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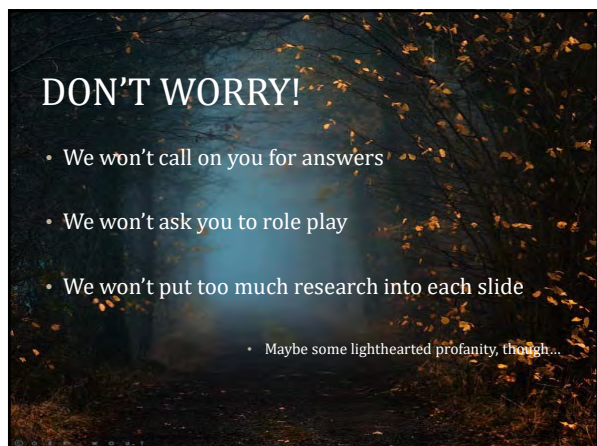
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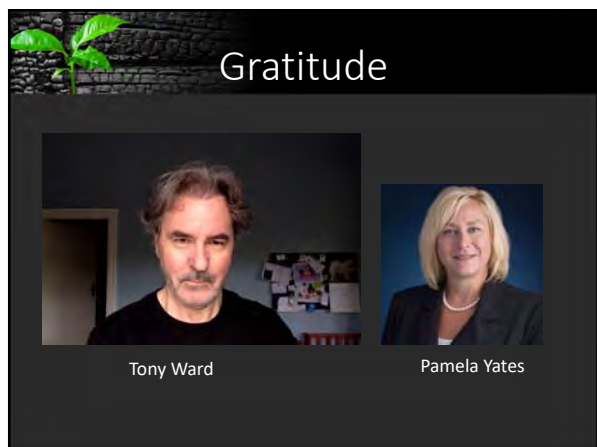
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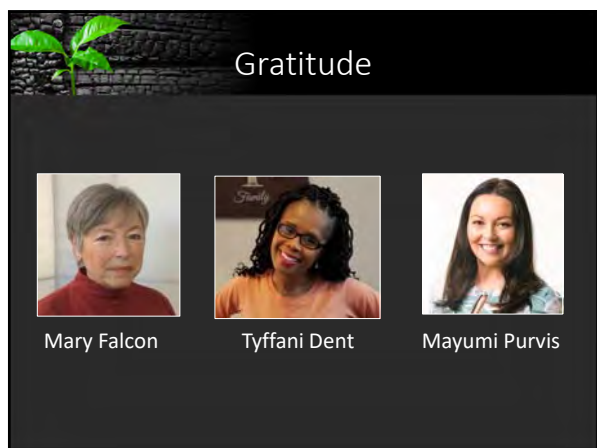
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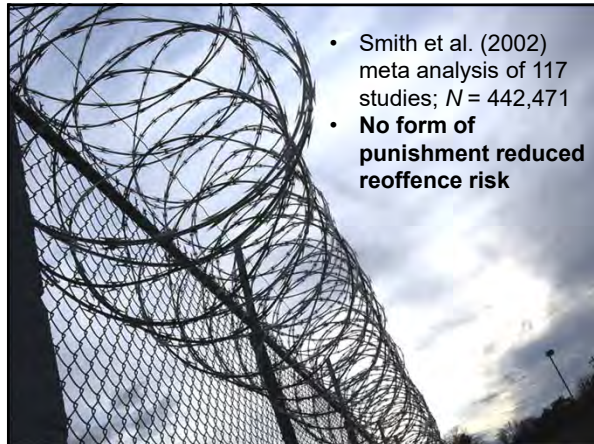
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## Ultimately

- By the most rigorous/conservative standards:

1. Punishment doesn't reduce risk
  - Punishment = punishment
2. Treatment can work
3. Treatment can be better with the right community supervision

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**Female inmates sterilized in California prisons without approval**  
 By Cory O. Johnson  
 The Center for Investigative Reporting  
 Published: Sunday, Jul 7, 2013 - 12:50 pm / Page 1A  
 Last Modified: Sunday, Jul 7, 2013 - 8:24 am

Doctors under contract with the California Department of Corrections and Rehabilitation sterilized nearly 250 female inmates from 2008 to 2010 without required state approval, the Center for Investigative Reporting has found.

