

First International COSA Conference

New Trends in Treatment

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New Trends in Sex Offender Treatment



'New Trends' - Presentation Overview

- Models of Change
- Methods and Content
- Other Considerations
- Measuring Effectiveness



What is a Model of Change?

A Model of Change accounts for how an intervention is supposed to work; what it should change, how it will change it and why this is important



Models of Change Risk-Need-Responsivity (RNR)

(Andrews & Bonta)

Risk Principle

interventions to match assessed level of risk

Need Principle

Interventions to target criminogenic factors/associated behaviours

Responsivity Principle

Interventions to match offender characteristics

Use **validated assessment tools** for identifying Risk and Need;
Static and Dynamic (e.g. Static 99, RM2000, Stable and Acute 2007)



Risk Need Responsivity – changes(1)

Risk

Treatment to prioritise higher risk levels. Low Risk - treatment programmes have limited, nil, negative effect.

Need

Updates on most relevant risk/needs to address in treatment

(Mann, Hanson & Harris):

- Sexual pre-occupation, Deviant sexual interest
- Offence-supportive attitudes
- Emotional congruence with children, Poor intimate relationships with adults
- Lifestyle impulsivity and Poor cognitive problem-solving
- Resistance to rules and supervision
- Grievance/hostility and Negative social influences

.....**Unsupported:** Denial, Victim empathy, Self-esteem

Dynamic Risk Factors - Four Major Domains

Sexual Interests

Offence Related
Attitudes

Relationships

Self-Management



Risk Need Responsivity – changes(2)

Responsivity

□ increased emphasis on taking into account and responding to intra-individual characteristics that can influence meaningful participation:

- Intelligence
- Learning disabilities
- Psychopathology
- Motivation and readiness
- Denial

□ Adaptations to treatment materials, methods, pace, dosage, additional input/support services

□ Attention to treatment staff characteristics, attitudes, skills approach



Model of Change

Good Lives Model and Desistance (GLM-D)

Ward, Maruna et al.

- ❑ Human beings are goal oriented and seek to meet common human needs or 'Goods':
 - Life (healthy living/functioning)
 - Knowledge
 - Excellence in play and Work (mastery experiences)
 - Excellence in agency (autonomy /self-directedness)
 - Inner peace (freedom from emotional turmoil/stress)
 - Friendship/relatedness (intimate, romantic, family)
 - Community
 - Spirituality (meaning/purpose in life)
 - Creativity
- ❑ Sexual Offending is a maladaptive way of meeting needs/achieving 'Goods'



Model of Change Bio-Psycho-Social

Mann, Hanson, Thornton, Ware et al

Treatment to strengthen **biological , psychological and social** resources of offender (previous emphasis psychological)

Biological - neuro cognitive functioning

- Problem solving training
- Mindfulness training
- Medication

Psychological – cognitive/emotional flexibility, empathic relating

- Exercises/interactions for healthy forms of psychological functioning
- Simulation, repetition and practice for strengthening

