

## Sexual Offender Services – Transitions Program- Connections

In more recent years, sex offender treatment has evolved in much the same way as treatment for substance abuse, moving to a cognitive-behavioral approach emphasizing relapse prevention (see Marshall & Laws, 2003). The relapse prevention model has yielded to models of treatment that take into account multiple “pathways” to offending (Hunter, 2006; Hunter, Figueredo, Malamuth, & Becker, 2003, 2004; Ward & Hudson, 1998, 2000; Ward & Siegert, 2002; Ward, Polaschek, & Beech, 2006). The model we are proposing is a ‘pathways’ model. The ‘pathways’ model steers away from cookie cutter/workbook based programs, promoting a pro-social lifestyle in all parts of an offender’s life to reduce the risk of re-offense. We help the clients identify and change thoughts, feelings and actions that may lead to offending and develop strategies and plans to avoid, control and address risk factors before a re-offense can occur. We are working towards developing offender strengths and competencies to address each of their needs to avoid future victimization. We also incorporate the Good Lives Model into our program which has been shown to help sexual offenders realize they can adapt a healthy lifestyle free from offending behaviors.

Among the stable dynamic risk factors specific to adult sex offenders are intimacy deficits, pro-offending attitudes, pervasive anger, and deviant sexual interests. Some examples of acute dynamic risk factors are substance abuse, sexual preoccupations, access to victims, and non-compliance with supervision (Hanson & Harris, 2000, 2001; Hanson & Morton-Bourgon, 2005). Identifying these criminogenic needs must be a key focus of treatment efforts in order for assessment and treatment to reduce recidivism and for practitioners to direct their limited resources in the most effective and efficient way (Krisberg, 2005; Lipsey & Wilson, 1998). Each client participating in our program at Level V is given a Sexual Risk and Needs Assessment. We attempt to assess clients in our Level IV group programs as well but due to their shorter length of stay, this is not always feasible.

The Association for the Treatment of Sexual Abusers (ATSA) which we are a member of; recommends the best modality for treatment for adult sexual offenders is group treatment. Group treatment offers peers the ability to challenge each other on distorted thoughts, high risk behaviors, as well as support each other for continued success. Group work enables offenders to model for each other ways to overcome denial, minimization, thinking errors and manipulation. We work collaboratively with probation officers, prison counselors, and the mental health/medical departments of the prison. If a client has a significant issue that cannot be handled in the group setting, brief individual therapy is offered.

### Level IV

Groups are offered at every facility with the exception of SVOP (due to short term housing) throughout the state of Delaware. The groups have two clinicians in the room if there are 12 or more clients assigned to the group. The groups are open-ended and have a rolling admission. Clients discuss their offense details, work on accepting accountability, understanding and developing relapse prevention strategies, understanding triggers to offending, arousal redirection strategies, healthy coping mechanisms, intimacy deficit and

social skill building exercises, empathy work and education on cognitive distortions as they relate to offending. Each group begins with a 15 minute check in to discuss any current concerns related to adjustment to the community, job seeking issues and sexual issues that may arise. The psycho-educational group ensures that all identified offenders in need of therapy receive at least education in sex offending topics even if they are not eligible for or lack the time to complete intensive therapy.

Groups run 1 hour and 15 minutes. Each client is expected to participate and complete any homework assignments given within a timely manner.

#### Level V

Groups are offered at every facility. The groups run for 20-24 months and are open ended with new admissions entering at the beginning of a Phase. There are three phases to the program and clients will be given a certificate at the end of each phase. This group is considered a high intensity group. Groups run for 2 hours each week and each client is expected to complete one hour of homework weekly (3 hours of treatment one day per week). Each client is given a journal which they are asked to write in weekly.

Offenders are expected to admit their sexual offense to be eligible for completion of the high intensity treatment program. Incomplete admission or disagreement with some details will be accepted. However, in such instances, it will be made clear that participants are expected to work toward accepting culpability for their offense (s). One possible innovation that has been used in other correctional setting is polygraph testing for individuals who deny their offenses. The polygraph testing has been useful in breaking through denial and helping some high risk offenders to move to the intensive treatment phase. If they remain in denial past the first phase of the program they are offered an Instant Offense Disclosure polygraph to assess their statements about the details of the offense. At Level V, we may use the Instant Offense Disclosure Polygraph for clients (on a case to case basis) with significant denial. Each client will be able to complete Phase I of the program but cannot move onto Phase II if they do not admit they engaged in some form of sexually offensive behavior. Clients will be offered an Instant Offense Disclosure Polygraph if they are entrenched in their denial.

