

Assessment, Treatment Planning and Treatment with the Adult Sex Offender

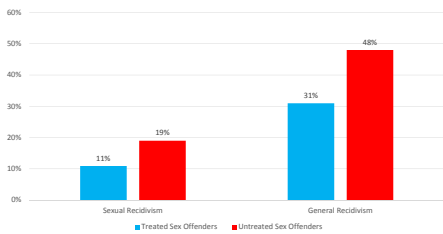
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Why do sex offender treatment?

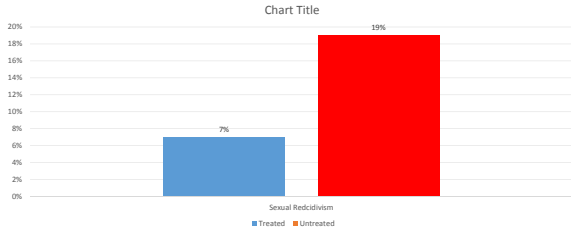
Because it works...

if by "work" you mean it reduces recidivism

Sex Offender Treatment is Effective
Meta-Analysis of 23 Studies/N=6,746 (1980-2008)
Hanson, Bourgon, Helmus & Hodgson (2009)



Juvenile Sex Offender Treatment is Effective
Meta-Analysis of 9 Studies/N=2986 (1990-2003)
Reitzel & Carbonell (2006)



How Does the Effectiveness of SO Treatment Compare to Medical and Mental Health Treatment
Marshall & McGuire (2003)

$d = \text{Treatment Effect Statistic}$

$$d = \frac{(\text{Recidivism Untreated SO}) - (\text{Recidivism Treated SO})}{\text{Pooled Standard Deviation}}$$

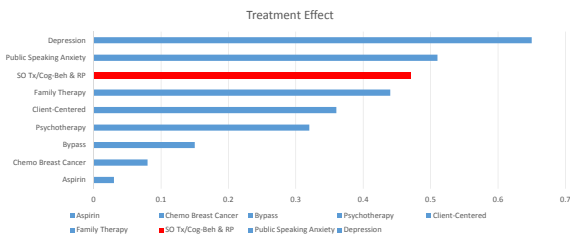
Treatment Effect Size
Marshall & McGuire (2003)

- **Small**
 $d = .20 \text{ to } .49$
- **Medium**
 $d = .50 \text{ to } .79$
- **Large**
 $d = .80 \text{ to } 1.00$

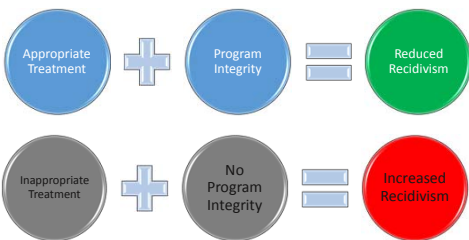
Treatment Effect for Different Types of Treatment Marshall & McGuire (2003)

- Aspirin Treatment for Myocardial Infarction = .03
- Chemotherapy for Breast Cancer = .08
- Bypass surgery for Heart Disease = .15
- Overall Effects of Psychotherapy = .32
- Client-Centered Therapy = .36
- Family Therapy = .44
- **SO Treatment/ Cog-Beh & RP = .47**
- Anxiety for Public Speaking = .51
- Depression = .65

Treatment Effect for Different Types of Treatment



Program Effectiveness & Ineffectiveness Andrews & Dowden (2005)



Risk-Need-Responsivity

Andrews & Bonta (2010)



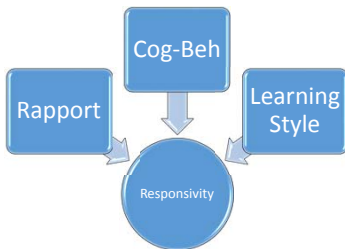
Need Principle

Andrews & Bonta, 2010

Criminogenic Need	Non-Criminogenic Need
<ul style="list-style-type: none">• Procriminal attitudes• Procriminal values• Low self-control• Hostility• Risk-taking behavior• Thrill-seeking behavior• Procriminal associates• Low educational achievement• Limited vocational skills• Marital problems• Substance abuse• Criminal leisure activities	<ul style="list-style-type: none">• Self esteem• Anxiety• Feeling blue• Feelings of alienation• Depression• Lack of ambition• History of victimization• Fear of authority

