he was], [I think he was predatory you know], [he had a bad influence in the group]</i></p> <p><i>Oscar repeats I here in a forceful way indicating his disdain for the group member [I, I really disliked that man [I didn't like him],</i></p> <p><i>Oscar says that they [ended up having to get rid of him out of group], 'getting rid of' are also negative words, he chooses these word instead of "we asked him to leave". This is interesting and perhaps demonstrates that his emotions continue to impact him.</i></p> <p><i>In fact Oscar acknowledges the impact [um he affected me very badly and em...].</i></p> <p><i>Oscar notes that he is not great at dealing with expressed anger from the men [your man got very angry and I wouldn't be great</i></p>
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	<p>63.I Yeh (Laugh)</p> <p>64.O So, laughs</p>	<p><i>at that you know, I'm not great at the anger thing]</i></p> <p><i>Oscar uses bad language and expresses genuine frustration about his feelings towards some group members and he demonstrates his co-facilitator's grounding affect on him [I'd say "Jesus I'm going to fuckin kill him" and Eddie would say "well yes we all feel... but we won't do that now will we?" (Laugh)]</i></p> <p><i>Oscar describes the group member as [Your man], [that man]. This seems to portray a distancing of himself from the man. Could this be self-protection or, because he dislikes the man, a dehumanising of the member?</i></p> <p><i>He also adds humour to this reflection – slagging himself and his strong response? Another coping strategy?</i></p> <p><u>Oscar continues to describe his process and how visceral his responses to some men are. He notes that he finds men's expressed anger difficult to address in group although he can hold</u></p>
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<p>Negative impact of expressed emotions by men - Intense responses can cause paralysis, need to rely on co-facilitator</p> <p>Countertransference - powerful/paralysing</p> <p>Support from co-facilitator</p> <p>Complimenting co-facilitator's ability to challenge when not able</p>	<p>65.I That's hilarious...</p> <p>66.O Yehh, he, he'd be the one challenging and redirecting you know and I'd be sitting there seething and not saying anything...</p> <p>67.I Ahh... and how... so you talk to your co-facilitator about it</p> <p>68.O Yeh</p>	<p><u>the emotion in the group. His facilitator compliments him as he can manage anger well. He notes that his feelings of anger bordered on murderous, and he needed the support of his facilitator to manage this, and his co-facilitator helped him with humour</u></p> <p>Oscar states that his co-facilitator was the one who did the challenging and the redirecting whereas he would sit there and say nothing</p> <p><i>Oscar further describes strong emotions [I'd be sitting there seething and not saying anything...] Is he paralysed by his feelings?</i></p> <p><u>Oscar seems to be paralysed by his feelings of anger and he depends on his co-facilitator to lead the group</u></p>
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<p>Debriefing with co-facilitator</p>	<p>69.I Obviously, em and managing that though, when it's so visceral</p> <p>70.O Yeh</p> <p>71.I So you're talking to the co-facilitator</p> <p>72.O Oh and that helps and also bringing it into supervision, very much so, that was so helpful and it nearly always is, I find supervision vital, that it's the place I can talk about whatever, either the clients or e even maybe something that's going on between me and the other facilitator, And I'm kind of more aware of that now then I was a newbie, when we started out I was only learning how to do these things so I was completely just wide eyed and I don't know if it was with XXX or XXXX, but then I ended up being the one leading the group with both XXXX and XXXX so there was a big shift... So when I come back now, I don't, I feel confident facilitator</p>	<p>Oscar agrees that he speaks to his co-facilitator about his strong emotional reactions</p> <p>Oscar mentions that it is also helpful to bring it up in supervision when having visceral response, it helps and nearly always is helpful. Oscar says that Supervision is crucial and is the place he can talk about whatever he needs to, either the clients or even when there may be a problem with co-facilitator, such as needing to voice more in group or take up more in group or not give over too</p>
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<p>Importance of supervision</p> <p>Issues can arise in group – not having a voice or not leading enough or problems with confidence</p> <p>Inexperience = lack of confidence</p> <p>Growth in confidence having become the lead facilitator</p>		<p>much power in group. Oscar states that he realises that when he started out in groupwork that he was only learning how to manage group and he was completely surprised and astonished and he doesn't recall who his co-facilitator was she left and he ended up leading the group with the following two co-facilitators so for him there was a significant more. He notes that since he came back recently he feels confident</p> <p><i>Oscar exclaims his strong agreement [Oh and that helps]</i></p> <p><i>He reiterates the importance of supervision using reinforcing words [so helpful] [I find supervision vital]</i></p> <p><i>He uses the descriptive words [newbie], [completely just wide eyed] to portray his inexperience in the beginning. It seems things have changed for him since commencing in group.</i></p> <p><i>Oscar notes that he was [I was only learning how to do these things] but then he led a group and</i></p>
