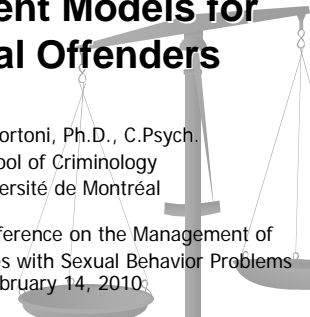


**Understanding
Treatment Models for
Sexual Offenders**

Franca Cortoni, Ph.D., C.Psych.
School of Criminology
Université de Montréal

18th Annual Conference on the Management of
Adults and Juveniles with Sexual Behavior Problems?
February 14, 2010




Outline of the Workshop

- Setting the context
- Some concepts
- Review of RP; Self-Regulation; R-N-R; GLM
- Making Sense: A Simplified Framework
- Discussion & Conclusion

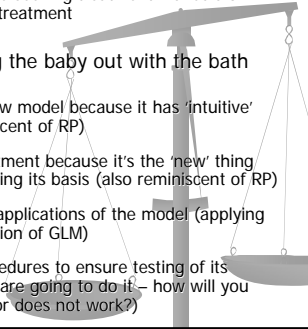


Setting the Context



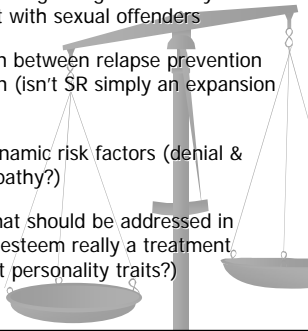
Context

- The Good Life Model is gaining in 'popularity'
 - Many people are seeking treatment manuals on how to do 'GL' treatment
- Danger: 'Throwing the baby out with the bath water'
 - Shifting to a new model because it has 'intuitive' appeal (reminiscent of RP)
 - Doing 'GL' treatment because it's the 'new' thing without examining its basis (also reminiscent of RP)
 - Indiscriminate applications of the model (applying own interpretation of GLM)
 - Having no procedures to ensure testing of its efficacy (if you are going to do it – how will you know it works or does not work?)

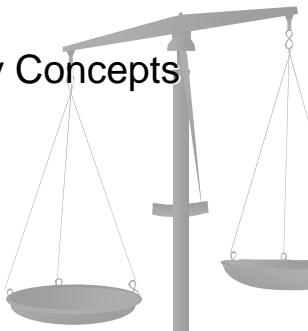


Controversies

- Continuing debates regarding the efficacy of existing treatment with sexual offenders
- Ongoing confusion between relapse prevention and self-regulation (isn't SR simply an expansion of the RP model?)
- Debates about dynamic risk factors (denial & minimisation; empathy?)
- Debates about what should be addressed in treatment (is self-esteem really a treatment issue? What about personality traits?)

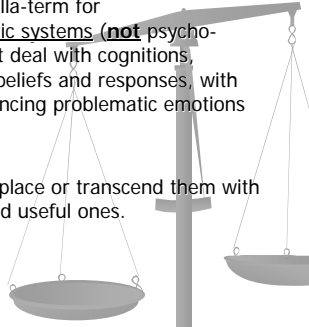


Key Concepts



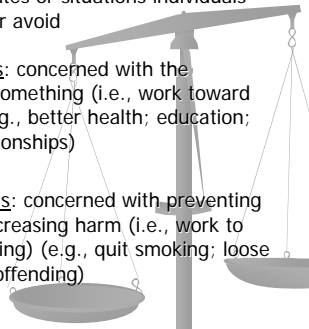
Cognitive-Behavioral Therapy (CBT)

- CBT is an umbrella-term for psychotherapeutic systems (**not** psycho-educational) that deal with cognitions, interpretations, beliefs and responses, with the aim of influencing problematic emotions and behaviors.
- The goal is to replace or transcend them with more realistic and useful ones.



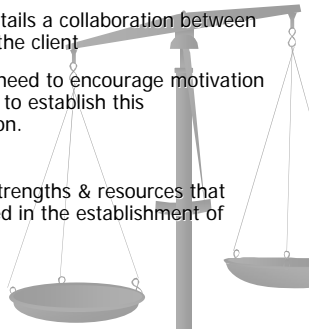
Goals

- Goals: desired states or situations individuals seek to achieve or avoid
 - **Approach goals:** concerned with the acquisition of something (i.e., work toward something) (e.g., better health; education; improved relationships)
 - **Avoidance goals:** concerned with preventing something; decreasing harm (i.e., work to reduce something) (e.g., quit smoking; loose weight; avoid offending)

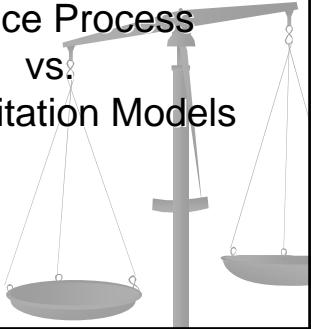


2 General Principles

- Setting goals entails a collaboration between the therapist & the client
 - therapists need to encourage motivation for change to establish this collaboration.
- The client has strengths & resources that should be utilised in the establishment of goals.



