

**ANYTHING IS POSSIBLE:  
INCREASING THE ODDS IN FORENSIC THERAPY (PART 2)**

**Therapy with stalkers:  
How we did it, what worked & what didn't work**

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# CURRENT RESEARCH

## Aims:

Explore the nature of stalking therapy

Evaluate the effectiveness of stalking therapy

## Method:

Descriptive analysis

Pre-and post test (where applicable)

Qualitative analysis of therapy notes

**What do we do in  
therapy?**

**Does therapy reduce  
stalking behaviours,  
reduce violence risk?**



Therapy was delivered by psychologists

Individual sessions only

Clients voluntarily agreed to therapy but were not motivated and had poor insight into their stalking and their mental illness

# THE STALKERS AND THE STALKING



	<b>Case 1</b>	<b>Case 2</b>	<b>Case 3</b>	<b>Case 4</b>	<b>Case 5</b>
<b>Sex</b>	M	M	M	M	F
<b>Age</b>	32	39	30	39	66
<b>Diagnosis</b>	Schizoaffective	Schizophrenia	Schizophrenia	Schizoaffective Dis.	Delusional Disorder
	Substance Abuse- cannabis, prescription		Substance Abuse - cannabis		Nil
<b>Legal</b>	Mental Health Order, convicted of stalking	Unclear – not charged with stalking	Mental health Order, convicted of stalking	Mental Health Order & DVO – not charged with stalking	Charged: victim went overseas so charges not pursued
<b>Stalking</b>	Intimacy Seeker	Intimacy Seeker	Rejected	Rejected	Intimacy Seeker
<b>Victim</b>	>1 victim Ex-acquaintance (love interest)	1 victim Health Professional	>1 victim Ex-partners	>1 victim Ex-Partners	1 victim Acquaintance (love interest)

# NATURE OF STALKING

- Frequent approaches
- Phone calls, letters, emails
- Declarations of love
- “Gifts”
- Threats

*Having the victim charged with a serious offence to allow for ongoing contact during court procedures*

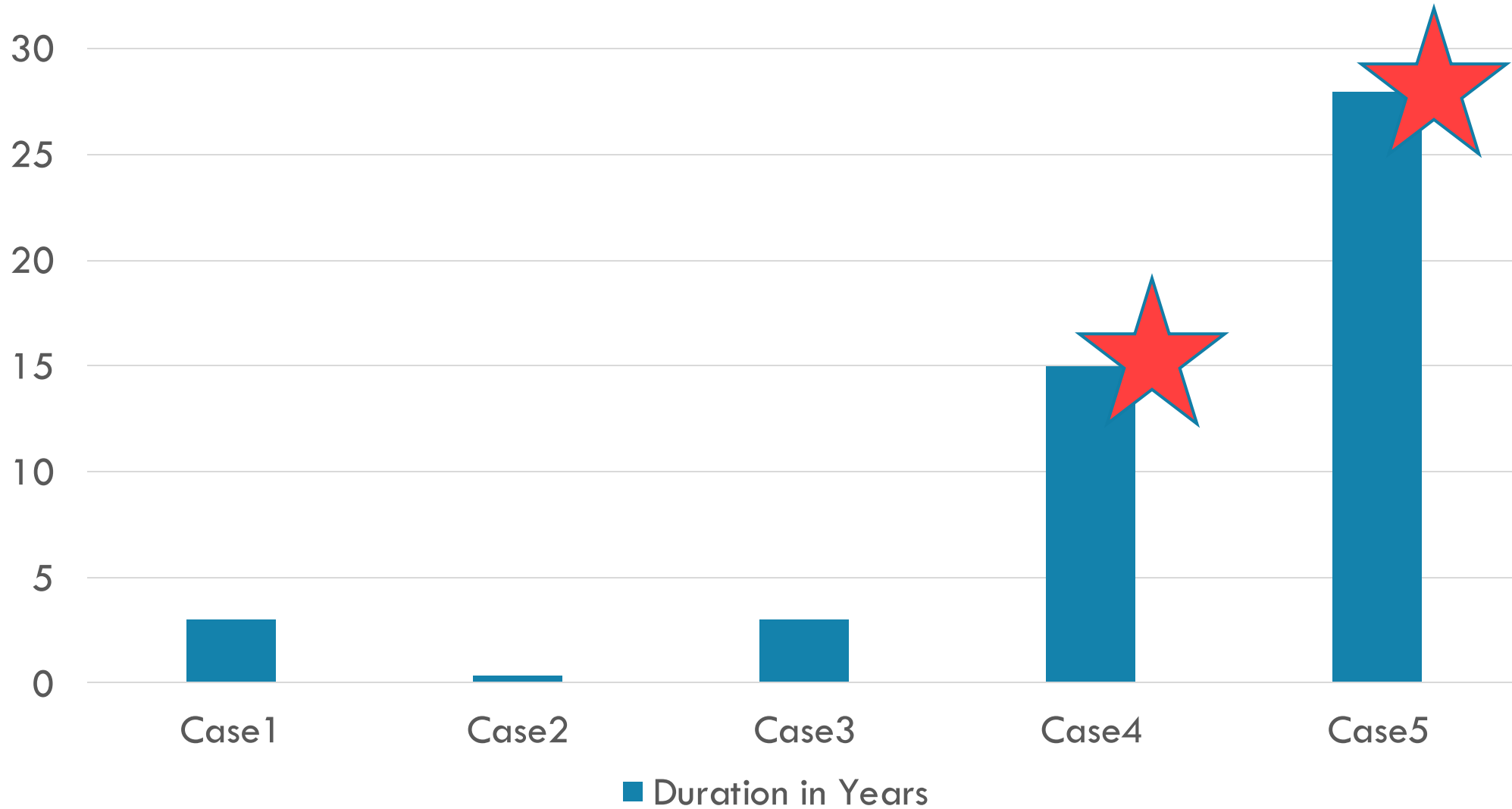
*Changing name to have same surname as victim*

