

Running Head: THE CASE FOR COGNITIVE DISTORTIONS

The cognitive distortions of child molesters are in need of treatment

Caoilte Ó Ciardha

University of Kent, UK

&

Theresa A. Gannon

University of Kent, UK

Address for Correspondence:

Dr. Caoilte Ó Ciardha

School of Psychology,

Keynes College,

University of Kent,

Canterbury

CT2 7NP

E-Mail: C.C.OCiardha@kent.ac.uk

Abstract

This paper forms the second part of a debate lead by Marshall, Marshall, and Kingston (2011) regarding the need to address so-called cognitive distortions in sexual offender treatment. In their paper, Marshall et al. argue that so-called cognitive distortions may not necessarily require intense and focussed attention or challenge throughout treatment. In evaluating Marshall et al.'s arguments, we highlight some inherent differences in how both Marshall et al. and ourselves choose to define the term cognitive distortion. We surmise that these key definitional differences appear to account for many of the issues that we 'debate'. In particular, for example, Marshall et al. focus their arguments regarding cognitive distortions more explicitly upon excuses, denial and minimizations whereas we choose to focus upon schemas and higher order belief structures. Thus, we argue that the broadness and vagueness of the term cognitive distortion can lend itself to quite different interpretations and research foci. We offer some alternative views to Marshall et al.'s position and advocate the consideration of cognitions with an aetiological role in offending. We conclude with some suggestions for future research and treatment.

Keywords

Cognitive distortion

Aetiological cognition

Sexual offending

Treatment

Introduction

In *Are the cognitive distortions of child molesters in need of treatment?*, Marshall et al. (2011) propose that identifying and challenging the cognitive distortions of child molesters is of limited value in treatment. They challenge researchers and therapists to reconsider the role of so-called distortions in child-molestation. In doing this, they take a “sceptical position” and allow the reader to determine whether that scepticism has been overstated or not. In this paper we assess the arguments proposed by Marshall and his colleagues and suggest that some offence-supportive cognitions have an important role in the aetiology and subsequent successful rehabilitation of individuals who offend sexually.

Cognitive distortion is a term that has become somewhat unwieldy since first used with reference to child molesters by Abel, Becker, and Cunningham-Rathner (1984). Since then cognitive phenomena have been ‘hooked on’ to the term by successive authors so that cognitive distortions can now be said to include belief systems (Abel, et al., 1984), justifications, perceptions, judgments (Abel, Gore, Holland, & Camp, 1989), excuses (Pollock & Hashmall, 1991) defensiveness (Rogers & Dickey, 1991) rationalizations (Neidigh & Krop, 1992), and denials or minimizations (Bumby, 1996). Readers of the cognitive distortion literature can find themselves in the position, whereby they are unsure of which of these constructs is being referred to by a given author. This problem surrounding the vagueness of the term cognitive distortion has been raised by successive authors (Blake & Gannon, 2008; Dean, Mann, Milner, & Maruna, 2009; Gannon, Ward, & Collie, 2007; Mann & Beech, 2003; Maruna & Mann, 2006; Navathe, Ward, & Gannon, 2008; Ward, Polaschek, & Beech, 2006). We believe, therefore, that it is useful to avoid use of the term cognitive distortion (see also Maruna & Mann, 2006) except when speaking in the most general of terms. Ideally, we would advocate avoiding the term entirely, but it has become so

‘enshrined’ (Maruna & Mann, 2006) in the literature that to not include the term as a keyword for an article is to miss out on a large portion of intended readership.