Responsivity Principle

Andrews & Bonta (2010)



Group Techniques for Men

Jennings & Sawyer, 2003

- Selective confrontation or don't confront everything
- Confront with acceptance and without humiliation
- Reframe bad behavior as a skill deficit
- Reframe hyper-masculine displays as fear-control and esteem-protection
- Use face saving techniques
- Use of tentative statements
- Allow partial acknowledge of negative/deviant thoughts, feelings and actions
- Combine threatening comments with empathy
- Facilitate male bonding

Program Effectiveness & Ineffectiveness

Andrews & Dowden (2005)



Program Integrity

Andrews & Dowden (2005)

Treatment Fidelity

The extent to which a program is practiced as intended in theory and design.

Components of Program Integrity

Andrews & Dowden (2005)



Treatment Dosage – US Programs

McGrath, Cumming, Burchard, Zeoli & Ellerby, 2009

Adult Male – Median Length of Treatment in Months

	Core Program	Aftercare Program
Community	24 Months	12 months
Residential	18 months	12 months

Juvenile Male – Median Length of Treatment

	Core Program	Aftercare Program
Community	14 months	6 months
Residential	12 months	6 months

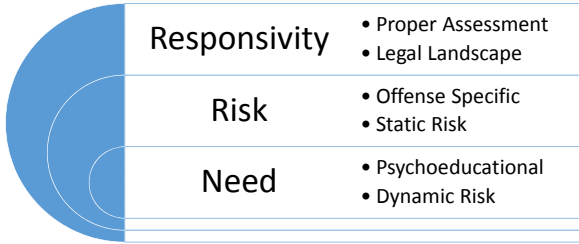
Treatment Dosage – US Programs

McGrath, Cumming, Burchard, Zeoli & Ellerby, 2009

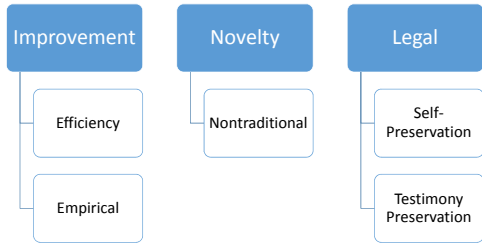
Median Number of Sessions

	Adult Male	Juvenile Male
Community	Group = 140 session	Group = 82 session
	Individual = 43 sessions	Individual = 50 sessions
	Family/Couples = 11	Family = 50
	Total = 194	Total = 182
Residential	Group = 316	Group = 187
	Individual = 32	Individual = 43
	Family/Couples = 8	Family = 11
	Total = 348	Total = 348

Practical Application – How to...



Intermediate to Advanced Skills Training – Highlights Only



Responsivity – Proper Assessment and Legal Issues

- Social History Form
- Informed Consent for Assessment Form
- Agreement regarding Therapeutic Activities
- Behavior Contract Form
- Treatment Plan Form

Social History Form

- | | |
|---------------------------------|--------------------------------------|
| (1) pregnancy, birth & infancy; | (12) accommodations; |
| (2) health; | (13) friends; |
| (3) current functioning; | (14) support systems; |
| (4) self-regulation; | (15) religious & spiritual; |
| (5) mental health; | (16) alcohol use; |
| (6) childhood issues; | (17) drug use; |
| (7) family of origin; | (18) relationship history; |
| (8) education; | (19) legal history and attitudes; |
| (9) vocation; | (20) community supervision; and (21) |
| (10) financial; | sexual history. |
| (11) leisure & hobbies; | |

Social History Form – Health

- 19. When was the last time you were in the emergency room or hospital? What caused you to go to the hospital or emergency room the last time you went?