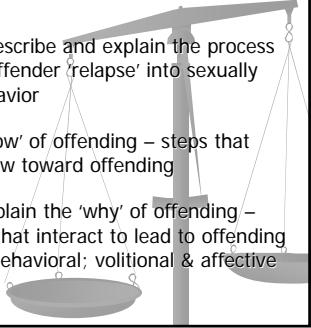
**Offence Process
vs.
Rehabilitation Models**



Offense Process vs. Rehabilitation Models

Offense Process:

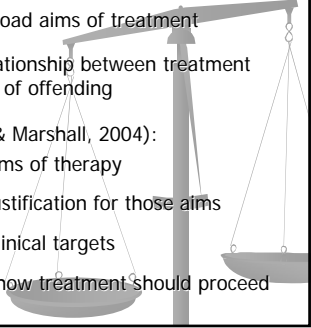
- Models that describe and explain the process by which an offender 'relapse' into sexually offending behavior
- Explain the 'how' of offending – steps that offenders follow toward offending
- Attempt to explain the 'why' of offending – the elements that interact to lead to offending (i.e., include behavioral; volitional & affective elements)




Offense Process vs. Rehabilitation Models

Rehabilitation Models:

- Describe the broad aims of treatment
- Include the relationship between treatment and the causes of offending
- 4 aspects (Ward & Marshall, 2004):
 - Specify aims of therapy
 - Provide justification for those aims
 - Identify clinical targets
 - Describe how treatment should proceed

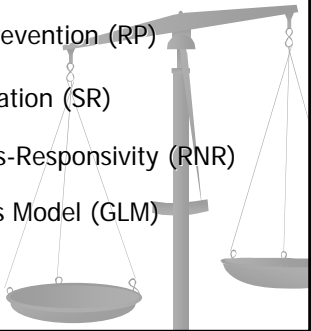


Current Models in the Treatment of Sexual Offenders




Current Models

- Relapse Prevention (RP)
- Self-Regulation (SR)
- Risk-Needs-Responsivity (RNR)
- Good Lives Model (GLM)

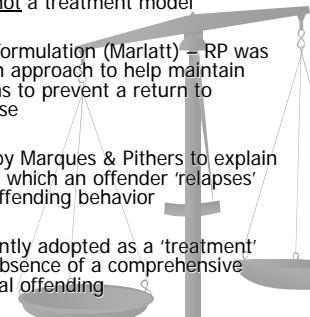


Relapse Prevention



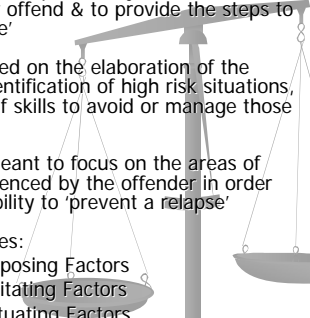
Relapse Prevention

- Technically – not a treatment model
- In its original formulation (Marlatt) – RP was designed as an approach to help maintain treatment gains to prevent a return to substance abuse
- Was adapted by Marques & Pithers to explain the process by which an offender 'relapses' into sexually offending behavior
- Was subsequently adopted as a 'treatment' model in the absence of a comprehensive theory of sexual offending



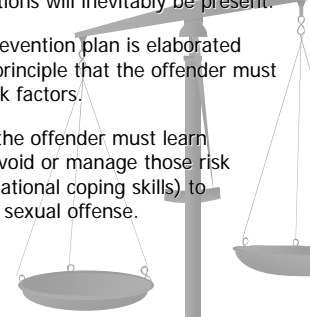
Traditional RP (Marques & Pithers)

- A model used in treatment to develop an understanding of the process by which the offender sexually offend & to provide the steps to prevent a 'relapse'
- Treatment is based on the elaboration of the offence cycle, identification of high risk situations, & development of skills to avoid or manage those situations
- Intervention is meant to focus on the areas of difficulties experienced by the offender in order to improve his ability to 'prevent a relapse'
- Areas of difficulties:
 - Predisposing Factors
 - Precipitating Factors
 - Perpetuating Factors



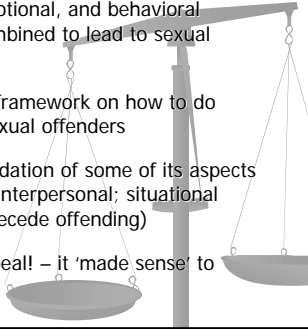
Principles underlying RP Treatment

- High risk situations will inevitably be present.
- The relapse prevention plan is elaborated based on the principle that the offender must avoid those risk factors.
- In treatment, the offender must learn strategies to avoid or manage those risk situations (situational coping skills) to prevent a new sexual offense.



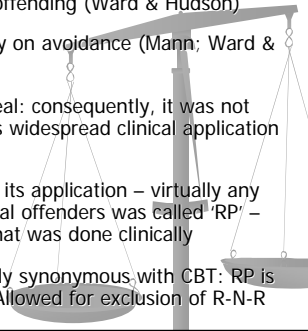
Strengths of RP

- Provided a simple and understandable model of the cognitive, emotional, and behavioral elements that combined to lead to sexual offending
- Gave clinicians a framework on how to do treatment with sexual offenders
- Had empirical validation of some of its aspects (e.g., emotional; interpersonal; situational difficulties that precede offending)
- Had 'intuitive' appeal! – it 'made sense' to therapists

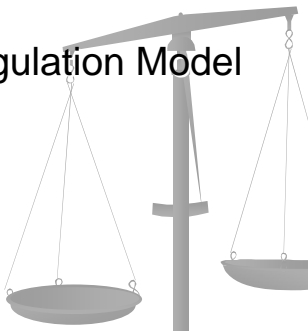


Weaknesses of RP

- Too narrow - does not accurately reflect various ways that lead to offending (Ward & Hudson)
- Focused exclusively on avoidance (Mann; Ward & Hudson)
- Had 'intuitive' appeal: consequently, it was not validated before its widespread clinical application (Ward & Hudson)
- Lack of integrity in its application – virtually any 'treatment' of sexual offenders was called 'RP' – but no sense of what was done clinically
- Became erroneously synonymous with CBT: RP is CBT & CBT is RP! Allowed for exclusion of R-N-R