In presenting their arguments for debate, Marshall et al. (2011) have defined the term cognitive distortion as “thoughts, perceptions, beliefs and ideas that are understood to present obstacles to the offender taking responsibility for his crimes” (p. 2¹). While this is a broad definition of cognitive distortion, the paper itself, along with a recent paper in a similar vein by two of the same authors (Marshall, Marshall, & Ware, 2009) focuses heavily on select specific phenomenon subsumed under their generic description of cognitive distortion. In brief, Marshall et al. (2011) question—most appropriately—whether excuses, denial, minimizations, and attitudes tolerant of sexual crime should be targeted in treatment given current research evidence associated with these concepts. Marshall et al. also question whether traditionally utilized methods of examining and challenging child molesters’ cognitive distortions (i.e., matching offence disclosures to victim reports and eyewitness accounts; Salter, 1988) are useful or even risk-heightening for child molesters in treatment. We are in agreement with Marshall et al. regarding the assertions made that many of the phenomena subsumed under the generic description of cognitive distortion may not require intensive or rigorous attention and challenge throughout treatment. However, we strongly believe that research and commentary examining child molesters’ cognition should include reference to what we refer to as *aetiological cognition* (i.e., cognition that most likely contributes to the facilitation and maintenance of sexual offending or general criminality). Such cognition in the form of, for example, schemas and beliefs do not appear to have been fully discussed by Marshall and colleagues under the rubric of cognitive distortions despite their potential to determine (1) risk (Hanson & Harris, 2000; Hanson & Morton-Bourgon,

¹ Copy – editors: Please insert final manuscript page number in here before the article goes to press.

2004), and (2) the persistence and desistance of child molesters (Laws & Ward, 2011; Maruna, 2001).

In our opinion, much of the exciting recent research examining child molesters' aetiological cognition has focused on implicitly held cognitive phenomena that may contribute to offending behaviour (see Gannon, Ward, Beech, & Fisher, 2007). Rather than listing different components that may fall under the umbrella of cognitive distortion we consider it more useful to conceptualise cognitive distortions as stemming from cognitive structures, cognitive processes, and cognitive products (see Ward, Fon, Hudson, & McCormack, 1998). Cognitive structures refer to the beliefs, schemas, scripts, and implicit theories that people resort to when interpreting their social world. Implicit theories are similar to scientific theories that are implicitly held by an individual and allow them to take cognitive shortcuts when evaluating individuals or situations (Ward, 2000). Examples of implicit theories that may be held by offenders are that children are sexual beings, that they are entitled to sexual contact/release, that male sex drive is uncontrollable, that child abuse does not harm the victims or that the world is an inherently dangerous place (Ward & Keenan, 1999). Cognitive processing refers to how information is processed and interpreted and how the individual draws on cognitive structures as part of that process (Hollon & Kriss, 1984). Cognitive products are the thoughts, statements, and behaviours that result from the interaction of cognitive structures and processes (Hollon & Kriss, 1984). We argue that structures, processes, and products are interacting elements and that problematic cognitions can emerge from each level of that interaction and therefore result in offence-supportive or facilitative cognition.

Most of the phenomena discussed by Marshall and colleagues (Marshall, et al., 2011; Marshall, et al., 2009) refer to the types of statements made by offenders that represent the end products of cognitive processes. From these products it can be difficult to extrapolate

backwards to fully understand the relationship between these statements and the offending process (i.e., whether or not the cognition played an aetiological role in offending). For example, it is difficult to determine whether a minimization offered by an offender is the product of an implicit theory that existed prior to the offence or is simply an attempt at preserving a certain self image. Currently most of the empirical literature on cognitive distortions relies on the measurement of cognitive products through self report approaches such as interviews or questionnaires. Reliance on self-report methods makes it difficult to untangle post-offence revisions and self presentation issues from cognitive factors that played an aetiological role in offending. Marshall and colleagues have previously acknowledged the importance of these deeper cognitions and the difficulty presented by relying on surface products only:

(M)any of the important schema that direct sexually offensive behaviors are only activated when the client is either faced with challenges or is emotionally aroused. We would not, therefore, expect these problematic schemas to be activated, and, as a consequence, reveal their inappropriate products (i.e. attitudes, beliefs, behaviors, and aberrant sexual arousal) during pretreatment information-gathering interviews, much less on objective psychological or physiological tests. (Marshall, Marshall, Serran, & Fernandez, 2006, p. 102)