*Plan to rape the victim so she would fall pregnant, allowing him to have ongoing contact*

*Listing victim as next of kin on medical records, etc.*

# STALKING

★ Stalking driven by religious delusions. God endorsing their pursuit.



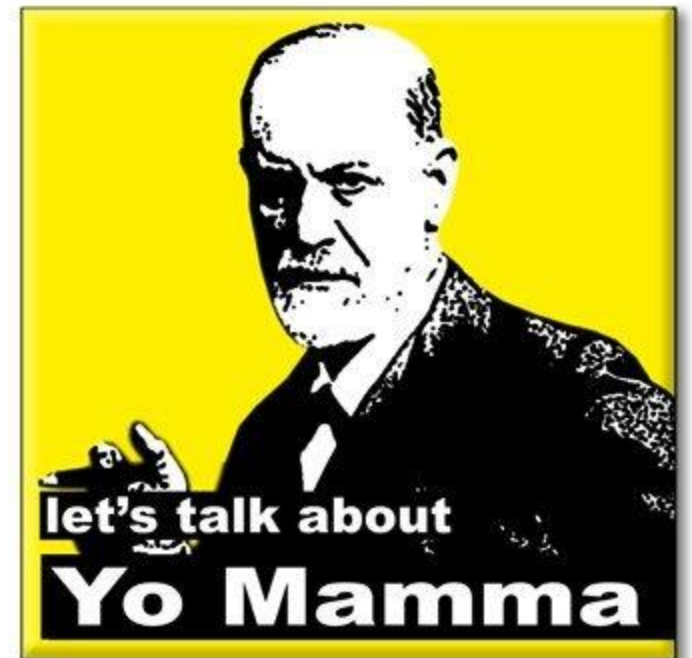
# WHAT ABOUT THE THERAPY?

What was discussed in therapy?

- There were commonalities among Therapy Modules/ Topics.
- The order of Therapy Modules differed across cases.

How was therapy conducted?

- Frameworks
- Therapy tools / exercises.





Topic
Engagement
Education
Coping Skills/ emotion regulation / problem solving
Intro to therapy framework – CBT
- Narrative therapy
Relationship skills / social skills
Victim Empathy
Cognitive restructuring
Relapse Prevention

What was discussed in therapy?