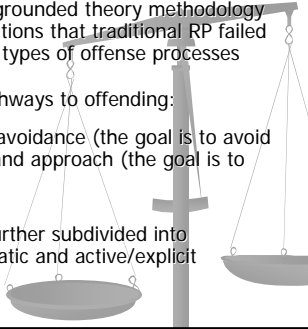


Self-Regulation Model



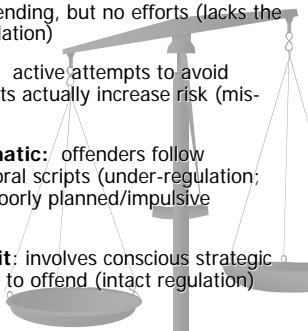
Self-Regulation Model (Ward & Hudson)

- Developed from grounded theory methodology following observations that traditional RP failed to account for all types of offense processes
- Established 4 pathways to offending:
 - Two streams: avoidance (the goal is to avoid re-offending) and approach (the goal is to offend)
 - Each stream further subdivided into passive/automatic and active/explicit pathways



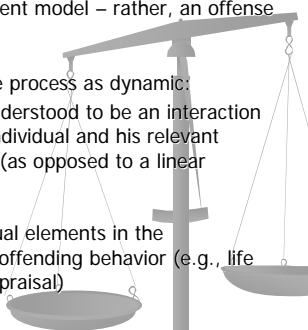
SR Pathways

- **Avoidant-Passive:** the traditional RP model; desire to avoid offending, but no efforts (lacks the skills – under-regulation)
- **Avoidant-Active:** active attempts to avoid offending but efforts actually increase risk (mis-regulation)
- **Approach-Automatic:** offenders follow automated behavioral scripts (under-regulation; desire to offend; poorly planned/impulsive behavior)
- **Approach-Explicit:** involves conscious strategic planning with aims to offend (intact regulation)



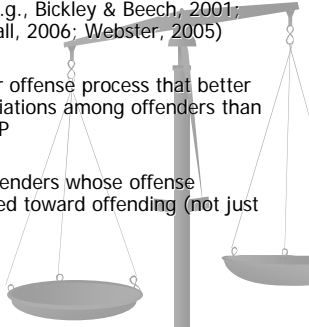
SR Model

- Also not a treatment model – rather, an offense process model
- Views the offense process as dynamic:
 - offending is understood to be an interaction between the individual and his relevant circumstances (as opposed to a linear process)
- Includes contextual elements in the determination of offending behavior (e.g., life events & their appraisal)



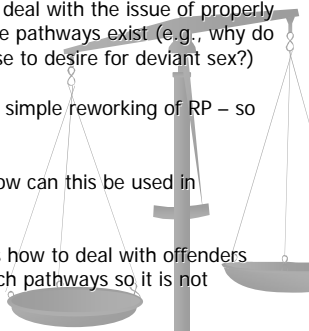
Strengths

- Some empirical evidence for the existence of the pathways (e.g., Bickley & Beech, 2001; Lindsay & Goodall, 2006; Webster, 2005)
- Provides a richer offense process that better accounts for variations among offenders than the traditional RP
- Applicable to offenders whose offense process is focused toward offending (not just avoidance)



Weaknesses & Criticisms

- Like RP, does not deal with the issue of properly explaining *why* the pathways exist (e.g., why do life events give rise to desire for deviant sex?)
- Some view it as a simple reworking of RP – so nothing new!
- 'Too complex – how can this be used in treatment?'
- 'Does not address how to deal with offenders who have approach pathways so it is not helpful!'

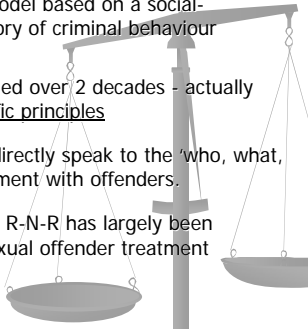


Risk-Need-Responsivity



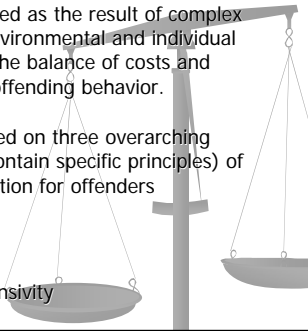
Don Andrews' work

- A rehabilitation model based on a social-psychological theory of criminal behaviour
- Developed & refined over 2 decades - actually contains 18 specific principles
- These principles directly speak to the 'who, what, and how' of treatment with offenders.
- Until recently, the R-N-R has largely been ignored by the sexual offender treatment literature



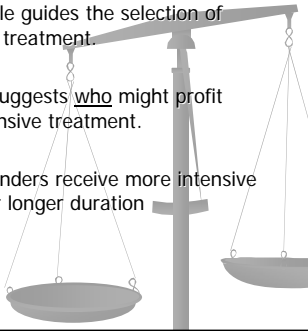
Risk-Needs-Responsivity Model (Andrews & Bonta)

- Offending is viewed as the result of complex interactions of environmental and individual factors that tilts the balance of costs and rewards toward offending behavior.
- Treatment is based on three overarching principles (that contain specific principles) of effective intervention for offenders
 - Risk
 - Need
 - Responsivity



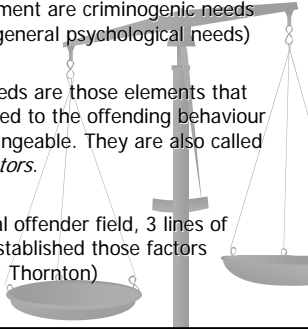
Risk Principle

- The risk principle guides the selection of participants for treatment.
- Specifically, it suggests who might profit from more intensive treatment.
- Higher risk offenders receive more intensive treatment & for longer duration



