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Covert Sensitization: An Introduction

By Amanda Fenrich

The purpose of this article is to provide a brief, introductory overview of covert sensitization. Covert sensitization is a treatment intervention used in sex offender treatment. As humans, it is natural to have fantasies. People fantasize about a variety of things such as money, fame, or traveling to beautiful locations; however, it is even common to have fantasies about romance and sex (Leitenberg & Henning, 1995). Leitenberg and Henning (1995) discussed how an individual's sexual behaviors could be influenced by their fantasies as well as what people view, read, or behaviors they engage in can impact their fantasies. Therefore, being able to intervene on inappropriate/deviant fantasies is vital to help reduce risk among sexual offenders.

Below are some important points to know when working with sexual offenders.

Behavioral Intervention: In sex offender treatment, there are approaches clinicians use to decrease arousal, including arousal to deviant or inappropriate fantasies. One behavioral intervention used in sex offender treatment is covert sensitization; this is similar to aversion therapy, but the individual does not have direct contact with the aversive event(s) (Vollmer, Joslyn, Reyes, & Walker, 2019).

Collaborative Process: Covert sensitization is a collaborative process between the clinician and the client (Wenzel, 2017).

Aversive Thoughts and/or Images: During covert sensitization, the individual will insert unpleasant or aversive thoughts/images into the fantasy (Aylwin, Reddon, & Burke, 2005). Some of the images used or suggested in the literature include police showing up during a sexual assault or bugs crawling on the victim or the perpetrator (Aylwin et al., 2005).

Descriptive Example of a Prior Offense: The individual may be asked to imagine himself in a similar offending situation, for example, a prior sexual offense against a minor female child (Lindsay, Taylor, & Murphy, 2018). He will then be asked to describe the scene and the victim(s) in detail. Once the individual is able to imagine the scene and imagine being sexually aroused to the situation, the clinician will then discuss where the aversive image needs to be inserted (Lindsay et al., 2018).

Use of Brevity: It is suggested that the clinician use brevity when using covert sensitization to decrease the chance for the client to become desensitized to the aversion stimulus (Wenzel, 2017).

Aversive Conditioning in Imagination: A similar technique has also been called Aversive Conditioning in Imagination, a cognitive behavioral technique (Lindsay, 2009). Clinicians are to use caution when using this technique, and it is important to consider that some fantasies are

very disturbing and vile (Lindsay, 2009). It is important to note that Aversive Conditioning in Imagination is suggested as a technique for sexual offenders with developmental disabilities (Lindsay, 2009).

Precautions: Given that the content being discussed in these techniques can be graphic and descriptive, if the clinician is feeling any discomfort, they should stop the session and discuss their feelings or concerns in supervision (Lindsay, 2009).

SUMMARY

Sexual fantasies should not be ignored in sex offender treatment as research suggests they may correspond with concerning or even inappropriate and criminal behaviors by the individual (Toates et al., 2017). Furthermore, there is information suggesting fantasies play a role in sexual offenses (exhibitionism or rape) (Leitenberg & Henning, 1995). Moreover, more research is warranted as there is mixed evidence to support the use of these techniques (Vollmer et al., 2019). Lastly, it is imperative that the clinician utilize their resources and support system when using these techniques as the content can be graphic.

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Amanda (Mandy) Fenrich is a Ph.D. candidate and currently pursuing her degree in the advanced studies of human behavior through Capella University. Mandy obtained a Master of Arts in Human Services with an emphasis in forensic mental health and a Bachelor of Criminal Justice from Concordia University, St. Paul in St. Paul, Minnesota. She is currently employed as a psychology associate for the Washington State Department of Corrections Sex Offender Treatment and Assessment Program. Mandy works in the Special Offender Unit, a residential treatment unit for individuals with severe mental illness. She also has experience providing treatment to sex offenders with intellectual disabilities and is authoring an adapted sex offender treatment manual for this population. Her previous experience includes working as a community corrections officer, where she supervised offenders in the Special Needs Unit with various mental health needs. She is an ad-hoc reviewer and publishes on a variety of criminal justice and forensic mental health topics.

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