At least 148 women received tubal ligations in violation of prison rules during those five years —

Crystal Nguyen, a former inmate at Valley State Prison seen with son Niala Nguyen, said she worked in the prison infirmary. She said she often heard the medical staff ask repeat offenders to agree to be sterilized. "I was

**PHOTOS**  
 Third nuda photo leak contains pics of Jennifer Lawrence, Anna Kendrick  
 Megachurch pastor plans to live on the streets of Sacramento to raise money for homeless  
 Championship might indicate MLS readiness for Republic FC  
 Allen game plan vs. Philadelphia: Pass, pass, pass  
 Allen's challenge: Stopping the Eagles' fast and furious offensive attack  
 Health benefits for those who stick to their fasting

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## Questions

- What are the forces that turn medical care into coercive action?
  - What attitudes?
  - What beliefs?
  - Where was the Hippocratic Oath of “do no harm”?
  - Under what conditions do people acquiesce to those who have more power?
- Can the right policies, models, and frameworks prevent this kind of horror?
  - Collaborative treatment?
  - Methods for including the service user’s voice?

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## Questions

- Under what conditions is it acceptable to “change” any part of someone’s sexuality?
  - When do we know that treatment is with or against their will?
- We likely can’t change what someone wants
- We can change how someone behaves around what they want
- Collaboration and the therapeutic alliance are key
  - Service user voice is critical throughout treatment

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## 1979: Edward S. Bordin



- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)
- Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

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## Vermont's Successful Sexual Offender Program Is Undergoing Big Changes

By CHARLOTTE ALBRIGHT • AUG 3, 2015


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Vermont's Corrections Department is moving its program for sexual offenders to the Northwest Correctional Center in St. Albans and none of the program's previous therapists are coming with it.

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## Scripted Manualization: Never the complete treatment program

- The map is not the territory
- The menu is not the meal

### Cognitive Behavioral Interventions for Sexual Offending

Sessions

**Pretreatment**

- Exploring Reasons People Resist
- Rethinking Resistance
- Weighing the Pros and Cons

**Module 1**

- Introducing the Curriculum
- Clarifying Values
- Setting a Goal
- Weighing the Costs and Benefits
- Social Skill – Reflective Listening
- Social Skill – Giving Feedback
- Developing Emergency Strategies
- Developing Emergency Strategies (Continued)

**Module 2**

- Introducing the Behavior Chain

**Module 4 (Continued)**

- Using Self-Control
- Dealing with Negative/Unpleasant Life Events
- Dealing with Anger
- Dealing with Hostility
- Dealing with Rejection and Failure
- Dealing with Anxiety/Fear

**Module 5**

- Asking for Help
- Taking the Perspective of Others
- Dealing with Mixed Messages
- Dealing with Criticism
- Resolving Conflict
- Avoiding Trouble with Others
- Asking Permission
- Disclosing Personal Information

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One US State's Solution

- (at least temporarily)
- Brief, highly scripted treatment in prison
- Good Lives treatment introduction near the end of incarceration
- Good Lives Model in community
  - In collaboration with probation officers

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Ideally



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## Treatment context: What works?

*"I am bound to say that these data, involving over 200 studies and hundreds of thousands of individuals as they do, are the best available and give us very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation"*  
 (Martinson, 1974, p. 49)

James Bonta & S. G. Andrews

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## RNR: Core Aims and Assumptions

- Primary aim of correctional intervention is to reduce harm inflicted on community
- Most important treatment targets are those empirically associated with reduced recidivism rates
- Clients should be treated humanely, with research and treatment delivered in an ethically responsible manner
- Client rights trumped only by community needs

Bonta & Andrews (2017)

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## Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

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### Dynamic risk factors (criminogenic needs)

- Antisocial personality pattern
- Antisocial cognitions
- Antisocial (and/or lack of prosocial) social influences
- General self-regulation difficulties
- Emotional identification with children
- Poor sexual self-regulation
- Deviant sexual interest/preference

(e.g., Andrews & Bonta, 2010; Hanson & Morton-Bourgon, 2005)

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### Treatment context: What works?