	Description	Undertaken across all Cases.	Done more than once.
Engagement			
Education re stalking			
Coping Skills/ emotion regulation / problem solving			
Intro to therapy framework – CBT			
- Narrative therapy			
Relationship skills / social skills			
Victim Empathy			
Cognitive restructuring			
Relapse Prevention			

	Description	Undertaken across all Cases.	Done more than once.
Engagement	Building rapport, helping client to see benefit in therapy		
Education re stalking	What is stalking? Criminal definition of stalking.		
Coping Skills/ emotion regulation / problem solving			
Intro to therapy framework – CBT	ABC model		
- Narrative therapy			
Relationship skills / social skills			
Victim Empathy			
Cognitive restructuring	Changing beliefs / attitudes about stalking.		
Relapse Prevention	A plan which outlines: risk factors for stalking, high risk scenarios & matches these with a preventative strategy		

	Description	Undertaken across all Cases.	Done more than once.
Engagement	Building rapport, helping client to see benefit in therapy	✓	Yes
Education re stalking	What is stalking? Criminal definition of stalking.	✓	
Coping Skills/ emotion regulation / problem solving		✓	Yes
Intro to therapy framework – CBT	ABC model		
- Narrative therapy			
Relationship skills / social skills			
Victim Empathy			
Cognitive restructuring	Changing beliefs / attitudes about stalking.		Yes.
Relapse Prevention	A plan which outlines: risk factors for stalking, high risk scenarios & matches these with a preventative strategy	✓	

# HOW WAS THERAPY CONDUCTED?

Frameworks:

- Motivational Interviewing
- Solution focussed therapy
- Positive Psychology
- CBT
- Adapted DBT
- Narrative Therapy



# HOW WA

Unlawful stalking is contact that is intentionally directed at a person that occurs

- more than once, or
- over a long period of time if once (eg. following someone for an entire day)
- is unwanted
- can be harassing, intimidating or threatening.

Criminal Definition

The stalking behaviour includes 1 or more of the following:

- Following, loitering near, watching, or approaching a person
- Contacting a person in anyway (via phone, mail, fax, email, facebook, etc)
- Loitering near, watching, approaching or entering a place where a person lives, works, or visits
- Giving gifts
- Posting messages on social websites, eg. Facebook, twitter, Tumblr etc
- Leaving offensive material where it will be found by a person or it will come to their attention
- Giving offensive material directly to a person or indirectly (eg. getting someone to pass on a message)
- Intimidating, threatening or harassing a person
- Being violent towards a person
- Damaging a person's property.

Role plays – copin

Functional Analysis

Motivational inter

Case scenarios –

Relapse Preventio

- feelings, behav situations)
- ways to prevent

This behaviour needs to have caused a person:

- Fear, apprehension, or
- Detriment. Examples of detriment can include:

ment.