Social History Form – Current Functioning

- 30. Do you often get frustrated with others because they can't keep up with all the things that you are trying to get done?
- 31. Have you been more talkative than usual during the recent past?
- 32. Do you feel like your ideas are going so fast that it is difficult to say what you are thinking?
- 33. Have you ever had a four day period in which you were unusually happy for NO REASON AT ALL?
- 34. Have you ever had a four day period in which you were unusually negative and critical towards others for NO REASON AT ALL

Social History Form – Self-Regulation

- 39. How many physical fights have you been in during your lifetime?
- 40. How old were you the first time you got into a physical fight?
- 41. How old were you the last time you got into a physical fight?
- 42. How many physical fights were you in prior to age nineteen?
- 43. Have you ever injured someone in a fight such that the other person needed medical attention?

Social History Form – Mental Health

- 67. Have you ever participated in mental health counseling?
- 68. Do you think you could benefit from mental health counseling at this time?
- 69. How old were you the first time you saw a therapist for mental health counseling?
- 70. In your lifetime, how many therapists have you seen for mental health counseling?
- 71. How old were you the last time you saw a mental health counselor?

Social History Form – Childhood Issues

- 99. Did you ever set fires on purpose?
- 100. Did you play tricks on animals or tease animals?
- 101. Were you ever suspended from school?
- 102. Were you ever expelled from school?

Social History Form – Family of Origin

- 139. Has your father ever been arrested?
- 140. Has your father ever had a problem with drugs or alcohol?
- 141. Has your father ever had mental health problems?
- 142. Has your mother ever been arrested?
- 143. Has your mother ever had a problem with drugs or alcohol?
- 144. Has your mother ever had mental health problems?

Social History Form – Education

- 165. What is the highest grade you completed?
- 166. Did you ever fail a grade K – twelfth grade?
- 167. Were you ever in special education?
- 168. Were you ever suspended or expelled while in school?

Social History Form – Vocation

- 178. Are you frequently unemployed?
- 179. Have you ever been out of work for twelve months (a full year)?
- 180. What is the longest amount of time that you have worked at one place and where did you work:
- 181. Do you like your job?

Social History Form – Financial

198. Currently, do you have to borrow money to pay bills or pay bills by using credit cards?

199. Currently, are you relying on family or friends for financial help?

200. Have you ever received any kind of public assistance or government financial support, e.g., disability income, food stamps, unemployment, etc.?

201. Have you ever had your utilities cut off?

Social History Form – Leisure & Hobbies

205. Do you have a hobby? If yes, what is your hobby:

206. Are you currently involved in an organized leisure activity, e.g., softball team, knitting club, etc.?

207. Are you bored most of the time?

Social History Form – Accommodations

210. Do you feel like your current residence is satisfactory?

211. Do you take pride in where you live?

212. Do you attempt to improve your residence?

Social History Form – Friends

- 219. Who is your best friend?
- 220. What do you and your best friend do for fun?
- 221. Have any of your friends ever been arrested?
- 222. Do you have friends who have never been arrested?

Social History Form – Support System

- 230. Who are the important people in your life, including family and friends?
- 231. What do you have in common with the important people in your life?

Social History Form – Religious & Spiritual

- 236. Do you attend church services weekly or more often?
- 237. Do your spiritual/religious beliefs make a difference in your behavior, such as drinking alcohol, sex or other activities?
- 238. Are you discriminated against because of your religious/spiritual beliefs?

Social History Form – Substance Use

- 247. Have you ever had to cut back on your use of alcohol?
- 248. Has anyone ever told you that you have an alcohol abuse problem?
- 249. Have you ever felt guilty about how much you drink?
- 250. Have you ever consumed alcohol first thing in the morning?

Social History Form – Relationship History

- 271. If you are currently separated from your partner, do you find yourself thinking about that relationship all the time?
- 272. Would you say that the frequency of conflict with your partner has increased during the last twelve months?
- 273. Would you say the intensity of your arguments with your partner has increased over the last twelve months?

Social History Form – Legal History

- 298. Are you currently charged with a crime? If so, what crime are you charged with and how many counts are you facing?
- 299. Were you ever arrested under age 16?
- 300. How many times have you been convicted of a misdemeanor?
- 301. How many times have you been convicted of a felony?
- 302. Have you ever gone to court when you were facing three or more counts or three more charges?