- **Risk:** Match level of services to level of risk
- **Need:** Target dynamic risk factors/criminogenic needs
- **Responsivity:** Use empirically supported approaches; also *specific* responsivity

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### Turf Wars



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## Myths and Misunderstandings

- Academic arguments about RNR “versus” GLM
- RNR = principles; GLM = a rehabilitation model
- RNR has excellent research
  - Although in our experience, responsivity is often poorly defined
- GLM principles have an excellent underlying research base
- GLM applied properly adheres to the RNR principles
- GLM can be a way to “do” RNR; there are other ways
- In actual treatment, there is no “versus”

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## One Administrative Perspective

1. Assess and classify clients according to risk
2. Assess treatment needs
3. Assess protective factors
4. Conduct comprehensive assessment to develop understanding of specific responsivity
5. Develop understanding of the narrative underlying risks, needs, and responsivity factors
6. Formulate initial hypotheses about how risk/need factors map onto the Good Lives Model goals that we will explore in depth

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## Turf Wars



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Treatment context:  
What works?

**Criminal Justice and Behavior**  
<http://cjb.sagepub.com>

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**The Principles of Effective Correctional Treatment Also Apply To Sexual Offenders:  
A Meta-Analysis**  
 R. Karl Hanson, Guy Bourgon, Leslie Helmus and Shannon Hodgson  
*Criminal Justice and Behavior* 2009, 36, 865  
 DOI: 10.1177/0093854809338545

The online version of this article can be found at:  
<http://cjb.sagepub.com/cgi/content/abstract/36/9/865>

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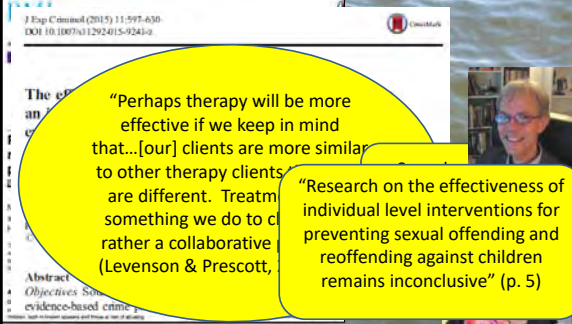
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Effectiveness of sexual offending treatment



“Perhaps therapy will be more effective if we keep in mind that...[our] clients are more similar to other therapy clients...[our] clients are different. Treatment is something we do to clients rather than a collaborative process” (Levenson & Prescott, 2009, p. 5)

“Research on the effectiveness of individual level interventions for preventing sexual offending and reoffending against children remains inconclusive” (p. 5)

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Treatment context:  
What works?

Criminal Justice and Behavior  
<http://cjb.sagepub.com>

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**Clinical Psychology Review**  
[journal homepage: www.sciencedirect.com/journal/clinical-psychology-review](http://www.sciencedirect.com/journal/clinical-psychology-review)

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**Review**  
**Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness**  
 Theresa A. Gannon<sup>a,\*</sup>, Mark E. Oliver<sup>a</sup>, Jalmeé S. Mallion<sup>a</sup>, Mark James<sup>b</sup>  
<sup>a</sup>Department of Psychology, University of Regina, Canada  
<sup>b</sup>Department of Psychology, University of Saskatchewan, Canada

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### Gannon et al. (2019)

#### Key findings

- Treatment associated with 32.6% reduction in sexual reoffending (9.5% treated, 14.1% untreated)
- Sexual offence specific treatment programmes best when
  - Consistent input from registered psychologists (vs. inconsistently present, not present or unknown)
  - Supervision provided (vs. absent or unknown); better effects when provided by psychologists (vs. combination of psychologists and nonpsychologists)
  - Incorporation of some form of arousal reconditioning (vs. none or unknown)

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### What *else* works to prevent reoffending?

- Common factors of effective psychotherapy (e.g., Marshall, 2005; Marshall et al., 2002)
- Comprehensive re-entry planning (e.g., Willis & Grace, 2008, 2009)
- Cognitive transformation (e.g., Maruna, 2001)
- Achieving informal social control (e.g., Sampson & Laub, 1993)

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What works?

Who works?