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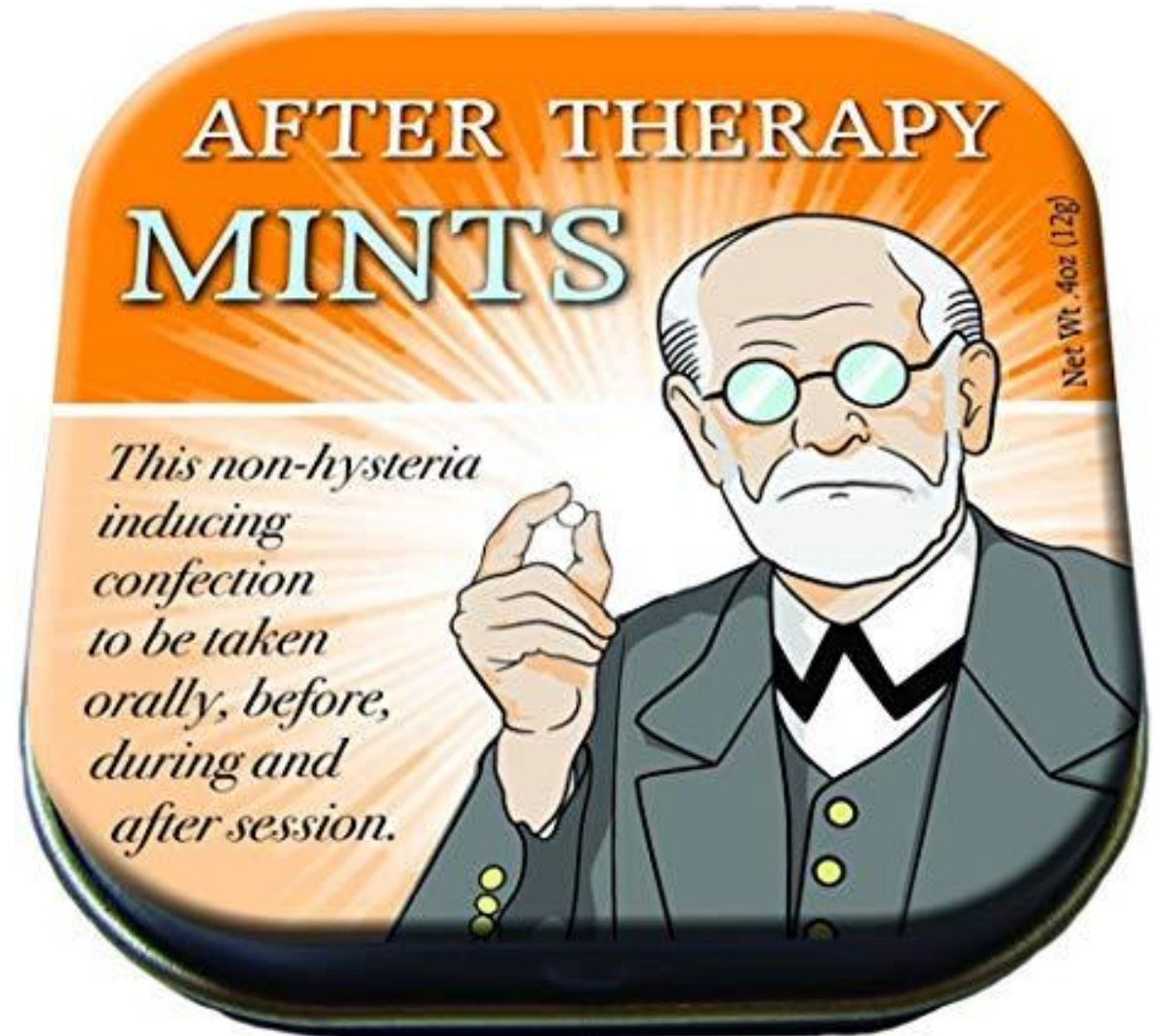
ing in the past (risky

stalking behaviours.

# EVALUATION OF THERAPY

Qualitative analysis - Key Themes related to:

1. Therapy Progression
2. Therapy Enhancing Factors
3. Barriers to Therapy
4. Outcomes of Therapy – Good & Not-so-good



## 1. Therapy Progression:

- Substantial Barriers Existed at the Outset of Therapy

*mistrust*      anger  
dislike of **poor insight**  
mental health *did not want therapy*  
services      **resistant**

- Building rapport and engaging client, difficult but achievable and worthwhile

*“Slow process”*

*Building even small amounts of trust took a long time*

*As therapy progressed – “more candid”, “  
more genuine”, “less positive impression management”*



## 2. THERAPY ENHANCING FACTORS — WHAT WORKED?

1. **Build Rapport and engagement are important and require revisiting**
2. **Adapting standard therapies to make them more responsive to clients' needs.**
3. **Using therapy exercises, visual aids, and practical tools was very important**

# THERAPY ENHANCING FACTORS – WHAT WORKED?

## 2. Adapting standard therapies to make them more responsive to clients' needs.

The word “stalking” was too inflammatory ..... her stalking behaviours were referred to as “repeated contact”, “the behaviour” or “the S-word”. She was more engaged in the therapeutic process once the word “stalking” was not mentioned.

Not responsive to CBT but responded well to positive psychology approach ie. focus on how much time he spent NOT thinking about victim & what he was doing while not stalking victim.

## 3. Using therapy exercises, visual aids, and practical tools was very important

Victim impact statements helped to challenge faulty beliefs.

