Understanding Treatment Models for Sexual Offenders

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Outline of the Workshop

- Setting the context
- Some concepts
- Review of RP; Self-Regulation; R-N-R; GLM
- 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

Offence 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)

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?'
- Some state '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

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<th>Treated</th>
<th>Non-Treated</th>
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<tr>
<td>Sex Rec.</td>
<td>10.9%</td>
<td>19.2%</td>
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<tr>
<td>(N=3,121)</td>
<td></td>
<td>(N=3,625)</td>
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<tr>
<td>Any Rec.</td>
<td>31.8%</td>
<td>46.3%</td>
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<td>(N=1,979)</td>
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<td>(N=2,822)</td>
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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 focus 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
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

Process Evaluation – Colorado

- Colorado Dept. of Corrections - Sex Offender Treatment and Monitoring
- Program Evaluation of the GLM Approach to Treatment Planning
- 2 groups (no random assignment):
  - RP Treatment Plan (n= 100)
  - GLM Treatment Plan (n= 96)
- GLM offenders showed more motivation & less attrition from treatment

Simons, McCullar, & Tyler (2008)

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

- Good Lives: Life long goals
- Risk Level
- Dynamic risk factors: Clinical work & shorter term achievable goals
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 patterns; 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 & broader ‘life plan’ (helps develop/maintain motivation for change).

Middle Core (cont…)

- As needed, build skill development and practice in the treatment
- 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

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 achieve, for example, excellence at work

Conclusion

- GLM is best conceptualized as a model to address responsivity issues among offenders – and it should not replace R-N-R (Ogloff & Davis, 2004)
- GLM picks up where R-N-R has traditionally been weak:
  - Instilling motivation for change
  - Building on existing strengths of the offenders
- Blending the two models should lead to improved outcomes
- But we will only know this if careful attention is paid to treatment design (treatment integrity is a must to test its effectiveness)
Conclusion

- Consequently, ensure that your treatment approach covers the following aspects:
  - The aims of assessment and therapy are specified
  - Those aims are directly linked to the aetiology of sexual offending
  - Clinical targets are identified a priori
  - The process of treatment is clearly described
  - The program is implemented as designed

Thank you