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	<p>73.I Yeh, and, and do you think its important to have another facilitator?</p> <p>74.O Absolutely. Absolutely AND my preference would be that there would be male and female</p>	<p><i>grew in confidence? [so there was a big shift... So when I come back now, I don't, I feel confident facilitator]</i></p> <p><u>Oscar uses Supervision to address whatever issues are emerging for him reactions to the men, issues in relationship with co-facilitator or issues that are going on in group, such as not having enough voice or not leading enough.</u></p> <p><u>Recalls being inexperienced and lacking in confidence, but when it came time to lead group he found confidence</u></p> <p>I interrupt Oscar here perhaps because he was talking about another service but I feel I missed hearing more about his current experience of facilitating group</p> <p>Oscar says that he completely agrees that there should be 2 facilitators taking group. He adds that he thinks a male and a female is preferable</p>
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<p>2 facilitators necessary Male and female optimal</p>	<p>75.I Ok, how come?</p> <p>76.O I think its better to have a woman and, a man and a woman</p> <p>77.I And you have worked with both?</p> <p>78.O With both yeh.</p> <p>79.I So, what, what do you think works?</p>	<p><i>Oscar repeats [Absolutely. Absolutely] to emphasise his point</i></p> <p><i>Oscar's pitch increases to reinforce his opinion [AND my preference would be that there would be male and female]</i></p> <p><u>2 facilitators necessary</u></p> <p><u>Male and female optimal</u></p> <p>He reiterates that a male and female taking group is better because</p> <p><u>Male and female facilitator necessary</u></p> <p>I interrupt again...</p> <p>Oscar states that he has worked both with a male and female co-facilitator</p> <p><u>Experience working with both male and female</u></p> <p>I am controlling the questions here too</p>
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<p>Male and female facilitator necessary</p> <p>Experience working with both male and female</p> <p>Risk for group</p> <p>Complexity of female presence is nuanced and difficult to explain</p>	<p>80.O It, it, you know there is a different dynamic that, its not that easy, its not that easy to pinpoint it exactly but I do think it brings a different dynamic. The danger with the two men is that it becomes a boys' club... a little bit of eh you know, men together aha... now I don't allow that, but I have it in my... my thing all the time...</p>	<p>much and likely lost some important information about Oscar's experiences of co-facilitation</p> <p>Oscar mentions that the dynamics between facilitators is different when there is mixed gender. He notes that explaining what is different is difficult to outline but there is a risk of group becoming "an all boys club" or like when men get together. Oscar says that he does not permit the group to become an all boys club but he has it in his consciousness all the time.</p> <p><i>Oscar uses repetition again to reiterate his difficulty articulating his meaning [its not that easy, its not that easy to pinpoint]</i></p> <p><i>Oscar uses a metaphor in an attempt to express himself better and he uses a strong word to suggest that something perilous could occur if the facilitators are both male. He uses pauses and agrees with himself aloud [The danger with the two men is that it becomes a boys' club... a little</i></p>
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		<p><i>bit of eh you know, men together aha...]</i></p> <p><u>Group is different when male and female co-facilitators are present but the work is nuanced, difficult to articulate the benefits</u></p> <p><u>Risks involved in having only men in the group is high – ‘All men’s club’</u></p> <p>Risk for group with men only co-facilitators</p> <p>Complexity of female presence difficult to explain</p>
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Sample of superordinate themes and subthemes - Oscar			
Emergent theme	Page/Line	Key words	Superordinate theme
Relationship with co-facilitator is important	39/98	“Yeh coz XXX is just himself, he’s unique that there’s nobody like him, but sometimes I find myself translating for him...”	Dual facilitation
Importance of two facilitators	55/154	“I really had to talk to xxxxxx at the break “	
Important transference issues will emerge in female’s presence	33/82	“there’s, there’s an important piece/bit missing, that is, that is, that is... brought in by the presence of a woman even if she doesn’t say anything just that she’s there, it, it, it, it does coz it brings a, it brings a	Benefits for female presence