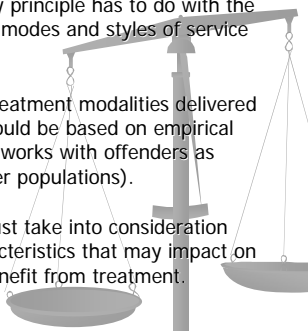
Need Principle

- The need principle states that the appropriate targets for treatment are **criminogenic needs** (as opposed to general psychological needs)
- Criminogenic needs are those elements that are directly related to the offending behaviour and that are changeable. They are also called *dynamic risk factors*.
- Within the sexual offender field, 3 lines of research have established those factors (Beech; Hanson; Thornton)



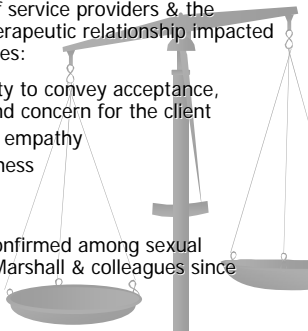
Responsivity Principle

- The responsivity principle has to do with the selection of the modes and styles of service delivery.
- The choice of treatment modalities delivered to offenders should be based on empirical evidence (what works with offenders as opposed to other populations).
- Intervention must take into consideration individual characteristics that may impact on the ability to benefit from treatment.



Therapeutic Approach in RNR

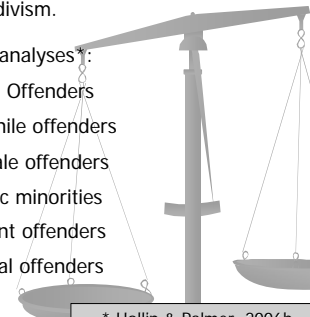
- As early as 1980, Andrew identified that characteristics of service providers & the quality of the therapeutic relationship impacted on recidivism rates:
 - The ability to convey acceptance, caring and concern for the client
 - Accurate empathy
 - Genuineness
 - Rapport
- These were confirmed among sexual offenders by Marshall & colleagues since 2000.



Strengths of R-N-R

- Overwhelming empirical evidence for its power in reducing recidivism.
- Over fifty meta-analyses*:
 - Adult Offenders
 - Juvenile offenders
 - Female offenders
 - Ethnic minorities
 - Violent offenders
 - Sexual offenders

* Hollin & Palmer, 2006b

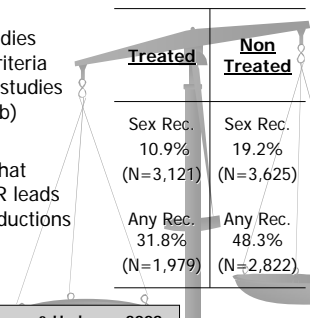


The latest meta-analysis of S.O. treatment based on R-N-R

- 23 outcomes studies that met basic criteria for good quality studies (CODC, 2007 a, b)
- S.O. treatment that adheres to R-N-R leads to the largest reductions in recidivism

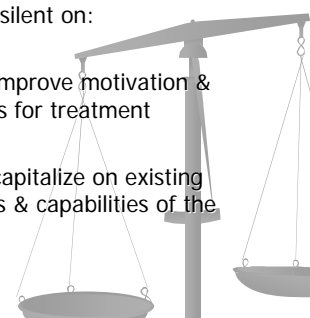
Treated	Non Treated
Sex Rec. 10.9% (N=3,121)	Sex Rec. 19.2% (N=3,625)
Any Rec. 31.8% (N=1,979)	Any Rec. 48.3% (N=2,822)

Hanson, Bourgon, Helmus, & Hodgson, 2009



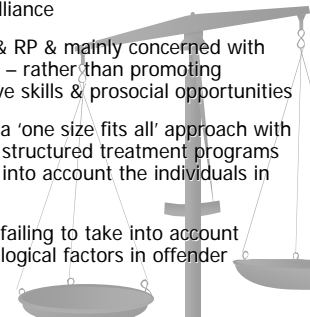
Weakness of R-N-R

- Traditionally silent on:
 1. How to improve motivation & readiness for treatment
 2. How to capitalize on existing strengths & capabilities of the offender

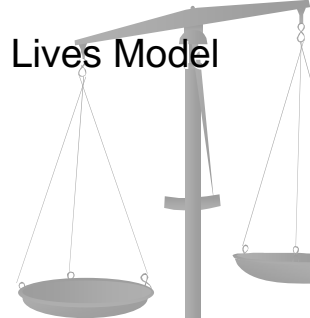


Criticisms of R-N-R

- Considers R-N-R to be silent on the importance of therapeutic alliance
- Equates R-N-R & RP & mainly concerned with avoidance goals – rather than promoting personal adaptive skills & prosocial opportunities
- Views R-N-R as a 'one size fits all' approach with its emphasis on structured treatment programs – does not take into account the individuals in treatment
- Views R-N-R as failing to take into account contextual / ecological factors in offender rehabilitation

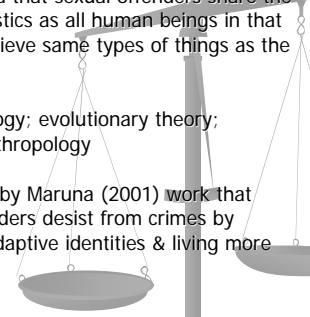


Good Lives Model

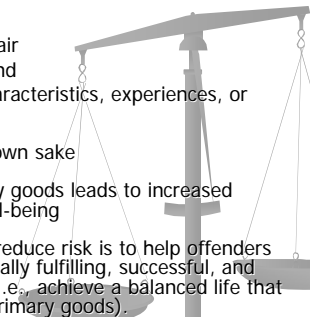


Good Lives Model (Ward & Steward, 2003)

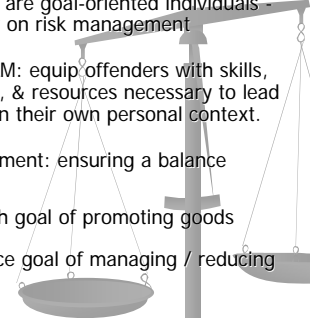
- Grounded in idea that sexual offenders share the same characteristics as all human beings in that they seek to achieve same types of things as the rest of us.
- Basis in psychology; evolutionary theory; philosophical anthropology
- Also, influenced by Maruna (2001) work that found that offenders desist from crimes by creating more adaptive identities & living more fulfilling lives.