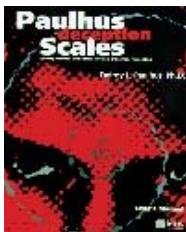
Social History Form – Community Supervision

- 310. Do you think the punishment you got was fair?
- 311. Do you think you will violate your rules at some time in the future?
- 312. Do you feel like it is time you got a break and didn't have to follow your supervision rules?
- 313. Do you resent having to do what your supervising officer tells you to do?

Social History Form – Sexual history

- 365. In your lifetime, how many sexual partners have you had of the **opposite** sex?
- 366. In your lifetime, how many sexual partners have you had of the **same** sex?
- 367. How old was your youngest sexual partner?
- 368. How old was your oldest sexual partner?
- 369. Do you feel more comfortable in sexual relations with people who are younger than you?

Check for Response Bias – Paulhus Deception Scales



Informed Consent for Forensic Treatment

- | | |
|---------------------------------|-------------------------------|
| 1. Relationship with Department | 12. Testimony |
| 2. Nontraditional Relationship | 13. Mandatory Reporting |
| 3. Purpose and Scope | 14. Permission to Communicate |
| 4. Goal | 15. Use of an Attorney |
| 5. Nature of Services | 16. Consult with an Attorney |
| 6. Potential Benefit | 17. Audio & Video Recording |
| 7. Potential Risk | 18. Interns & Trainees |
| 8. Alternative Services | 19. Research Database |
| 9. Duration | 20. Hold Harmless |
| 10. Lack of Confidentiality | 21. Terminating Treatment |
| 11. Access to Records | |

Relationship with Referral Source

- **Relationship with Department:** I agree that Treatment Provider is providing treatment to me so that I can fulfill the Department's requirements regarding treatment. Since Treatment Provider is helping me fulfill requirements established by the Department, I agree that Treatment Provider and the Department will be able to exchange information about me. I agree that there will be no confidentiality between me and Treatment Provider. I agree that Treatment Provider and Department are working as one, to help keep the community safe.
- **Nontraditional Relationship:** I agree that since services are being conducted at the request of the Department, Treatment Provider is working **with** the Department. I agree that Treatment Provider does not have a traditional Doctor-Patient, Psychologist-Client, Social Worker-Client, or Counselor-Client relationship with me. I agree that Treatment Provider is not my advocate.

Council on Sex Offender Treatment Standards of Practice

§810.62. State Standards of Practice.
 (b) Licensees shall utilize the following principles when providing sex offender assessment and treatment: (3) act in the best interests of society, the victim, and **the client**.

Potential Risks

I agree that there are no overt or implied guarantees with regard to treatment or the outcome of treatment. I agree that I might feel unpleasant emotions during the time that I am in treatment. I agree that I might reveal information that could warrant a legal response, e.g., abuse of an elderly person, child or disabled person. I agree that anything that I say, write, do, or convey to Treatment Provider may be used against me by the Department or in a court of law. I agree that weeks, months or years from now, information obtained by Treatment Provider could be used in a court or legal proceeding. I agree that some parties might try to use the information gathered during treatment against me in a court or legal setting. I agree that there might be other risks that are unique to my situation.

Testimony

Testimony: I agree that Treatment Provider might be asked to testify in court or deposition about me. I agree if I have been referred by an individual or agency involved in the legal system, I will assume that Treatment Provider will testify in deposition or court about me and my treatment. I agree that there might be an additional charge to me if Treatment Provider has to testify on my behalf or at my request.

US vs Landor

- 2009 – United States Penitentiary McCreary – High Security
- Solid steel blade found in Damon Landor’s cell
- While awaiting processing Landor asks to speak with psychologist
- Drs. Willard and Reinwald talk with Landor
- Landor tells Drs. Willard and Reinwald intent to use blade to kill a counselor who rejected his sexual proposition
- Drs. Willard and Reinwald submit written summaries
- Prosecution wants Drs. Willard and Reinwald to testify – Defense files motion to suppress

US vs Landor

- Jaffee v. Redmond – confidential communications between a licensed psychotherapist and her patients in the course of treatment are protected from compelled disclosure
- Hayes, 227 F. 3d. At 586 – psychotherapist must reveal information to prevent harm but cannot testify about the same information in criminal prosecution
- Landor - Limits of confidentiality did not warn that psychologists could testify
- Landor - Duty to report and waiver of confidentiality is different than notice that a counselor could adversely testify

GRANT Defendant Landor's motion to suppress statements made to Dr. Willard and Dr. Reinwald as matters protected by the psychiatrist/patient privilege.