		different challenge to these men”	
Being punitive does not work	73/190	“If they, if they get this kind of treatment, eh, you know, this kind of punitive and, and negative and suspicious, you’re not right, you are never going to be trusted, I don’t trust you, I’m not going to trust you and you’re a devious bastard, like if that’s the only message that they get there is now way that they can begin to build themselves up”	Facilitators’ traits
Authentic, true to self – congruence is important	78/198	“Emm I think congruence I think, being reasonably congruent, you know to be who I am”	
Facilitator traits/humanistic approach/dealing with dissonance	77/196	“Kindness, emm patience, sense of humour, emm... .. I think empathy is a, I, I, you know, although I can be judgemental, although I can get angry with them, I do empathise though, especially when I hear the back story”	
Deep relationship is fostered in the 3 hours, weekly sessions over the course of upwards of 3 years	84/227	“it’s a kind of a privilege I suppose in a way to, to have that kind of connection with human beings, temporary and all as it is, not friendship, not that, but there’s, I don’t know, it’s hard to say without using the word spiritual, there’s a transient, personal connection on some level that I value”	Relationship with the men

Seeing men as human but condemning their actions	9/20	“but that constant affirming of them and they can start affirming themselves as human beings who have a capacity to live well enough so that that doesn’t happen again (empathy in voice) that’s how I kind of see it”	Challenges and balancing
Transference and countertransference	19/46	I’ve, the odd time I’ve said to myself, sitting there saying “you think you fucking know it all”	
Anger and confusion as to how they could hurt children	66/174	“I can’t relate to it... I can’t accept it, except with horror... em I find it really hard to get... how... men get to... or why they get to the point of being sexually interested or finding sexual pleasure in seeing children or actually doing it to children, you know actually, touching children or hurting children”	Impact
De-briefing with co-facilitator at break	25/62	“I really disliked that man, I didn’t like him and I think if... there was, there was... he had a bad influence in the group as well. Mmm, now, I like with, with the two of us, we would talk about it after group and I’d say “Jesus I’m going to fuckin kill him” and Eddie would say “well yes we all feel... but we won’t do that now will we?” (Laugh)”	Supports

Supervision – to address numerous complexities of groupwork	29/72	“Oh and that helps and also bringing it into supervision, very much so, that was so helpful and it nearly always is, I find supervision vital, that it’s the place I can talk about whatever, either the clients or e even maybe something that’s going on between me and the other facilitator”	
The process of building a connection with the men or challenging them is a huge component of the work	65/175	“There’s a moment when you catch stuff and that’s why the tasks don’t really facilitate person-centred work at that moment, and I have to sit on my person-centred self (laugh) and just wait, notice, and say “ok I’ll come back” I can see if I can come back to that and see does it...but you... you’ve lost the heat of it or the, the, the, the, the presence of it in that moment you know where it might be, where, where it could be useful but it will come again, It’ll come again when they are doing their own work. You know its just... so”	Group is more than the core tasks

Appendix K

Master table of themes for the group

Superordinate theme 1: The potential for trauma

Subordinate theme 2A: Inherent challenges

Name	Quote	Page/Line
Eddie	"Well, there's that, that's got a lot to do with em, respecting the person in the situation number 1, number 2, being mm...non-punitively critical, mm... the manner of the delivery of support, the manner of delivery of confrontation, which is very, very, eh, eh therapist..., therapeutically governed..."	11/32
Feargal	"I personally think that approach {punitive confrontation} eh should be consigned to the dark ages of therapy"	53/155
Caoimhe	"the piece of your message... just gets lost because the person feels beaten up"	25/100
Winnie	"So, I think you can say things to people that em... that are quite forthright and quite direct eh but it's the manner in which you do it"	9/24
Aimee	"So, and quite often I notice if I, I go in with a gentle approach its more effective then, then if I go in head-first and yeh"	26/76
Oscar	"If they, if they get this kind of treatment, eh, you know, this kind of punitive and, and negative and suspicious, "I'm not going to trust you and you're a devious bastard", like if that's the only message that they get there is no way that they can begin to build themselves up"	73/190

Name	Quote	Page/Line
Eddie	"the very, very powerful transference element, which, which hits the facilitator just at a human level..."	15/36
Feargal	"but at times it does cause you to, you know, do they see what I don't want them to see"	55/165
Caoimhe	"you don't really know where to, how to manage in the moment, em that's tough and it's at those times you kind of leave the group feeling quite vulnerable, feeling quite got at, quite savaged"	75/138
Winnie	"Em in terms of other emotional reactions, certainly at times I felt incredibly sad when things have happened in group, em there have certainly been times where I felt really angry maybe about things that happened in group"	32/15
Aimee	"I got really angry with once because he really pushed my buttons in a way (Laugh), em, and... .. yeh, nothing dramatic that couldn't have been managed in a way, no lasting impact on me anyway"	18/48
Oscar	"Mmm, now, I like with, with the two of us, we would talk about it after group and I'd say "Jesus I'm going to fuckin kill him"	26/62

Subordinate theme 2B: External challenges

Name	Quote	Page/Line
Eddie	"ironically, the most eh, the most challenging part of the work ironically comes not from the..." work with the clientele we are talking about, it's got... it comes from mmm, the public"	39/90
Feargal	"Eh working with people who have sexually offended and, and at, at, when you start talking about it, it speaks to that inner fears that a lot of people have or maybe even speaks to their own experiences of abuse"	32/95
Caoimhe	"look I kind of know when I am on a hiding to nothing (Laugh) so, I'm not, I'm not going to try and convince anyone so"	32/132
Winnie	"I suppose maybe it's a bit of judgement, sometimes I felt a bit judged that people would say "are you saying that what they did is ok?... that even tainted by association"	61/94