In an effort to decrease recidivism and increase success, many jurisdictions use a multi-disciplinary "containment approach" toward sex offender management. "Empirical data are surfacing from many jurisdictions (using the containment approach) that reflect the value of this approach in reducing technical violations and new crimes. (K. English, May 22, 2007).

Sex offenders frequently deny or minimize their behavior both about the index offense and past behaviors. According to Trepper & Barrett (1989) there are four types of denial commonly associated with sexual offenders:

- 1) Denial of facts.
- 2) Denial of awareness.
- 3) Denial of responsibility.
- 4) Denial of impact.

A Polygraph can be useful in breaking down the barrier of denial, especially regarding the denial of facts about a sexual crime. Often the question revolves around culpability and taking responsibility for their behavior. A polygraph is used only for treatment purposes. It will be paid for and owned by Connections and is not able to be used for any type of legal proceedings by the client nor will a copy of the polygraph be released to the client. If a client has passed an Instant Disclosure Polygraph indicating no deception, after finishing Phase I, they will be discharged from the program without need for further sexual offender specific treatment at Level V. A letter will be placed in the clients file.

At Level IV and V, we may use the AASI (Adult Abel Screen Inventory) for clients who deny deviant sexual interests or with clients who may have multiple deviant interests and it is necessary to discover which sexual interest is most prevalent.

In a review of empirical support for the AASI in June 2004, the AASI can correctly discriminate child molesters from non-child sex offenders or community volunteers equally as well as the more established PPG (or volumetric) 28 method. However, the AASI is less intrusive to the person being evaluated, does not use nude images of children, and can be used with a greater variety of individuals. There is general acceptance by the scientific community as the Visual Reaction Test has been accepted since the 1940's, the Abel Assessment has been used more than 148,000 times in over 800 locations and by more than 5000 mental health providers. The AASI is one of two instruments that should be used to corroborate the report of sexual interests in children according to the National Association for the Treatment of Sexual Abusers (approved February 25, 2002).

Offenders address their own core issues using the structure of the intensive treatment program. Specific therapeutic exercises such as autobiographies, cycle work, goal setting, re-integration to the community and victimology will be used. All didactic methods and therapeutic interventions are directed to the specific individual need. In some cases, empathy and trauma work are critical. In others, the focus is more on arousal redirection and relapse prevention. For every person there is the need to deal with fears about re-entry and the realities of living on the sex offender registry, coping mechanisms, cognitive distortion restructuring, high risk factors, sexual addiction issues, internal and external barriers, triggers to offend, deviant arousal issues, motivation to offend and victim empathy exercises.

#### **Sexual Offender Risk and Needs Assessments**

Along with risk, consideration also must be given to 'need' in choosing which offenders to treat and what treatment to provide. The greatest impact occurs when programs and

services target the changeable or 'dynamic' factors that are directly linked to recidivism (Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, 1996). Again, as in the treatment of offenders with substance use conditions, criminogenic needs are comprised of two types: stable dynamic and acute dynamic risk factors. Stable dynamic risk factors are relatively enduring but nonetheless changeable, whereas acute dynamic factors can fluctuate rapidly.

Among the stable dynamic risk factors specific to adult sex offenders are intimacy deficits, pro-offending attitudes, pervasive anger, and deviant sexual interests. Some examples of acute dynamic risk factors are substance abuse, sexual preoccupations, access to victims, and non-compliance with supervision (Hanson & Harris, 2000, 2001; Hanson & Morton-Bourgon, 2005). Identifying these criminogenic needs must be a key focus of assessment efforts in order for assessment and treatment to reduce recidivism and for practitioners to direct their limited resources in the most effective and efficient way (Krisberg, 2005; Lipsey & Wilson, 1998).

Finally, assessment should take into account the potential 'responsivity' of the offenders who will receive the treatment, i.e., will the offender be able to benefit from the treatment in a way that reduces the likelihood that s/he will re-offend? To accomplish this, assessments should seek to identify specific offender characteristics that may impact their response to interventions. Learning style, motivation to change, denial, and level of functioning are key examples of these kinds of characteristics. The responsivity principle suggests that when programs and services specifically take into account these factors, better outcomes are achieved (Andrews & Bonta, 2007; Cullen & Gendreau, 2000). Again as in substance abuse treatment, the concept of matching offenders to specific services based on the content, format, modality, or "teaching approach" used, and/or the skill sets, personality attributes, or style of a specific provider, is thought to have an impact on the effectiveness of the treatment. Responsivity factors are, therefore, an important consideration in the assessment process with sex offenders.