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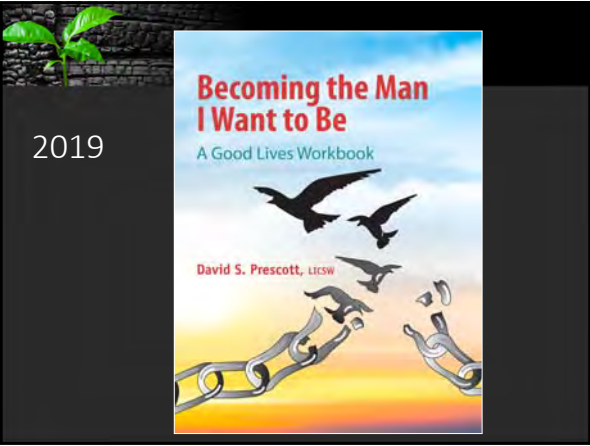
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美好生命 (GLM)：人生共同需要 Primary Human Goods				
(重要性及信心) Importance and Confidence				
人類共同需要 Primary Human Goods	定義 Definitions	重要性 Importance (0-10)	信心分 Confidence (0-10)	備註： Remarks
人生：生活與求生 Life	能照顧個人健康與/或能維持個人生命及安全 Looking after physical health, and/or staying alive and safe.	9	4	
知識：學習與認知 Knowledge	追尋關於自己、他人、環境或特定範疇的知識 Seeking knowledge about oneself, other people, environment, or specific subjects.	7	6	
於工作或休閒活動時有卓越表現 Mastery at work or play	在工作、進行休閒活動時追求卓越表現 Striving for excellence/mastery in work, hobbies or leisure activities.	5	5	

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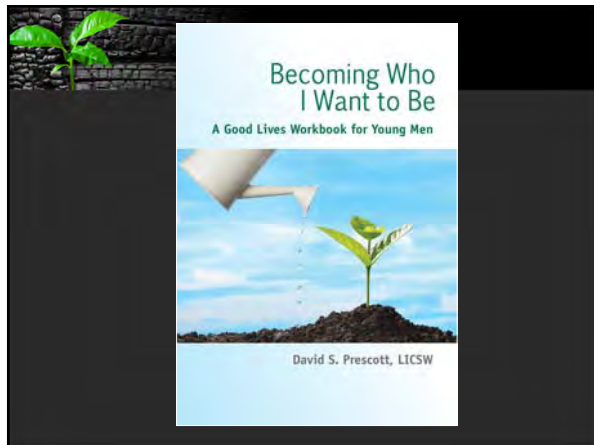
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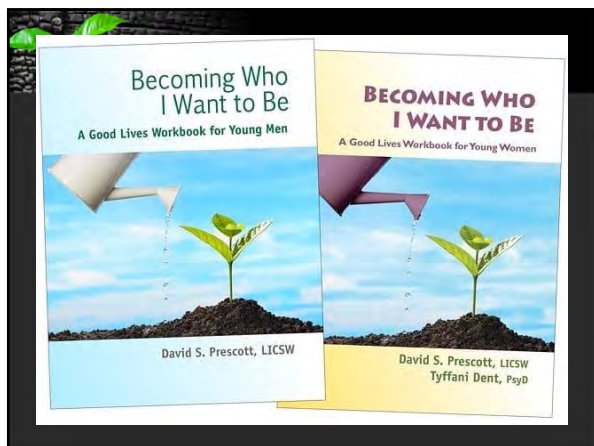
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# The Good Lives Model (GLM)



“...[our clients] want better lives, not simply the promise of less harmful ones”  
(Ward, Mann, & Gannon, 2006)

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“As a kid I had lots of examples of what I didn't want to be. I spent my life trying not to be those things. Then when an aide asked me about 5 years ago what I wanted to be I had no idea.”

40 y/o male  
in civil commitment (USA)

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PAUSE

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## Reflection Exercise

- Take three deep breaths. Take a moment to think about what a Good Life means to you.
- If it helps, close your eyes and think about what was happening the last time you remember feeling truly satisfied and fulfilled in your life. Try to *see* fulfillment. Try to *hear* fulfillment. Try to *taste* fulfillment. Try to *smell* fulfillment. Try to *feel* fulfillment.
- Take some notes.