Superordinate theme 2: The potential for growth

Subordinate theme 2A: Being humanistic

Name	Quote	Page/Line
Eddie	"just, human inter-relating just you know, just, just, just ehahh, I can't put this, human, human, just human care, care... care"	54/134
Feargal	"it's not a conveyor belt of pieces of core work and then you come out the other end, it's a process, a therapeutic process and a developmental process"	60/179
Caoimhe	"Em, respect, care, genuineness, empathy, understanding for what they have gone through, again it is different from their behaviour"	29/112
Winnie	"Group conditions have to be safe, respectful places which promote change in the men"	31/54
Aimee	"Well I suppose the, the big, the one quality that you really need to have in the work is empathy because I don't think it would work without it, you know"	45/140
Oscar	"{you} constantly make a clear distinction between who they are as human beings and who they can eventually become"	10/24

Subordinate theme 2B: The co-therapist relationship

Name	Quote	Page/Line
Eddie	"Oh god, beyond, there aren't words, no, to fly this plane alone is dangerous"	86/240
Feargal	"I suppose it's the dynamic between the 2 facilitators that I think has a significant role to play in how well a particular group functions"	3/9
Caoimhe	"to make you reflect on maybe how you are in the group or how you are with one particular member in the group"	6/17

Winnie	"that's really, really, crucial eh... that you feel like you can trust the other person, that they have your back and you have theirs"	9/22
Aimee	"well first of all you need somebody in the room and kind of em you know will support you if there's, if something comes up and so on"	44/134
Oscar	"I just feel that we're, that, that it's more complete, that we kind of compliment each other, in a way that..."	37/94

Subordinate theme 2C: Layers of support

Name	Quote	Page/Line
Eddie	"Yes we are kind of de-briefing. Kind of de-briefing, so that process is my own stuff, so you have these various tiers, you have... .. then there's the post-group de-briefing with my colleague my fac, my co-facilitator, if necessary. Then there is the third level is, is, is the wider forum of supervision. So, you have these kind of three filters. For most stuff, if not, if not just about everything"	26/50
Feargal	"you know so, so you, you, you don't have apart from supervision or peer support or whatever have a huge number of ordinary people in the outside world who you can talk to about this"	32/95
Caoimhe	"You are mindful of yourself, of the impact its having on you , there really is so much happening in the room all at once {being self-reflective and aware}"	38/142
Winnie	"I felt really angry maybe about things that happened in group em but I think that's really natural, that's where we use group supervision em and debriefing afterwards to manage those"	16/30
Aimee	"to de-brief after the sessions that actually well, were most important, to have somebody that I can talk to about what actually happened... Yeh, off load quickly"	44/134
Oscar	"Oh and that helps and also bringing it into supervision, very much so, that was so helpful and it nearly always is, I find supervision vital, that it's the place I can talk about whatever, either the clients or e even maybe something that's going on between me and the other facilitator"	29/72

Subordinate theme 2D: Sense of fulfilment

Name	Quote	Page/Line
Eddie	"I've solid relationships over many years with the people in this particular team. I feel supported, I feel respected. I feel people believe in what I do"	90/266
Feargal	"Yeh so it is enriching in lots of different ways like you know"	61/183
Caoimhe	"you see them speak differently, you hear different interactions among the different group, you hear, you may make comparisons about how they were in the early stages, seeing progress and that generates its own set of emotions, that's very life-giving, very energising and restores your belief in the work that you do, you know, we are doing something right (laugh), we are doing something right here you know"	9/37

Winnie	“So, you get a huge sense of satisfaction in that type of work where people have made really significant changes to their lives and have been living offence free for a period of time and you think “yeah thats a good thing to be part of””	46/74
Aimee	“Emm... Like I was always impressed how, how deep sessions were and em... and how, how much change you could see”	35/106
Oscar	“it’s a kind of a privilege I suppose in a way to, to have that kind of connection with human beings”	84/227

Appendix L

Search strategy

Exploring the experiences of therapists who deliver group therapy to men who have sexually offended:

Key word 1	Key word 2	Key word 3	Key word other
Sexual offending	Therapists	Group therapy	Experiences
Or	Or	Or	
Sexual offenders	Psychologists	Group treatment	
	Or	Or	
	Clinicians	Group	
	Or	Or	
	Treatment providers	Treatment	

The following databases were used in the literature search:

Science Direct, PsychINFO, PsychARTICLES, JSTOR and the university online library.

Searches were completed using different combinations of the above key words. The reference section of pertinent articles were used to identify other relevant literature.