Much of the differences between our view of the utility of cognitive distortions and those of Marshall et al. (2011) seem to stem not from a difference in opinion regarding what works in offender treatment. Rather, perhaps due to the broad definition of the term cognitive distortion, Marshall et al. (2011) discount from their argument cognitions likely to play an aetiological role in the offence which we feel are strongly situated under the definitional umbrella of cognitive distortion (see Gannon & Polaschek, 2006). The publications cited by Marshall and colleagues as having influenced their change of view regarding cognitive

distortions (i.e. Dean, et al., 2009; Maruna & Mann, 2006) do not present any conclusions that we would not endorse. Yet, we find ourselves having apparently drawn almost the opposite conclusion from these publications to those of Marshall et al. (2011). They appear to have concluded that the so-called cognitive distortions (especially cognitive products such as denial, excuses and minimisations) of offenders are not in need of treatment. We on, the other hand conclude that these papers present the case for examining cognitions that play an aetiological role in offending rather than those that do not contribute to further offending. We believe that there is much common ground between our own views on the utility of cognitive distortion and those of Marshall and colleagues, and that much of the apparent differences can be explained by differences in the definition of so-called cognitive distortions.

In this paper we examine some of the arguments made by Marshall et al. (2011) regarding the utility of assessing and treating cognitive distortion in child molesters. As noted earlier, however, we endorse a different view of the term cognitive distortion to Marshall and colleagues, which encompasses much of the cognitive phenomena they mention but also focuses more on deeper cognitive processes and structures (i.e., aetiological cognition in the form of schemas and beliefs).

Marshall et al.'s (2011) key arguments

Cognitive distortions as excuses

Marshall et al. (2011) present the argument—drawing particularly on Maruna and Mann (2006)—that excuse making generated by sexual offenders in the context of treatment is not necessarily something to be challenged. They explain that excuse making is a very typical human behaviour that allows the individual to maintain a positive self image, and that individuals who make excuses are less likely to reoffend than those who accept full responsibility. Maruna and Mann (2006) cite Mishkowitz (1994) to suggest that offenders who desist may use excuses or minimizations to reconstruct their own history in line with

their current self-concept. Repeat offenders, by not excusing their behaviour, may adopt what Dean et al. (2009) refer to as a *doomed to deviance* script. This example illustrates perfectly why we prefer to refer to aetiological cognition rather than the term cognitive distortions. In this case, for example, it is the doomed to deviance script that seems to play an aetiological role in offending rather than excuse making. On one hand, the excuses and minimisations could be considered cognitive distortions (assuming the excuses are not valid and the offender believes what they are saying). On the other hand, however, the doomed to deviance script could also be considered a distorted cognitive structure. Interestingly, one so-called cognitive distortion may act as a protective factor while the other may facilitate offending. As a result, it is whether cognitions facilitate or maintain offending that should be of most interest, along with whether cognitions can serve as protective factors.

Marshall et al. (2011) argue that treatment providers should reappraise their view of excuses and adjust their treatment. Clearly, it is important that therapists have empirically supported guidelines on how best to deal with excuse making in offenders. The conclusions drawn by Marshall and colleagues based on the current evidence that excuse making may represent a protective factor from reoffending would suggest that therapists should allow a certain amount of healthy excuse making. However, there may still be a point at which excuse making becomes problematic. There can be a fine line between excuse making and justification. The repetition of such justifications could serve to entrench offence-supportive cognitions forming part of what Ward and Beech (2006) refer to as feedback loop. There may therefore be cases where the excuses of an individual offender *should* be a focus of therapy. Further empirical work is therefore needed to determine whether in fact some types of excuse making can be offense-supportive and should be addressed in treatment.

Offense Disclosure

Marshall et al. (2011) assert—quite sensibly—that to force an offender to match their description of their offence to that of the victim is not beneficial from a treatment point of view and additionally is problematic since the victim’s account of the abuse may itself contain discrepancies and distortions. We agree with Marshall and colleagues on this point and would hope that most therapists will have moved away from what we believe is now a very dated approach (see Salter, 1988) to the treatment of child molesters’ cognition. At the same time, a comparison of an offender’s narrative of the offence and the known or assumed (i.e., victim’s account) details of the offence may offer some insight into the deeper aetiological cognition of the offender. We believe that if therapists take a strengths-based *collaborative* approach to sexual offender treatment—in which therapist and offender work together in the spirit of genuine enquiry (Gannon, 2009)—then whether or not a victim’s account is wholly accurate becomes almost irrelevant. To illustrate, an offender may assert that his victim is mistaken regarding some aspects of the offending which may well be true. In such cases, the focus should shift to other aspects of the account that appear more valid or at least provide some promising avenues for exploration. For example, an offender may acknowledge previous coercion of a victim into his bed yet assert that he did not ask his victim to get into bed with him over a particular time period and that the child themselves climbed into the bed. Victim statements—on the other hand—may suggest that the offender coerced the child continuously. In such circumstances, discussions around the previous coercion and how this may have affected both the child’s perception of their abuser as well as the abuser’s perception of child willingness to engage in the abuse would be highly relevant. In other words, exploration of an account that appears to hold elements of inaccuracy may still be highly relevant for exploring the presence of aetiological cognitions that should be addressed during treatment. Thus, discrepancies *may* indicate offence-supportive implicit theories on the part of the offender. Of course they may also indicate minimizations,