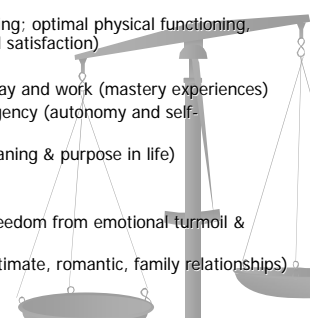
GLM

- Basic premise: Human are goal-directed and inclined to obtain 'goods'.
 - 'Primary goods':
 - states of affair
 - states of mind
 - personal characteristics, experiences, or activities
 - Sought for their own sake
 - Obtaining primary goods leads to increased psychological well-being
 - The best way to reduce risk is to help offenders lead more personally fulfilling, successful, and productive lives (i.e., achieve a balanced life that accounts for all primary goods).
- 

GLM

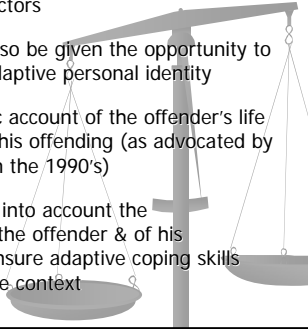
- Intervention should take into account that sexual offenders are goal-oriented individuals - not focused only on risk management
 - Major goal of GLM: equip offenders with skills, values, attitudes, & resources necessary to lead a 'good life' given their own personal context.
 - Tasks of treatment: ensuring a balance between:
 - Approach goal of promoting goods
 - Avoidance goal of managing / reducing risk
- 

'Primary Goods'

- Primary goods include:
 - Life (healthy living; optimal physical functioning, including sexual satisfaction)
 - Knowledge
 - Excellence at play and work (mastery experiences)
 - Excellence in agency (autonomy and self-directedness)
 - Spirituality (meaning & purpose in life)
 - Creativity
 - Happiness
 - Inner peace (freedom from emotional turmoil & stress)
 - Relatedness (intimate, romantic, family relationships)
 - Community
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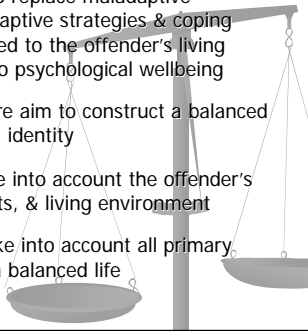
GLM – key concepts

- In GLM, it is not enough to teach skills to control or manage risk factors
- Offenders must also be given the opportunity to fashion a more adaptive personal identity
- Requires a holistic account of the offender's life up to the time of his offending (as advocated by Ellerby & Longo in the 1990's)
- Also need to take into account the characteristics of the offender & of his environment to ensure adaptive coping skills appropriate for the context



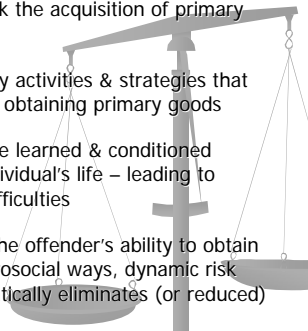
GLM – key concepts (cont...)

- Treatment aims to replace maladaptive strategies with adaptive strategies & coping skills that are linked to the offender's living situation to lead to psychological wellbeing
- Plans for the future aim to construct a balanced prosocial personal identity
- Plans need to take into account the offender's strengths, interests, & living environment
- Plans explicitly take into account all primary goods to ensure a balanced life



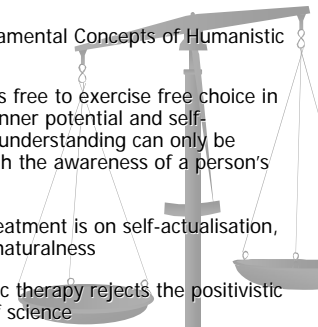
GLM – key concepts (cont...)

- Dynamic risk factors are internal & external obstacles that block the acquisition of primary goods
- They are essentially activities & strategies that create problems in obtaining primary goods
- These obstacles are learned & conditioned throughout the individual's life – leading to various types of difficulties
- By strengthening the offender's ability to obtain human goods in prosocial ways, dynamic risk factors are automatically eliminated (or reduced)



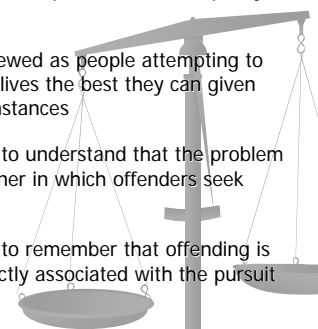
Therapeutic Approach

- In GLM, therapists adopt a constructive humanistic approach
- ** Reminder: Fundamental Concepts of Humanistic Therapy:
 - Views clients as free to exercise free choice in the pursuit of inner potential and self-actualisation - understanding can only be realised through the awareness of a person's experience
 - Emphasis in treatment is on self-actualisation, freedom, and naturalness
 - Pure humanistic therapy rejects the positivistic determinism of science