Each client in the Level V facility who is enrolled in the intensive treatment program will be given a Risk Assessment prior to discharge. Clients in the Level IV facilities will be assessed as the need arises based on group participation and length of stay. Each assessment includes a detailed interview which includes familial history, sexual history, relationship history and criminal history. The clinicians use an actuarial approach to risk assessment. Trained assessors will use empirically-validated instruments to determine a total score that is associated with a broad risk category (e.g., low, moderate, high). Risk categories are linked to the known recidivism rates of groups of sex offenders who were followed at routine intervals (e.g., 5, 10, and 15 years). Actuarial tools have been extensively validated and tested for reliability.



Phase I Curriculum- Transitions (Length of Phase 1 is approximately 8 to 12 months)

Goal #1- The client will be able to engage in trust building exercises.

Objective Measures:

1. The client will complete a dyad discussion with a peer giving a brief overview of who they are and their life history and present it to the group.
2. The client will complete in a dyad discussion with a peer a person in the past who influenced them in a negative way and present it to the group
3. The client will complete in a dyad discussion with a peer a person in the past who influenced them in a positive way and present this to the group.
4. The client will draw their safe place in childhood using colored pencils.
5. The client will show and discuss their drawing and what was going on in their lives prior to going to the safe place.
6. The client will formulate rules for the group process to keep him/her safe during group.

Goal #2- The client will be able to begin discussion of details related to the convicted sexual offense behavior.

Objective Measures:

1. Client will discuss their version of the offense in detail.
2. Client will discuss details of what the victim states happened during the commission of the crime.
3. Client will be able to introduce himself/herself to the group stating his/her offense details, charges and length of sentence.
4. Homework of offense accountability (what they did and what the victim states they did?) exercise. Discussion of this paperwork in group.

Goal#3- The client will present a complete childhood autobiography.

Objective Measures:

1. Client will discuss the sexual messages they received growing up in their families and within their community, from peers.
2. Client will complete the check off list of emotional abuse, physical abuse, neglect and sexual abuse on the handout. Each client will discuss in detail each type of abuse they suffered or witnessed others in their family suffering.

3. Client will look for and discuss connections from their childhood experiences with their offending behaviors.
4. Client will present their sexual histories from childhood through adolescence (18) including dating history, rejection from partners/peers, sexual development, masturbatory practices, pornography use, and sexual acting out behaviors.
5. Exercises to be used within the group and for homework are: stages of recovery from trauma, different types of abuse checklist, how sexuality was dealt with in the family system, what was forbidden or allowed to be expressed, early sexual messages from peers and family members, early exposure to pornography or sexual play, exploration of parental relationships, peer relationships and development of friendship, sexual relationships and early sexual experience, educational experiences, bullying or fighting behaviors, history of aggressive acting out behaviors (stealing, fire setting, animal cruelty),

Goal#4- The client will work on resolving trauma related to their past histories.

Objective Measures:

1. Client will discuss how any past trauma affected them.
2. Client will complete visualization of inner child exercise.
3. Client will write a letter to their inner child.
4. Client will read their inner child letter in group.
5. Client will complete the empty chair technique talking with someone from their past that may have abandoned them, died or abused them.
6. Client will write a letter from their inner child to their adult self and read it to the group.



Phase II Curriculum- Transitions (Length of treatment is approximately 6-8 months)

Goal #1- The client will be able to identify thoughts, feelings and behavior present before offending.

Objective Measures:

1. Client will be able to identify the events that were present in their life prior to and at the time of the offense. (Homework- what was happening in your life 2 years prior to offending?)
2. Client will identify the moods and feelings they were experiencing prior to and at the time of the offense and how they were handling these moods. ie: (Avoiding/isolation, using drugs and alcohol, anger expression)
3. Client will identify the thoughts they experienced prior to the offense.

Goal #2- The client will be able to discuss why and how they chose the victim.