rationalizations, or genuine failures of memory on the part of the offender or the victim.

Again we draw the distinction between addressing cognition collaboratively with the offender and the vigorous and negative challenging criticized by Marshall et al. (2011).

Cognitive distortions as risk factors

Marshall et al. (2011) make the argument that cognitive distortions have not been demonstrated to relate to risk of recidivism in sexual offenders and can therefore not be seen as criminogenic factors in need of treatment. Our disagreement with this viewpoint in part relates again to the fact that we take a different view of cognitive distortion to that of Marshall and colleagues. For example, while Marshall et al. (2011) introduce the relationship between negative/hostile schemas and risk characteristics, they appear to mention these in passing rather than as contenders for the label of cognitive distortion. Assuming cognitive distortions to only include the shallower cognitive phenomena focused on by Marshall and colleagues may encourage some readers to incorrectly assume that the reasonable criticisms made of phenomena such as denial and excuse-making may apply also to potentially aetiological phenomena such as implicit theories, schemas and distortions of cognitive processing.

Marshall et al. (2011) highlight that denial of the offence may in fact be related to a lower risk of reoffending (Kingston, Firestone, Wexler, & Bradford, 2008). To identify denial, however, as a cognitive distortion is potentially problematic. While Bumby among others classifies denial as a cognitive distortion, we would argue that there are many different ways in which an offender may deny their offence but very few should fall under the definitional rubric of cognitive distortion. Only where an individual believes that they have not committed the offence is a denial a distorted cognition. In other cases, the offender is being deliberately deceitful. This once again indicates one of the difficulties in interpreting cognition from the post-offence statements of offenders (and is true of any statement that can

be considered indicative of problematic cognition but that may simply be deceitful). As a result it becomes difficult to interpret the findings of Kingston et al. (2008) in terms of their relevance to the aetiological cognitions of offenders.

Marshall et al. (2011) cite two meta analyses examining risk factors for recidivism by Hanson and colleagues (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005) as demonstrating only limited evidence for cognitive distortions as criminogenic factors. They cite attitudes tolerant of sexual crime as the only cognitive distortion predicting sexual recidivism but point out that that the effect size was small ($d = .22$) and was not significant for child molesters. Hanson and Morton-Bourgon (2004) however indicate that emotional identification with children was a significant and larger predictor of recidivism ($d = .42$). This risk factor seems to be quite similar to Ward and Keenan's (Ward & Keenan, 1999) second strand of the *dangerous world* implicit theory where the world is seen by the offender to be a hostile place in which children are a safe haven or allies. Since so-called cognitive distortions were not explicitly investigated in these meta-analyses it seems likely that other cognitions that may be considered aetiological such as an emotional identification with children were not examined or were subsumed under other broad categories of variable. Hanson and Morton-Bourgon (2004) go on to state that:

The typical attitude measures (self-report or interviews) are highly influenced by the context of the assessment. It may be that attitudes expressed within relationships of trust (e.g., in treatment) are more reliable risk indicators than those expressed in adversarial contexts (e.g., civil commitment hearings). It will be interesting to know whether significant associations with recidivism will be found for attitudes assessed using difficult-to-fake measures, such as the implicit attitude [*sic*] test. (p. 16)

The above quote highlights a drawback with Marshall et al.'s logic in discounting cognitive distortions as potential criminogenic factors. The accuracy of the relationship between a

potentially criminogenic factor and recidivism is dependent on the accurate measurement of both that factor and recidivism. For example, the relationship between deviant sexual interest and reoffending may well be stronger than that found by comparing penile plethysmography results to recidivism statistics. This issue becomes magnified when dealing with something as difficult to measure as offence-supportive cognition. We believe researchers should continue to examine optimum methods of assessing child molesters' aetiological cognition before discounting its role in recidivism.