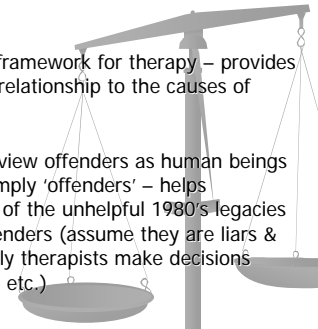
Therapeutic Approach in GLM

- Therapists need to respect offenders' capacity to change
- Offenders are viewed as people attempting to lead worthwhile lives the best they can given their own circumstances
- Therapists need to understand that the problem lie with the manner in which offenders seek primary goods
- Therapists need to remember that offending is directly or indirectly associated with the pursuit of a 'good life'



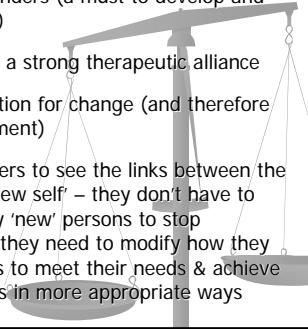
Strengths of GLM

- A rehabilitative theory that provides a holistic view of offenders
- Provides a clear framework for therapy – provides the aims & their relationship to the causes of offending
- Helps therapists view offenders as human beings as opposed to simply 'offenders' – helps counteract some of the unhelpful 1980's legacies about sexual offenders (assume they are liars & manipulators; only therapists make decisions about treatment; etc.)



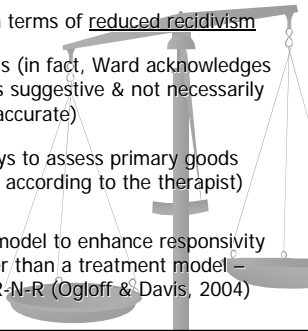
Strengths (cont...)

- Establishes a climate of collaboration among therapists and offenders (a must to develop and work toward goals)
- Explicitly promotes a strong therapeutic alliance
- Focuses on motivation for change (and therefore treatment engagement)
- Encourages offenders to see the links between the 'old self' and the 'new self' – they don't have to become completely 'new' persons to stop offending – rather they need to modify how they go about their lives to meet their needs & achieve their primary goods in more appropriate ways



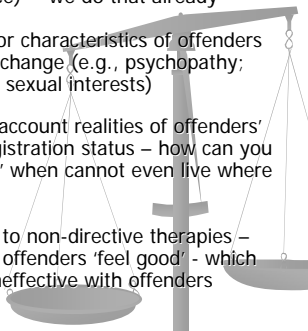
Weaknesses of GLM

- Lack of research on:
 - Its efficacy in terms of reduced recidivism
 - Primary goods (in fact, Ward acknowledges that the list is suggestive & not necessarily complete or accurate)
 - Validated ways to assess primary goods (idiosyncratic according to the therapist)
- Best viewed as a model to enhance responsivity to treatment rather than a treatment model – does not replace R-N-R (Ogloff & Davis, 2004)



Criticisms of GLM

- It's nothing new (just a reconceptualisation of good clinical practice) – 'we do that already'
- Does not account for characteristics of offenders that are difficult to change (e.g., psychopathy; entrenched deviant sexual interests)
- Does not take into account realities of offenders' situations (e.g., registration status – how can you achieve a 'good life' when cannot even live where you choose?)
- Advocates a return to non-directive therapies – focused on helping offenders 'feel good' - which also have proven ineffective with offenders



Process Evaluation of GLM

- Northumbria Sex Offender Programme implemented a Better Lives (BL) module that replaces the RP module
- Interviewed :
 - 15 men who attended the new BL module
 - 5 who attended the old RP module.
 - 11 program facilitators

Harkins, Flak, & Beech (2009)

Therapists' views

- Therapists found the focus on positives useful – but that it lacked important focus on risk factors:
 - ...‘the bit about their sexual offending gets lost’
- Also noted not useful for unmotivated or high risk offenders.

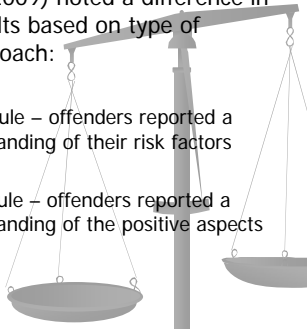
Offenders' views

- Offenders found the focus on positives & on skills practice useful
- As well, model is helpful to maintain motivation
- One problem related to the language:
 - Some found it too complex: ... ‘there’s a lot of jargon in it’

Overall Finding:

■ Harkins et al (2009) noted a difference in treatment results based on type of treatment approach:

- In the RP module – offenders reported a better understanding of their risk factors
- In the BL module – offenders reported a better understanding of the positive aspects of themselves



Dynamic Risk Factors of Sexual Offenders



Dynamic Risk Factors that Should be Targeted in Treatment

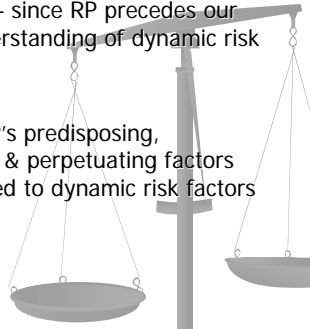
■ General agreement that the main changeable characteristics (i.e., dynamic risk factors) associated with sexual offending are:

- Deviant sexual interests
- Sexual pre-occupation
- Low self-control (poor self-regulation)
- Distorted cognitions about life in general (grievance thinking) as well as offending
- Lack of meaningful intimate relationships
- Problematic socio-affective functioning