Objective Measures:

1. Client will identify what was going on in their lives sexually prior to the offense, how they met their sexual needs.
2. Client will identify why they chose the victim.
3. Client will identify what made the victim vulnerable to them.
4. Client will discuss how they met their victim and the type of relationship they had prior to abusing the victim.
5. Client will describe in detail the sexual interest they had for the victim.
6. Client will discuss the arousal to the victim in detail, when it began and any attempts they may have made to avoid offending. (Homework- Write out what were the characteristics of your victim that aroused you ie: physical, emotional)

Goal #3- The client will be able to discuss their internal barriers.

1. Client will identify their cognitive distortions at prior to offending.
2. Client will work on understanding and correcting their cognitive distortions.
3. Client will discuss how they talked themselves into believing offending was acceptable behavior at the time. (Homework- thinking error handout)

Goal #4- The client will discuss the grooming techniques and how they set up the offending behavior/got close to their victims/maintained trust.

Objective Measures:

1. Client will discuss how they got their victim to comply with the advances. (abuse of trust, use of force, bribes/manipulation)
2. Client will present how they set up the situation to offend.
3. Client will discuss how they tried to avoid offending if any.
4. Client will discuss how they got close to/met the victim/obtained trust.
5. Client will discuss what type of relationship they had with the victim in detail.
6. Client will discuss the motivation they feel was behind the offending (power and control, to be looked up to, admired, love and affection, anger/revenge)

Goal#5- The client will discuss their planning strategies and how they maintained compliance.

Objective Measures:

1. Client will discuss the fantasy of what they wanted to occur with the offense vs. what did occur.
2. Client will discuss how they planned the offense.
3. Client will discuss how they maintained compliance with the victim/ how they kept the victim quiet/ any use of threats or bribes/ guilt.

Goal #6- The client will process how the victim was affected by the abuse.

1. Client will put themselves in the victim's shoes to experience how the offense occurred through a role reversal role play.
2. Client will describe the offense details with full accountability.
3. Client will discuss any results of the offending on others members of their support group or family, and the victim's support system or family. (Homework on writing out the ripple effect chart)



Phase III Curriculum- Transitions (Length of phase is approximately 6-8 months)

Goal #1- The client may be assigned an individual assignment pertaining to their individual issues related to the Pathways. Individual assignments may be anger work, coping mechanism development, power/control issues, sexual addiction issues, bereavement healing exercises, trauma issues, or intimacy skill building.

Objective Measures:

1. Client will complete the assignment given to them through writing assignments.
2. Client will present their assignment to the group.

Goal #2- The client will be able to identify negative and positive core beliefs.

1. Client will identify and present their negative core beliefs at various stages of offending.
2. Client will complete core belief problem solving exercises.
3. Client will change negative core beliefs to positive core beliefs for future relapse planning.

Goal#3- The client will be able to discuss deviant and healthy sexual fantasies and incorporate arousal redirection strategies.

Objective Measures:

1. Client will discuss their deviant fantasy at the time of the offending.
2. Client will write out a healthy sexual fantasy.
3. Client will write out situations of how they could offend in the future if deviant fantasy arises. (Homework)
4. Client will develop and practice arousal redirection strategies.

Goal #4- The client will be able to identify seemingly unimportant decisions and high risk factors present at the time of the offending.

Objective Measures:

1. Client will identify their seemingly unimportant decisions.
2. Client will identify their high risk factors.
3. Client will identify their high risk situations. (Homework- write out places they should avoid that may lead them to future offending)

Goal #5- The client will be able to present an individualized Relapse Prevention Plan to the group.

Objective Measures:

1. Client will write out three alternative ways they will cope with feelings and moods in the future.
2. Client will write out three alternative ways they will cope with thoughts that lead to offending in the future.
3. Client will write out three alternative ways they will cope with thinking errors that may lead to future offending.
4. Client will write out three alternative ways they will cope with events that occur in the future.
5. Client will write out three alternative ways to escape and avoid high risk situations in the future. (Homework- avoid and escape scenarios)

Goal #6- The client will be able to make a support person chart with accountability partners.

Objective Measures:

1. Client will identify three people they can count on for positive support.
2. Client will send home a copy of their approved relapse prevention plan to identified positive people in their support system.

Goal #7- The client will be exposed to empathy exercises to gain insight into the harm sexual abuse causes victims.

Objective Measures:

1. Client will watch and discuss videos of victim's stories (if AV is available).
2. Client will read stories written by victims.
3. Client will write out how they believe they have affected my victim. (emotionally, sexually, physically and intellectually) (homework)
4. Client will write out and read their victim clarification (mock apology) letter to the group. (not to be sent to victim, will be sent to the victim apology bank with written permission by the client)