Differences between child molesters and others

Marshall et al. (2011) make the case that the literature comparing the cognitive distortions of offenders to non-offenders demonstrates mixed results and that where differences are found it is often the case that offenders simply disagree with offence-supportive statements less than non-offenders rather than qualitatively agreeing with them. Marshall et al. point out that distortions seem more evident as part of less structured interviews rather than questionnaire type approaches. They also point out that some of the offence-supportive statements that emerge during the interview process may be excuses and that these may play a predictive role in offence desistance. Here again Marshall and colleagues are pointing out a real weakness in the traditional approach to measuring child molesters' cognition and with the term cognitive distortion.

We believe that the most important cognitions are not the surface products such as excuses, minimizations and justifications that may emerge post-offence but rather the cognitive structures (deeply or implicitly held beliefs, scripts and theories) or processes that play an aetiological role in offending behaviour. Ward (2000) along with Mann and Beech (2003) identify schemas as a major component in these deeper cognitions. These implicit theories or schema are hypothesized to contribute to offending behaviour and also the interpretation of the behaviour post-offence. Therefore, they are likely to contribute to the

types of statements made by offenders in interview scenarios. The degree to which they impact on those statements, however, will be moderated by factors such as the degree to which they are accessible or activated and whether any self-presentation issues are brought to bear. This need for activation of schema was highlighted by Marshall et al.(2006) in the quote reproduced in the introduction of this article, when they state that schemas are activated when the individual faces challenges or is emotionally aroused and that that activation may not occur when interview or questionnaire methods are used to gather information. That quote articulates clearly why questionnaire and self-report measures are unlikely to be effective measures of aetiological cognitions and that interview approaches may not be much better. A further criticism of both approaches is that self-presentation issues may also introduce statements that may seem aetiological in nature but that are intended to mislead.

We suggest that increasingly sophisticated ways of examining the cognitions of offenders will yield more stark differences between offenders and non offenders and between subgroups of offenders. Novel methods attempting to examine cognitions and/or cognitive components of deviant sexual interest include Implicit Association Tests (Banse, Schmidt, & Clarbour, 2010; Brown, Gray, & Snowden, 2009; Gray, Brown, MacCulloch, Smith, & Snowden, 2005; Mihailides, Devilly, & Ward, 2004; Nunes, Firestone, & Baldwin, 2007; Ó Ciardha & Gormley, 2009; Steffens, Yundina, & Panning, 2008), choice reaction time tests (Giotakos, 2005; Gress, 2008; Mokros, Dombert, Osterheider, Zappalà, & Santtila, 2010), modified Stroop tasks (Ó Ciardha & Gormley, in press; Price & Hanson, 2007; Smith & Waterman, 2004), rapid serial visual presentation tasks (Beech, et al., 2008; Keown, Gannon, & Ward, 2010), Implicit Relational Assessment Procedures (Dawson, Barnes-Holmes, Gresswell, Hart, & Gore, 2009) and lexical decision tasks (Blake & Gannon, 2010; Keown, Gannon, & Ward, 2008) . The majority of these have focused on the simpler—relatively speaking— task of measuring sexual interest. Those explicitly attempting to tap into implicit

theories (e.g. Dawson, et al., 2009; Keown, et al., 2008; Mihailides, et al., 2004) have met with limited success, showing supporting evidence for only some of Ward and Keenan's (1999) implicit theories. However, we feel that these attentional, associative, and information processing approaches, when sufficiently refined, along with other tasks adapted from cognitive psychology may well provide a fuller picture of offender cognition that will allow greater differentiation between offenders and non-offenders.