*We will revisit this exercise later.  
You will not be expected to share your responses.*

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## Going Upstream

- What is something (anything) that you would like right now?
  - Matpakke? Utepils? World peace? A Tesla?
  - If you had that, then what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - Keep going until your answer is one word and you can't go further
  - What have you learned?



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## What are all the needs that these meet?




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## Krakow

- Lord's Ark Church
- Built by hand from ruins caused by Soviet invasion
- What needs was this meeting?



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## GLM Approach

- Strengths-based, positive approach
- Collaborative, motivational approach
- Focuses on how treatment/supervision/case management will benefit client
- Two goals:
  - Reducing/managing risk
  - Attaining fulfilling life, psychological well-being
- GLM integrated with RNR

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## GLM Approach

- Offending relates to the pursuit of legitimate goals via harmful, maladaptive means
- All human beings are goal-directed and predisposed to seek *primary human goods*
- Primary human goods = actions, experiences, circumstances, states of being, etc., that individuals seek to attain for their own sake

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## GLM Approach

- Secondary goods = concrete ways (means) to secure primary goods (also called instrumental goods)
- Dynamic risk factors = markers for internal or external obstacles that block achieving primary goods in pro-social ways in addition to increasing risk

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## A note on narrative

- We often think in terms of risk and protective “factors”
- Problem of reification
- Ward and his colleagues (including us) encourage thinking in terms of the narrative that underlies the factors
- What’s the actual story?
- How did events result in this “factor”?

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## Primary Human Goods

- GLM proposes at least 10 primary human goods
- Value/importance placed on various goods determines individual’s conceptualisation of a “good life”; reflected in good life plan (GLP)
- Assumption: Pro-social attainment of goods will help reduce or manage risk to re-offend (alongside targeting criminogenic needs)

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### Primary Human Goods as Common Life Goals

(Yates & Prescott, 2011)

Primary Good	→	Common Life Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in Work & Play	→	Being Good at Work & Play
Excellence in Agency	→	Personal Choice and Independence
Inner Peace	→	Peace of Mind
Friendship/Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

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### GLM vs. Andrews & Bonta Big 8

(possible comparison)

GLM	Big 8
• Happiness/Pleasure	• Substance abuse and other pleasure seeking
• Creativity	• Poor performance in school or work
• Knowledge	• Impulsivity/self-regulation deficits
• Being good at work and play	• Antisocial peer group/social isolation/family problems
• Personal choice/independence	• Antisocial history
• Relationships and friendships	• Aggression/irritability
• Meaning and purpose in life	• Attitudes and beliefs supportive of sexual violence
• Peace of mind	• Alcohol/drugs, reckless, dangerous behaviour
• Community	
• Living and surviving	

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### Primary Goods: Definitions

- Life: Living & Surviving
  - Healthy living and functioning
  - Basic survival needs
- Instrumental (secondary) goods:
  - Acquiring income for food/shelter
  - Physical activity
  - Healthy nutrition
  - Health care



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### Primary Goods: Definitions

- Knowledge: Learning & Knowing
  - Desire for information and understanding about oneself and the world
- Instrumental (secondary) goods:
  - Attending school, training, vocational courses
  - Self-study
  - Therapy and self-help activities



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### Primary Goods: Definitions

- Being Good at Play / Being Good and Work
  - Mastery in work / leisure
- Instrumental (secondary) goods:
  - Participation in sport or other leisure activities/hobbies
  - Participation in training, certification, apprenticeships
  - Meaningful paid or voluntary work



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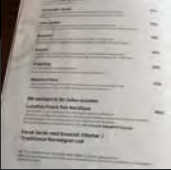

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### Primary Goods: Definitions

- Personal Choice and Independence
  - Desire for independence, autonomy, choice, self-directedness
- Instrumental (secondary) goods:
  - Formulate plans to achieve a specific end or objective
  - Engage in activities to ensure self-sufficiency
  - Assert self; communicate needs and desires with others
  - Control, dominate, abuse or manipulate others to establish personal control

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### Primary Goods: Definitions