“CaseX responded better when the therapeutic technique was grounded in real-life examples and did not involve concepts that were unfamiliar.”

“The use of case scenarios to illustrate points and model various behaviours was well received.”

# 3. BARRIERS TO THERAPY

<b>Therapy Interfering Behaviours</b>	<ul style="list-style-type: none"><li>• Dropping out of therapy and then re-engaging</li><li>• “Defensive”</li><li>• Verbally Aggressive during session</li><li>• Refusing to discuss: “CaseX would not speak about anything “negative”, for example “how do you tell a good relationship from a bad relationship?” was seen as being a negative topic.”</li></ul>
<b>Unstable Mental State</b>	SUICIDAL      DEPRESSED      PSYCHOTIC Religious delusions – “quoting of Biblical verses to support his entrenched delusions.” Hospital admissions for 3 consumers. Medication reduced or ceased by treating team.
<b>Rigidity in Attitudes &amp; Cognitions</b>	Rigid adherence to beliefs that supported stalking: <ul style="list-style-type: none"><li>• victim was “saving herself” for him &amp; would continue to do so indefinitely.””</li><li>• “She has had strong feelings for me and must still have these feelings.”</li></ul> Difficulties comprehending new or complex materials
<b>Destabilisers</b>	Medication changes, entered into a relationship, accommodation changes, EG.: CaseY had 3 changes of treating team and 4 different case managers within 12 months.

## 4. THERAPY OUTCOMES



# THERAPY OUTCOMES

## I Good Outcomes

### **Changes in Insight**

**Attitudes about Stalking and Cognitions supporting Stalking have decreased.**

**Coping Skills were developed.**

**Cessation of / Reduction of Stalking.**

# THERAPY OUTCOMES

## I Good Outcomes

### **Changes in Insight**

“CaseA understands the legal definition of stalking. ... acknowledges that his repeated contact was actually stalking.”

Case5 understands the consequences of any further instances of “repeated contact”.

Case B shows insight into indicators of stalking relapse and in relation to Victim”.

### **Attitudes about Stalking and Cognitions supporting Stalking have decreased.**

“CaseY no longer wants a relationship with Victim. Has changed name legally to reflect this.”

Does not believe that stalking behaviours are endorsed by God.

### **Coping Skills were developed.**

### **Cessation of / Reduction of Stalking.**

# THERAPY OUTCOMES

## Not-so-good Outcomes

**Therapy ceased at Client's Insistence / Therapist wanted more sessions.**

Client stopped therapy stating "I just don't want to".

No post- therapy measures were unable to be taken.

**Goals were only achieved superficially.**

Unwilling to discuss risks towards other potential victims.

# OBSERVED OUTCOMES





# Pre and Post test data



## **Stalking Risk Profile**

Decreases in Violence Risk

Decreases in Risk of Further Stalking (persistence / recurrence)

Some increases in Psychosocial Damage for the Stalker


# OUTCOMES OF THERAPY

Cessation in stalking behaviour for 4 out of 5. No further stalking charges (that we know of).

Notable changes –

- 2 clients dated during the therapy period and did not go on to stalk their dates (change in behaviour)
- Client changed their name legally to have a different name than their victim.
- Client changed their next of kin so it was no longer their victim.

During stalking therapy, 2 clients became suicidal as a result of developing insight and



Cannot conclude that therapy in and of itself caused the positive outcomes – there could be other factors not measured in this study.

Generalisability of these findings are limited due to the small sample size and missing data.

# KEY FINDINGS

Therapy provision for stalkers tended to include similar modules:

Engagement; Psychoeducation & Insight; Coping skills, problem solving skills and emotional regulation; Relapse Prevention.

Modules did not follow in any linear order and some had to be repeated – suggest that manualised approach to therapy would not work and an individualised approach would be better

A range of therapy techniques were used.

Building rapport with clients was difficult due to an intense mistrust of service providers in general.

# IN SUMMARY

- Therapy with difficult and repeat stalkers can yield positive results
- However, there are challenges to therapy which can make progress slow
- Stability of mental illness would likely aid therapy



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