Treatment processes that influence cognitive distortions

Marshall et al. (2011) suggest that cognitive distortions are challenged indirectly by their current treatment program. They suggest that challenging them directly before the therapeutic relationship has been formed may not be the optimum approach and that, for the most part, distortions lessen without challenge as the treatment progresses and a therapeutic relationship is built. They explain that any remaining distortions deemed criminogenic (or that present a barrier to overcoming criminogenic factors) are challenged supportively by the therapist once trust in the therapist has been adequately established.

It is undoubtedly true that some of the cognitive phenomena falling under the descriptive rubric of cognitive distortions will naturally diminish as part of the usual process of treatment and the development of a healthy therapeutic alliance. As argued by Marshall and colleagues, some of the remaining cognitions may not be criminogenic and may, therefore, not be priorities for treatment. We agree with Marshall and colleagues that denial, minimization, and justification are likely to reduce as a result of a greater therapeutic relationship being formed. This would indicate to us that these are more likely artefacts of self-presentation rather than true aetiological cognitions. However, entrenched beliefs such as regarding children as sexual beings or the world being a hostile and dangerous place (Ward & Keenan, 1999) are likely to play an aetiological role in offending. Beech and colleagues (Beech, Fisher, & Ward, 2005; Beech, Ward, & Fisher, 2006), for example, demonstrate that

among sexual murderers and rapists, holding different combinations of implicit theories relate to different levels of reoffence risk or numbers of past offences. Beech et al. (2006) conclude that treatment targets for these offenders should differ depending on the implicit theories that they hold. Marshall et al. indicate that cognitions such as these, when found not to dissipate through other aspects of the therapeutic process, are addressed within their treatment program for child molesters. We would stress that it is critical to include modules in treatment that explicitly focus on aetiological cognitions by educating clients regarding the nature of those cognitions and by collaboratively exploring them. Once again, methods to accurately measure aetiological cognitions will contribute to the identification of such treatment targets and in the evaluation of the efficacy of that treatment.

A broader view of offence-supportive cognition

The literature referring to cognitive distortions has increasingly moved away from talking about surface manifestations of cognitive processes that appear distorted (e.g. Gannon & Polaschek, 2006; Maruna & Mann, 2006; Ward, Gannon, & Keown, 2006). These are exactly the same types of distortions that Marshall and colleagues (Marshall, et al., 2011; Marshall, et al., 2009) argue against including as specific targets for treatment. Unfortunately these are still the constructs that researchers are best equipped to measure, for example, through interview techniques. In the absence of validated measures that tap into the cognitive structures most likely to be implicated in the aetiology of offending it is difficult to empirically support consideration of these structures as criminogenic factors in need of treatment. While research is ongoing regarding the best methods to measure implicit theories, beliefs, and schemas (for a recent review of indirect measures see Snowden, Craig, & Gray, 2011) there has been a proliferation of theory regarding the offence-supportive cognitions of offenders (e.g. Gannon & Polaschek, 2006; Gannon, Ward, Beech, et al., 2007; Mann & Beech, 2003; Ward, 2000; Ward, Gannon, et al., 2006; Ward & Keenan, 1999).

The Judgment Model of Cognitive Distortion (JMCD; Ward, Gannon, et al., 2006; Ward, Keown, & Gannon, 2007), for example, accounts for many of the inconsistencies and contradictions found in the literature on cognitive distortions. The JMCD allows for offenders who make offence-supportive statements indicative of implicit theories but who nevertheless, when assessed using other measures, seem not to hold those theories. It also seeks to clearly map out the relationship between distorted beliefs and post hoc rationalisations for example. Importantly the model is the first to make a compelling case for how non-sexual implicit theories can impact on the committal of sexual offences. Additionally the model seems to fit neatly into both Ward, Mann and Gannon's (2007) Good Lives approach to offender treatment and Ward and Beech's Integrated Theory of Sexual Offending (2006, 2008). Frameworks such as the JMCD represent fertile sources of testable hypotheses regarding aetiological cognition in offenders. The challenge to researchers is to identify methods of testing these hypotheses that do not rely solely on questionnaires, interviews and situations where schema and implicit theories are unlikely to be activated and accessible.