- Peace of Mind
  - Emotion regulation, equilibrium
  - Freedom from emotional turmoil and stress
- Instrumental (secondary) goods:
  - Activities to minimize emotional distress/achieve equilibrium (e.g., exercise, meditation)
  - Substance use or sexual activity to regulate mood/cope



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### Primary Goods: Definitions

- Relationships and Friendships
  - Desire to establish bonds with others; includes intimate, romantic and family relationships
- Instrumental (secondary) goods:
  - Activities that facilitate meeting new people and maintaining relationships
  - Spending time with friends
  - Giving and receiving support (e.g., emotional, practical)
  - Intimate relationships



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### Primary Goods: Definitions

- Community: Being Part of a Group
  - Desire to be connected to similar social groups
- Instrumental (secondary) goods:
  - Participate in community activities (e.g., social service groups, special interest groups)
  - Participate in volunteer activities, groups
  - Membership in groups sharing common interests, values, concerns
  - Provide practical assistance to others in times of need (e.g., neighbours)



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### Primary Goods: Definitions

- Spirituality: Having Meaning in Life
  - Desire for meaning and purpose in life
  - Sense that one is part of larger whole
- Instrumental (secondary) goods:
  - Attends formal religious/spiritual events (e.g., church)
  - Meditation/prayer
  - Involved in spiritual community/group
  - Mindfulness
  - Forest bathing



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### Primary Goods: Definitions

- Creativity
  - Desire for novelty or innovation
- Instrumental (secondary) goods:
  - Engages in new/novel experiences that has not attempted previously
  - Engages in artistic, creative activities
  - Desire/need for novel sexual practices



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### Primary Goods: Definitions

- Happiness
  - State of being happy/content
  - Pleasure in life
- Instrumental (secondary) goods:
  - Activities that result in sense of satisfaction, contentment, fulfillment
  - Activities that result in sense of pleasure (e.g., leisure activities, sports, sex)
  - Activities intended to achieve sense of purpose, direction in life (e.g., work, friendships, family)



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What are your prioritised primary human goods?

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Exercise:  
Identifying prioritised primary goods

- Pair up with someone you don't know too well
- Introductions
- Take turns to engage your partner in a conversation about what's important in their life (~ 10 mins each)
- Aim to identify some of your partner's prioritised primary goods without directly asking about any of the goods. Tips:
  - Use open ended questions, explore meaning behind valued experiences/activities, paraphrase/summarise to check understanding.

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Primary Human Goods  
as Common Life Goals  
(Yates & Prescott, 2011)

Primary Good	→	Common Life Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in Work & Play	→	Being Good at Work & Play
Excellence in Agency	→	Personal Choice and Independence
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Friendship/Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

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### Case example: Paul

Paul is a 42-year-old male imprisoned for sexual offenses against female children (8 – 11 years-old). In each instance, Paul was a trusted babysitter (for his employer then neighbour). He described his offending in a romanticised fashion, stating that he was in relationships with each victim. He said that he “never hurt them” and that the sex was “entirely consensual.” Paul often took the victims away camping. He enjoyed teaching them about bush survival skills and different tree varieties. Paul enjoyed being surrounded by nature. He had few adult friends and stated that he preferred the company of children because they don’t judge him like adults do.

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### Paul’s prioritized primary human goods

<b>Primary goods Important to Paul:</b> <ul style="list-style-type: none"> <li>• Relationships &amp; Friendships</li> <li>• ? Peace of mind</li> <li>• ? Spirituality</li> </ul>	<b>Primary goods implicated in offending:</b> <ul style="list-style-type: none"> <li>• Relationships &amp; Friendships</li> <li>• Knowledge</li> </ul>
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### Case example: Neville

Neville is a 45-year-old male with a long history of abusing teenaged girls. He worked as a high school caretaker/groundsman. Although he took significant pride in his work, Neville admitted that his work provided him with the opportunity to meet “lots of hot girls” who, he said, were easy to befriend because they were in the midst of adolescent crises. According to Neville, the girls who had broken up with their boyfriends were easy to identify, particularly those who wanted to “get back” at their boyfriends by being seen with an attractive older man. Neville made friends with these girls, gave them drugs and alcohol, and offered them rides in his late-model car. He reported that, in each instance, they were more than happy to “thank him properly”.