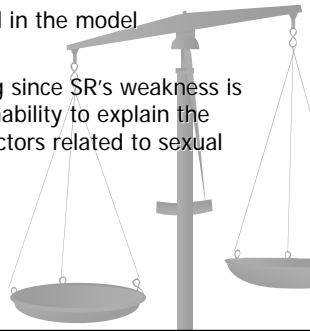
Link of Dynamic Risk Factors to RP

- Not explicit – since RP precedes our current understanding of dynamic risk factors
- However, RP's predisposing, precipitating & perpetuating factors can be related to dynamic risk factors



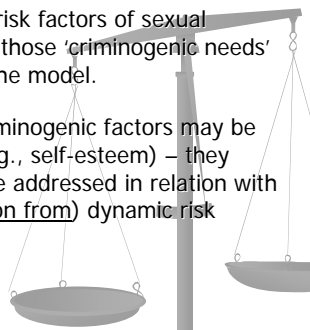
Link to SR

- Not discussed in the model
- Not surprising since SR's weakness is found in its inability to explain the underlying factors related to sexual offending.



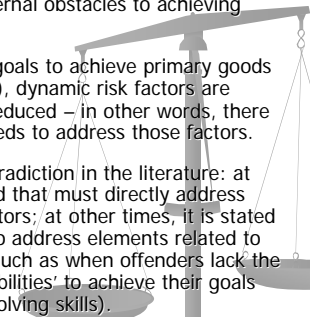
Link with R-N-R model

- The dynamic risk factors of sexual offenders are those 'criminogenic needs' discussed in the model.
- While non-criminogenic factors may be addressed (e.g., self-esteem) – they should only be addressed in relation with (not in isolation from) dynamic risk factors.

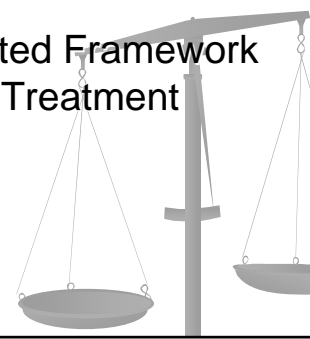


Link with GLM

- Dynamic risk factors are conceptualized as internal and external obstacles to achieving primary goods.
- By establishing goals to achieve primary goods (approach goals), dynamic risk factors are 'automatically' reduced – in other words, there are no direct needs to address those factors.
- But... some contradiction in the literature: at times, it is stated that must directly address dynamic risk factors; at other times, it is stated that only need to address elements related to those factors – such as when offenders lack the 'means' or 'capabilities' to achieve their goals (e.g., problem-solving skills).

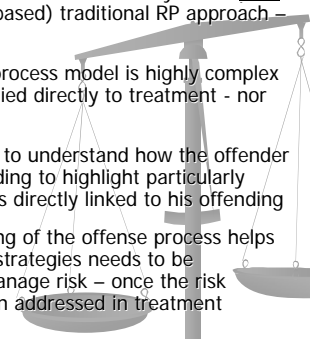


Suggested Framework for Treatment



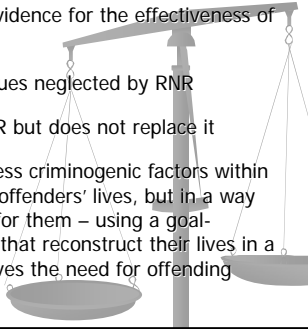
Offense Process Models in Treatment

- There is no evidence for the efficacy of the pure (i.e., avoidance-based) traditional RP approach – let it go!
- The SR offense process model is highly complex & cannot be applied directly to treatment - nor should it!
- Use it as a guide to understand how the offender gets to his offending to highlight particularly problematic areas directly linked to his offending
- The understanding of the offense process helps determine what strategies needs to be established to manage risk – once the risk factors have been addressed in treatment

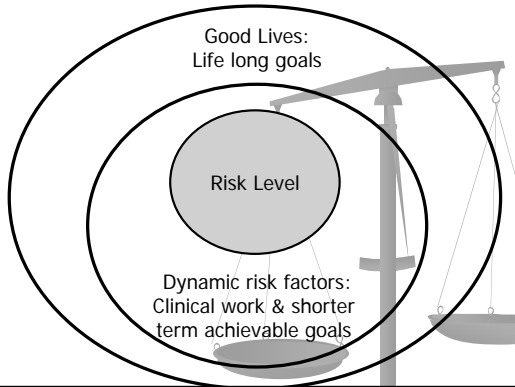


Treatment Model: Combining R-N-R with GLM (but with caveats!)

- Strong empirical evidence for the effectiveness of the R-N-R model
- GLM deals with issues neglected by RNR
- GLM enhances RNR but does not replace it
- The key is to address criminogenic factors within the context of the offenders' lives, but in a way that makes sense for them – using a goal-oriented approach that reconstruct their lives in a manner that removes the need for offending

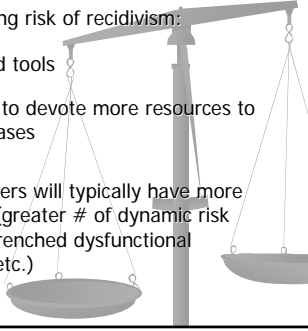


Combining RNR & GLM



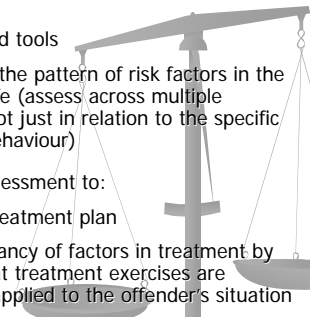
Combining RNR with GLM Central Core: Risk

- Start by considering risk of recidivism:
 - Use validated tools
 - Be prepared to devote more resources to higher risk cases
- Higher risk offenders will typically have more treatment needs (greater # of dynamic risk factors; more entrenched dysfunctional thinking patters; etc.)