Use of an Attorney

Use of an Attorney: I agree I have the right to remain silent when questioned. I agree that anything I say or do may be used me in a court of law. I agree I have the right to consult an attorney before speaking to Treatment Provider or to have an attorney present during questioning now or in the future. I agree that if I cannot afford an attorney, a court can appoint an attorney for me prior to questioning, if I wish. I agree if I decide to answer any questions now, without an attorney present, I still have the right to stop at any time, until I have talked to an attorney. By signing this agreement, I am showing I am willing to answer questions without an attorney present.

Contract for Therapeutic Activities

- | | |
|--|-------------------------------------|
| 1. Treatment Progress | 13 Limits on Services |
| 2. Treatment Termination | 14 Coordinating Services |
| 3. Treatment Planning | 15 Treatment Team and Co-therapists |
| 4. High Risk Planning | 16 Interns & Students |
| 5. Attendance | 17 Department Attends Sessions |
| 6. Excused Absences | 18 Self-Report Rule Violations |
| 7. Fees, Sliding Fee and Bounced | 19 Incident Reports |
| 8. Catching up on Past Due | 20 No Relationship with Clients |
| 9. Collection | 21 Audio and Video Recording |
| 10. Testimony | 22 Research |
| 11. Assignments, Participation & Adjunct | 23 Hold Harmless |
| 12. Polygraph | 24 Terminating Treatment |

Contract for Therapeutic Activities - Checks

- **Returned Checks:** I agree that if I submit a check that is returned, I must reimburse the Treatment Provider the amount of the check plus \$35.00. I agree that if a check is returned to Treatment Provider, I may not be allowed to pay for services with a check for up to a year.
- **Bounced Checks:** I agree if I do not reimburse Treatment Provider for a returned check within fourteen days of being notified by Treatment Provider, I agree to allow Treatment Provider to file charges for theft by check with the appropriate law enforcement or legal agency.

Past Due Amounts

- **Inability to Pay:** I agree that if I do not have the money to pay the fee at the time of the service, Treatment Provider has the option of canceling the session and rescheduling it. I agree that I am responsible for paying for sessions that Treatment Provider has to cancel due to me not having the full fee.
- **Catching-up on Past Due Amounts:** I agree that if I fall behind on my fees by more than fifty dollars (\$50.00) Treatment Provider might require me to come to Treatment Provider's office at the time of a scheduled session and sit in the lobby and not pay for that session but work on special assignments. I agree that during the time I sit out of a scheduled session, I must pay the balance on my account. I agree that Treatment Provider normally does not allow any client to sit out of scheduled sessions for more than a four-week period.

Collection

Collection Practices: I agree that if I do not pay the past due amount in the time period that Treatment Provider gives me, Treatment Provider may use a variety of means to collect the debt including but not limited to: request a meeting with my supervising officer, require me to attend additional therapy sessions, submit my bill to a collection agency, or submit my bill to the local police, sheriff department, county attorney or district attorney and file a complaint on me for theft of services. I agree that if Treatment Provider submits a complaint of theft of services, it may result in criminal charges against me.

Polygraphs

Polygraph Exams: I agree to take a polygraph exam when I am asked to do so. I agree to pay for all polygraph exams that I am required to take, unless the individual or agency who referred me has agreed to pay for the polygraph exam. I agree to use a polygraph examiner selected by Treatment Provider. I agree to attend the polygraph exam session only after Treatment Provider has submitted questions to the polygrapher. I agree to reveal all relevant information to Treatment Provider before I attend the polygraph exam session. I agree that if I reveal secrets or new relevant information to the polygraph examiner before I take my polygraph exam, I might not be allowed to take the polygraph exam and I will still pay the full fee for the polygraph exam. I agree I may have to continue to take the polygraph exam until Treatment Provider is satisfied.