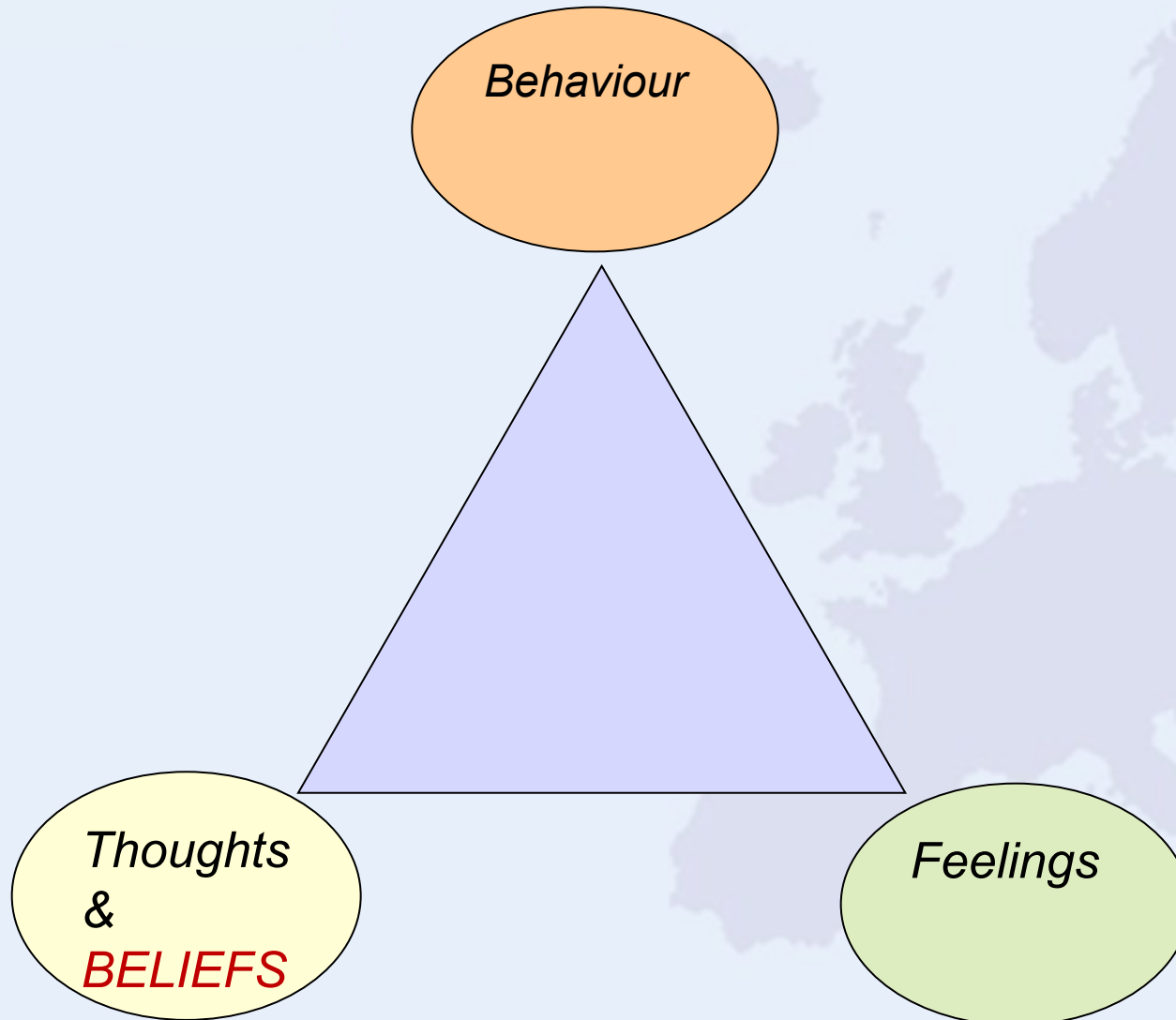
Social – social capital

- Exercises to promote social capital and citizenship
- Community supervision and engagement
- Circles of Support



Methods and Content (1)

- ❑ **Cognitive Behavioural** –schema emphasis
- ❑ **Learning theory** - skills orientation for generalization and maintenance of change
- ❑ **Emotional expression and affect regulation** – new therapies and group process
- ❑ **Social Support for change** – Case management, COSA
- ❑ **Medication** –SSRIs for sexual preoccupation
- ❑ **‘Rolling’ programmes, tailored treatment** not ‘one cap fits all’





Methods and Content (2)

❑ **Assessment driven treatment**

- Function of offending not acceptance of responsibility
- Formulation. Strengths/protective factors as well as deficits
- Collaborative,

❑ **Treatment Fidelity**

- Manuals for replication and integrity but menu-based

❑ **Modality of delivery**

- treatment programmes increasingly designed in both group and one-to-one delivery formats

❑ **Readiness and Motivation**

- Strengthening behavioural intention. Direct work on internal, external states for engagement. Precursors to Change (Hanna)



Methods and Content (3)

- ❑ **Victim empathy** –empathic relating and to address offence supportive cognitions

- ❑ **Trauma-informed treatment**
 - identifying role of early trauma in development of high risk behaviours
 - development of new skills/ strategies for relating, meeting emotional needs in non-abusive ways

- ❑ **Promising new therapies**
 - Mindfulness - regulation for emotional states linked to offending
 - Self Compassion –for high self criticism and shame



Other Considerations - Process variables and Therapist features (1)

- ❖ **Therapeutic climate**, what makes for an effective treatment group (Beech & Giachritsis)
 - ✓ Desirable group norms, High level of group cohesion
 - ✓ Sense of hope in members, Open expression encouraged
 - ✓ Well organized and well led

- ❖ **Therapist characteristics** (Marshall, Levenson & Prescott, Harkins & Beech)
 - ✓ W.E.R.D. (warm, empathic, directive, rewarding)
 - ✓ Positive, hopeful not punitive, hostile
 - ✓ Best practice in general psychotherapy/counselling skills

- ❖ **Worker Resilience** (Clarke , Rogers, Paton et al)
 - ✓ preparation
 - ✓ training
 - ✓ supervision



Other considerations - Improving outcomes of treatment (2)

Improving outcomes - public protection, developing a 'Good Life' :

❖ **Prisons and Community joined** - 'through the gate' programmes
e.g. England and Wales, Scotland

❖ **Case Management - enhanced role**

- ✓ GLM informed - Good Lives Plan
- ✓ readiness and motivation
- ✓ testing acquisition and application of skills learnt
- ✓ outreach/interface with community

❖ **Community engagement**

- ✓ 'Wrap-around' systems/services
- ✓ 'Significant Others',
- ✓ COSA
- ✓ Bystander Programmes, Community Chaperones



Other Considerations - Determining Effectiveness (3)

- ❑ Question not 'is treatment effective?' but 'under what conditions is change more likely and how can it be maintained?'
- ❑ Recidivism not only measure of success. Other indices needed
 - Motivation
 - Symptom reduction
 - Lifestyle improvements
 - Strengths and support systems
 - Application of new skills (did he 'get it')
 - Community re-integration
- ❑ Harm Reduction
 - Delayed recidivism
 - Decreased severity
 - Decreased frequency



Thank you for your attention!

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