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### Neville's prioritized primary human goods

<p>Primary goods Important to Neville:</p> <ul style="list-style-type: none"> <li>• Happiness (pleasure)</li> <li>• ? Being Good at Work</li> </ul>	<p>Primary goods implicated in offending:</p> <ul style="list-style-type: none"> <li>• Happiness (pleasure)</li> <li>• Personal choice and independence</li> </ul>
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### Good Life Plan



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### When Things Go Wrong: Good Life Plan Obstacles

The GLM proposes that offending and life problems result when...

1. Maladaptive/harmful means used to seek out primary goods
2. A Good Life Plan lacks scope
3. Conflict between goods and/or means
4. Lack of capacity to attain goods in a prosocial/adaptive way (internal and external)

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A quick note...

- "Obstacles" are referred to in earlier texts as "flaws"
- "Flaws" can sometimes have a negative connotation ("flawed human being") even though the original intention was different (e.g., the flaws in leather or diamonds can give them their special character)
- English is a living language where connotations can change ☺
- "Obstacles" might just as easily be "challenges", although that word is also subject to misuse ("challenged to a fight")

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Harmful/Problematic Means



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Narrow Scope



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Conflict: the pursuit of one good interferes with pursuit of another good




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Lack of Capacity: Internal



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Adverse Childhood Experiences (ACEs) in the lives of adult males who have sexually offended (Levenson, Willis & Prescott, 2016)

ACE items:	SOTx (n = 679)	CDC males (n = 7,970)
Verbal abuse	53.3%	7.6%
Physical abuse	42.2%	29.9%
Child sexual abuse	38%	16%
Emotional neglect	37.6%	12.4%
Physical neglect	15.9%	10.7%
Parents not married	54.3%	21.8%
DV in home	24%	11.5%
Substance abuse in home	46.7%	23.8%
Mental illness in home	25.9%	14.8%
Incarceration family member	22.6%	4.1%

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## Lack of Capacity: Internal



Maladaptive schemas	Maladaptive attachments	Maladaptive coping
other people will abuse/reject/abandon me; dangerous world	relationship instability, hostility towards women, social rejection	substance abuse, sex as coping, aggression

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## Lack of Capacity: External



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### Group discussion

- What might have obstructed Paul from seeking valued primary goods in prosocial, adaptive ways?

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### Spot some obstacles: Paul

Paul is a 42-year-old male imprisoned for sexual offenses against female children (8 – 11 years-old). In each instance, Paul was a trusted babysitter (for his employer then neighbour). He described his offending in a romanticised fashion, stating that he was in relationships with each victim. He said that he “never hurt them” and that the sex was “entirely consensual.” Paul often took the victims away camping. He enjoyed teaching them about bush survival skills and different tree varieties. Paul enjoyed being surrounded by nature. He had few adult friends and stated that he preferred the company of children because they don’t judge him like adults do.

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### Case Analysis: Paul

Primary goods implicated in offending: <ul style="list-style-type: none"> <li>• Relationships &amp; Friendships</li> <li>• Knowledge</li> </ul>	Obstacles in Good Life Plan: <ul style="list-style-type: none"> <li>• Maladaptive means</li> <li>• Lack of capacity (internal)               <ul style="list-style-type: none"> <li>• offence supportive cognitions (children as sexual objects)</li> <li>• Maladaptive attachments/relational styles (e.g., emotional congruence with children, general social rejection)</li> <li>• ?Deviant sexual interest</li> </ul> </li> </ul>
Primary goods Important to Paul: <ul style="list-style-type: none"> <li>• Relationships &amp; Friendships</li> <li>• ? Peace of mind</li> <li>• ? Spirituality</li> </ul>	

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### GLM Research Overview

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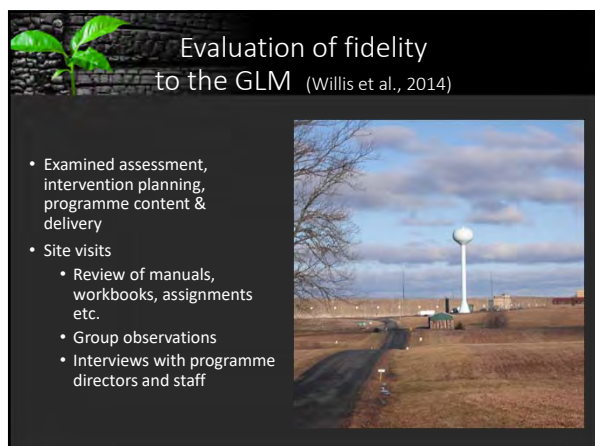
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## Key findings