US v. Lawrence Antelope 2005

- Antelope orders child pornography from undercover agent.
- Antelope pleads guilty and he is sentenced to five years probation
- Antelope declined to detail his sexual history absent any assurances of immunity because admissions to past crimes could be used to prosecute him
- Antelope is put on electronic monitoring
- Antelope's sex offender therapist testifies that Antelope failed to complete a sex history polygraph because he was asked to turn over information regarding offenses involving victims under eighteen
- Antelope sentence to 20 months and 3 years supervision

US v Lawrence Antelope

- Antelope released from prison, put in treatment and refused to reveal full sexual history.
- Antelope sent back to prison for ten months and given 26 months supervision
- **Ruling: Antelope has show a real possibility of incrimination. We hold that the revocation of his probation and supervised release violated his Fifth Amendment Right against self-incrimination.**

Texas Court of Criminal Appeals
Joseph Dangelo, Appellant (2011)

- Dangelo accepts a plea bargain for injury to a child in May 2008
- Three months later, the court imposes SO conditions, including, **“submit to, and show no deception on, any polygraph examination ordered by the court or his supervising officer.”**
- Dangelo’s Licensed Sex Offender Treatment Provider informs him he has to admit to past sexual offenses
- **Court Ruling: Appellant correctly states that a probation retains his Fifth Amendment right against self-incrimination concerning statements that would incriminate him in future criminal proceedings.**

Council on Sex Offender Treatment Code of Ethics

§810.92. Code of Ethics Section (b) Client Relationships (9): Licensees shall not engage in any action in their professional role which violates or diminishes the legal and civil rights of clients or victims who may be affected by their actions.

Behavior Contract for Sex Offender Treatment

- Control Important Behavior
- Control Things that Keep Deviance Alive
- Control Non-Arrestable Deviant Sexual Behavior
- Control Arrestable Sexual Behavior
- Control High-Risk Behavior

Control of Important Behavior

Demonstrating Change

Healthy Sexual Behavior

Self-Management

Management of Dynamic Risk

I agree that I will develop healthy, prosocial, non-deviant thoughts, emotions, and behaviors with regard to my significant social relationships, intimate relationships, sexual self-regulation, sexual attitudes, general self-regulation, and cooperation with supervision and treatment staff.

Control of Things that Keep my Deviance Alive

- Deviant Fantasy
- Deviant Plans
- Sexual Following
- Cruising
- Sexual Images
- Sexual Jokes
- Sexual Talk
- Public Voyeurism
- Sexual Harassment
- Flirting
- Deviant Masturbation

Control of Non-Arrestable Deviance

- Fetishism
- Troilism
- Manipulative Sex
- Obscene Calls & Texts
- Adultery
- Domination
- Topless Bars
- Casual Sex
- Multiple Partners Internet Sex Sadism
- Masochism
- Cross-Dressing
- Elimination

Control of Arrestable Sexual Behavior

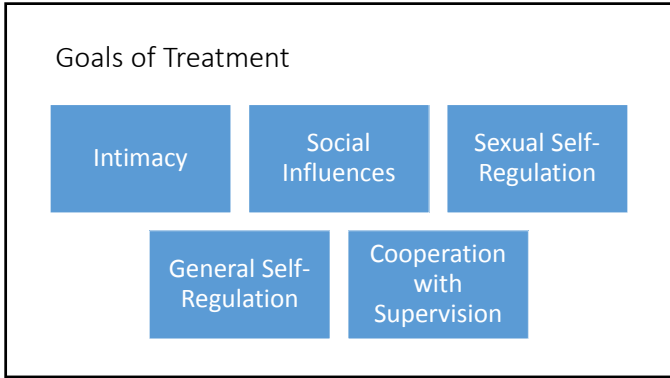
- Rape
- Child Molesting
- Exposing
- Voyeurism
- Frottage
- Prostitution
- Incest