Unfortunately, a variety of cognitive phenomena incorporated in modern theories of offender cognition will continue to be referred to as cognitive distortions. As a result, the message that is communicated to the therapist from this literature becomes somewhat difficult to decipher. So, how can therapists engage in evidence-based practice given the surprisingly variable definitions and research findings associated with child molesters' cognition? Given that successful therapy with sexual offenders is reliant upon a good therapeutic relationship (see Serran, Fernandez, Marshall, & Mann, 2003), we believe that one of the most valuable ways to gain accurate information concerning an offender's cognition is through *collaborative exploration* with the offender (see Gannon, 2009, for a more detailed discussion). This warrants a flexible and open-minded approach to the concept of offence-supportive cognition both when listening to sexual offenders' post-offence

cognitions and when making inferences about his cognition around the time of the offence. In this sense, a variety of possible origins of both post-offence and peri-offence ‘cognitive distortions’ are explored with the offender thoroughly, and he is asked to provide his own introspective thoughts and feelings concerning his offence-supportive cognition. The key emphasis, then, is on the group helping the individual to piece together and understand the probable role that cognition played in his offending (i.e., any probable role of schemas or implicit theories as well as temporary permission giving cognitions). Such exploration does not exclude discussion of excuse-making and, as the group develops, it may be helpful to discuss the importance that excuses may play in making individuals feel safe early on in therapy. Thus, we agree with Marshall et al. (2011) that so-called cognitive distortions should be treated if they represent criminogenic factors or potential moderators of criminogenic factors. However, we also believe that various aspects of cognitive exploration may be helpful for increasing offenders’ understanding of their offending behaviour and subsequent regulation of that behaviour as they progress through therapy.

Marshall et al. (2011) present a compelling challenge to researchers and clinicians to reconsider their view regarding the relevance of cognitive distortions. We consider this a timely challenge (1) given recent articles that question the role of certain “distortions” in the aetiology of offending behaviour (e.g. Dean, et al., 2009; Marshall, et al., 2009; Maruna & Mann, 2006), (2) given recent advances in theory surrounding offender cognitions (e.g. Gannon & Polaschek, 2006; Ward, Gannon, et al., 2006), and (3) given continuing advances in the availability of measures (see Snowden, et al., 2011) with the potential to indirectly explore those cognitions. The focus of Marshall and colleagues’ (2011) challenge is on the utility of certain so-called cognitive distortions. They first discuss excuse making as a process that may protect the offender from future offending and propose that therapists should therefore reappraise the need to challenge that excuse-making in treatment. We argue that

excuse making may indeed represent a normal human response and can maintain a positive self image. Thus, it may be helpful to talk openly about the functions of excuse making in therapy. However, it remains to be seen whether all excuse making should be left unaddressed and in certain cases excuse making may overlap with justifications contributing to a re-offence facilitative feedback loop.

Marshall et al. (2011) then question the need to match an offender's account of the offence to that of the victim, given inaccuracy inherent in recall especially of traumatic events. We would agree that challenging an offender in order to simply establish a coherent narrative is not beneficial to therapy or the therapeutic relationship. However, we also argue that careful examination and addressing of certain telling discrepancies between the accounts may identify aetiological cognitions that should be targeted in treatment. Later, Marshall and colleagues argue that so-called cognitive distortions have not been shown to predict recidivism. We argue that in the absence of more sophisticated methods of measuring offender's cognitions, especially those that are implicitly held and may not be chronically accessible it is difficult to determine the true relationship between aetiological cognitions and re-offence. We adopt a similar position in our response to Marshall et al.'s argument that studies have shown only minimal differences between offenders and control participants. Again, we argue that, with the increasing sophistication of measures designed to measure cognition in offenders, we may soon be able to more clearly demonstrate more group differences.

Finally, Marshall and colleagues (2011) present their own approach to addressing so-called cognitive distortions within treatment, in which they find that over the first two phases of treatment responsibility-reducing issues tend to disappear or reduce significantly without being challenged. They state that "distortions" that relate to criminogenic factors that remain in the later stages of treatment may be supportively challenged by the therapists. We accept

that it is likely true that denials, minimisations, rationalisations, excuses etc may diminish as a result of a building of a relationship between the client and therapist and that more deeply held aetiological cognitive structures such as implicit theories are less likely to dissipate in this manner. We suggest that aetiological cognitions should be explicitly but collaboratively targeted and talked about throughout treatment.

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