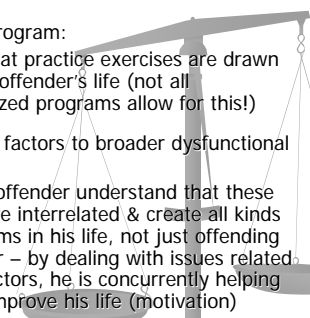
Middle Core: Dynamic Risk Factors

- Assess presence and extent of dynamic risk factors:
 - Use validated tools
 - Understand the pattern of risk factors in the offender's life (assess across multiple domains - not just in relation to the specific offending behaviour)
- Use results of assessment to:
 - Develop a treatment plan
 - Embed relevancy of factors in treatment by ensuring that treatment exercises are specifically applied to the offender's situation



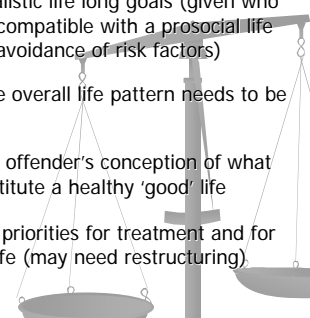
Middle Core (cont...)

- As needed, build skill development and practice in the treatment
- If standardized program:
 - ensure that practice exercises are drawn from the offender's life (not all standardized programs allow for this!)
- Link dynamic risk factors to broader dysfunctional life patterns
 - help the offender understand that these factors are interrelated & create all kinds of problems in his life, not just offending behaviour – by dealing with issues related to risk factors, he is concurrently helping himself improve his life (motivation)



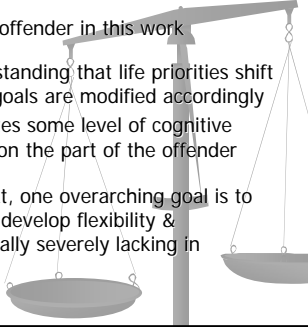
Outer Core: Good Lives

- The focus on realistic life long goals (given who the offender is) compatible with a prosocial life (rather than on avoidance of risk factors)
- This is where the overall life pattern needs to be examined
 - Explore the offender's conception of what would constitute a healthy 'good' life
 - Explore his priorities for treatment and for his future life (may need restructuring)

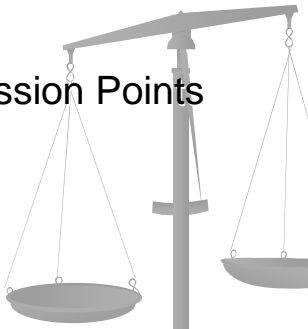


Outer Core (cont...)

- Establish priorities for the establishment of long term goals
 - enrol the offender in this work
- Impart the understanding that life priorities shift with time & that goals are modified accordingly
 - necessitates some level of cognitive flexibility on the part of the offender
- Within this context, one overarching goal is to help the offender develop flexibility & adaptability (typically severely lacking in offenders)

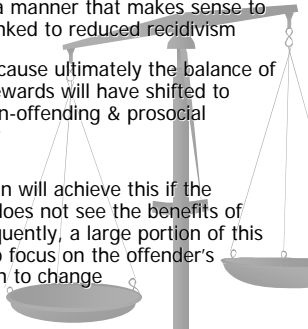


Discussion Points



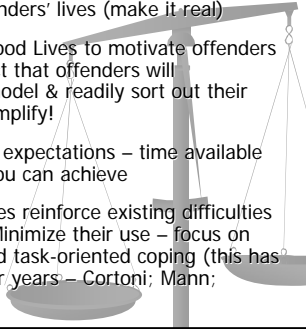
Food for Thoughts

- Helping offenders lead more meaningful prosocial lives in a manner that makes sense to them should be linked to reduced recidivism
 - This is because ultimately the balance of costs & rewards will have shifted to favour non-offending & prosocial behaviour
- But no intervention will achieve this if the offender himself does not see the benefits of doing so – consequently, a large portion of this work may need to focus on the offender's general motivation to change



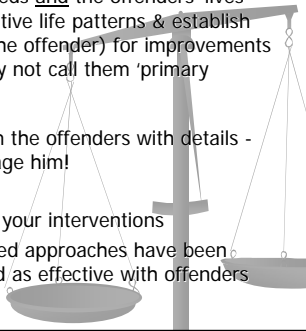
Food for thoughts!

- Do not equate psycho-education with CBT – it can be an important part – but it needs to be applied directly to the offenders' lives (make it real)
- Use concepts of Good Lives to motivate offenders – but do not expect that offenders will comprehend the model & readily sort out their primary goods - simplify!
- Be realistic in your expectations – time available will dictate what you can achieve
- Avoidance strategies reinforce existing difficulties within offenders. Minimize their use – focus on approach goals and task-oriented coping (this has been advocated for years – Cortoni; Mann; Marshall)



Food for thoughts (cont...)

- Assess risk & needs and the offenders' lives – identify his negative life patterns & establish priorities (with the offender) for improvements (you may or may not call them 'primary goods')
- Don't overwhelm the offenders with details - you will discourage him!
- Be structured in your interventions
 - Structured approaches have been validated as effective with offenders



Food for thoughts (cont...)

- Work with the offenders in establishing goals – again be realistic – they need to be achievable
- Break down long-term goals into a series of short term goals to ensure the offender has experiences of success (see Mann)
- Realise that motivation for change is not a static state – continually work at encouraging offenders
- Be careful not to impose your own views of what makes a 'good life' – in our context, a 'good life' sometimes means that the offender has stopped offending but has not necessarily achieved, for example, excellence at work