Control of High-Risk Behavior

- Victim Access
- Violence & Hostility
- Sexual Preoccupation
- Cooperation with Supervision
- Coping with Emotions
- Support Network
- Substance Use
- Financial Responsibility
- Citizen-Lifestyle

Treatment Planning

- Use the treatment plan to direct and focus treatment
- Licensed Sex Offender Treatment Providers should not use traditional or clinical treatment plan formats
- The focus of sex offender treatment and traditional or clinical treatment differs
- The focus of sex offender treatment should be dynamic risk factors



Intimacy

- **Goal:** The ideal way for a client to exhibit intimacy is by being in a committed relationship or stable dating relationship that does not have obvious problems. The client may also meet intimacy goals by exhibiting skills necessary to create and maintain a healthy dating or intimate relationship, e.g., empathy, communication, stability, and so on.
- **Problems include but are not limited to:** does not have an intimate relationship; never had an intimate relationship that lasted two years or more; many short-term relationships; lots of arguing/fighting in relationship; affair(s); relationship entails fear/intimidation; lacks skills to maintain relationship stability; emotional identification with children; more comfortable with children than adults; hostility towards women; no female friends with whom has no sexual interest; distrust of females; lacks empathy; lacks concern for others; poor communication skills; little or no remorse; ruthless, unfeeling, or indifferent; calloused towards victims or antagonists; or socially isolating.

Intimacy

Dynamic Risk Factor	Problems Client must Address
1. Intimacy	<p>Goal: The ideal way for a client to exhibit intimacy is by being in a committed relationship or stable dating relationship that does not have obvious problems. The client may also meet intimacy goals by exhibiting skills necessary to create and maintain a healthy dating or intimate relationship, e.g., empathy, communication, stability, and so on.</p> <p>Problems include but are not limited to: does not have an intimate relationship; never had an intimate relationship that lasted two years or more; many short-term relationships; lots of arguing/fighting in relationship; affair(s); relationship entails fear/intimidation; lacks skills to maintain relationship stability; emotional identification with children; more comfortable with children than adults; hostility towards women; no female friends with whom has no sexual interest; distrust of females; lacks empathy; lacks concern for others; poor communication skills; little or no remorse; ruthless, unfeeling, or indifferent; calloused towards victims or antagonists, or socially isolating.</p> <p>Problems that Client Must Address:</p>
___ Satisfactory	
___ Unsatisfactory	

Offense Specific Treatment

The Risk Principle

Four Basic Assignments for Sex Offender Treatment



What I Learned about Myself from My Sexual History

1. Summarize the criminal sexual behavior you have used in your lifetime.
2. Summarize your experience as a victim of childhood sexual experience.
3. Summarize your general sexual experience.
4. Summarize the deviant sexual behavior that you have used in your lifetime.
5. What kinds of sexual deviance do you have?
6. What created your sexual deviance?
7. What did you do to keep your deviance alive?
8. What do you know about your sexual deviance that you did not know before?
9. How has your thinking changed?
10. Has the way you deal with people changed?

Offense Specific Assignments are Planned Confrontations

What confrontations are...turning the client's attention to a behavior that he or she would prefer not to examine.

What confrontations are NOT...yelling, shaming, put downs or judgmental tirades.

Seven horizontal lines for writing notes.

Offense Specific Confrontations can Lead to Interpretation

It is best if the client comes up with his or her own interpretation

Interpretations are offered if the client cannot come up with his or her own interpretation

What interpretations are...offering a suggestion about the motive or goal underlying the behavior

What interpretations are NOT...telling a clients why they did what they did

Seven horizontal lines for writing notes.

Video Clip
Offense Summary Worksheet

Seven horizontal lines for writing notes.

Video Clip – Offense Summary Worksheet

Client's Role

- Write response for each question on the worksheet
- Make copies of the worksheet for everyone in group
- Read an item
- Write down feedback
- Revise Worksheet

Group Members & Treatment Provider's Role

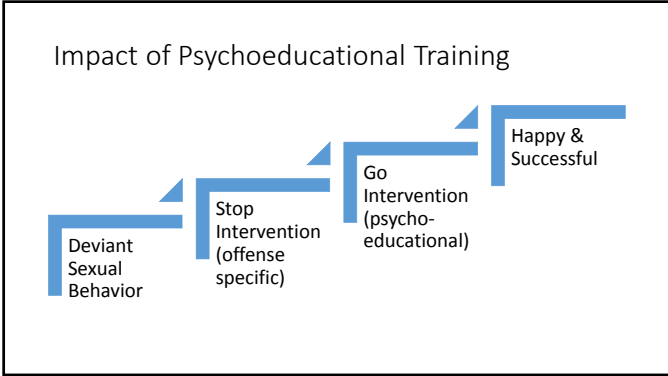
- Give Help & Receive Help
- Technical Feedback
 - Correct errors
 - Ask for more detail
- Process Feedback
 - Interpretation
 - Connection/Pattern

Psychoeducational Training

The Needs Principle

Purpose of Psychoeducational Training

- Deviant individuals developed deviant skills at the expense of developing healthy skills
- If you tell a client to stop using a problem behavior and the client does stop that behavior, it doesn't mean a healthy behavior will spontaneously generate.
- If you are going to tell your client not to use a problem behavior, you should tell them what they can do instead of the problem behavior
- Teach your clients the healthy behaviors you want them to use



What do you teach when you do psychoeducational training?

Tony Ward's Good Life Model Dynamic Risk Factors

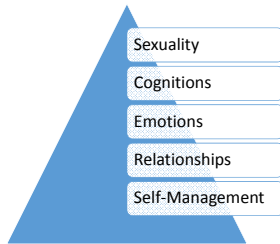
Ward's 10 Primary Goods
Ward & Gannon, 2006

- (1) life (i.e., healthy living and a high level of personal functioning)
- (2) knowledge acquisition
- (3) achievements both in work and play
- (4) excellence in agency (i.e., being in control and the ability to be able to get things accomplished)
- (5) inner peace (i.e., lack of stress and inner tension/ emotional dysregulation)
- (6) friendship (including intimate, romantic and family relationships)
- (7) community (i.e., involvement with others beyond intimate/ family relationships)
- (8) spirituality (in its broadest sense of finding meaning and purpose in life)
- (9) happiness
- (10) creativity.

Why I Do NOT Use Ward's Good Life Model



Dynamic Risk Factors



Psychoeducational Training

Sexuality

- Thinking Errors
 - The Criminal Personality, by Yochelson & Samenow
 - Inside the Criminal Mind, by Samenow
 - Children Who Hate, by Redl & Wineman
- The Passionate Marriage, by Schnark

Cognitions

- Thinking Errors
- Learned Optimism, by Martin Seligman

Psychoeducational Training

<p>Emotions</p> <ul style="list-style-type: none"> • Emotions, by Ekman • Authentic Happiness, Seligman 	<p>Relationships</p> <ul style="list-style-type: none"> • The Road Less Traveled, by M. Scott Peck • The Seven Principles for Making Marriage Work, by John Gottman
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Psychoeducational Training

Self-Management

- The Road Less Traveled, by M. Scott Peck

Correctional Psychoeducational Training

- The Prepare Curriculum, Goldstein
- Anger Replacement Training, Goldstein
- The Prepare Curriculum, Goldstein
- Moral Reconation Therapy, Little
- The Equip Program, Gibbs
- Reasoning and Rehabilitation, Ross
- Thinking for a Change, Bush & Glick
- The Good Life, Ferrara

How to Get Psychoeducational Training into Every Group Session

Psychoeducational Training

Offense Specific Treatment

Priorities & Violations

Good Life Psychoeducational Training

At the beginning of a module, assign all lessons to be taught by clients

Go around the table assigning one lesson to one client. If you get all the way around the table and there are more lessons, continue assigning lessons

Tell clients lessons are taught in order the lesson appears in the book.

Tell clients to be prepared to read and explain the lesson.

How a Client Teaches a Good Life Lesson

Read

Explain

Discuss

Video Clip
Psychoeducational Training

**THE
END**