- Examples of inconsistencies with the GLM**
  - Programme aims and orientation**
    - Avoidant goal oriented treatment contracts
  - Assessment**
    - Minimal assessing of clients' conceptualization of a good life
    - No assessment of dynamic risk
  - Intervention planning**
    - Generic or no treatment plans
  - Programme content**
    - Heavy emphasis on accepting responsibility for offending
    - Heavy emphasis on Relapse Prevention
  - Programme delivery**
    - Manual driven
    - Classroom-style delivery
    - Displays of confrontation

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## GLM Empirical Research

- Support for GLM constructs/assumptions
  - E.g., Barnett & Wood (2008); Chu, Koh, Zeng & Teoh (2015); Willis & Grace (2008); Willis & Ward (2011); Yates, Simons, Kingston, & Tyler (2009)
- GLM reported as more engaging for clinicians and clients versus RP approaches
  - Harkins, Flak, Beech, and Woodhams (2012)
  - Willis, Ward, & Levenson (2014)
- Research suggests GLM promotes treatment engagement
  - Simons, McCullar, & Tyler (2006)
  - Gannon, King, Miles, Lockerbie, & Willis (2011)
  - cf. Barnett, Manderville-Norden, & Rakestrow, 2014; Harkins et al., 2012

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## Evaluation of Rockwood's strengths-based approach: 8 year follow-up



Static risk	Rockwood % reoffending	CSC % reoffending	Untreated % reoffending
Low	2.7	3.9	8.3
Medium	4.2	13.7	15.2
High	11.4	17.4	35.3
Total	4.2	10.7	20.2

Olver, Marshall, Marshall, & Nicholaichuk, 2018

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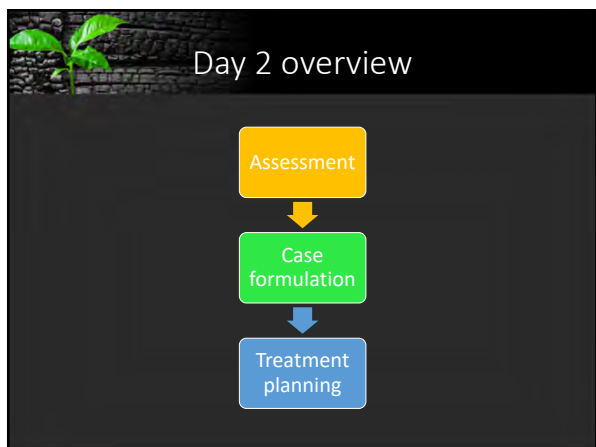
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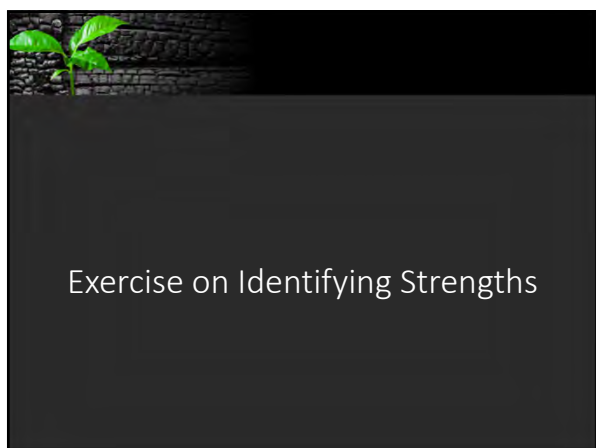
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## Strengths

- CASE SUMMARY C
- Dan, 16.5, entered residential treatment after he molested his two younger siblings, one male and one female. He also physically assaulted his mother, which has led to long-term concerns as to whether he can return home. Dan hates treatment and complains that he should have access to a grand piano, because his treatment is interfering with his future career as a musician. Dan has intense difficulty getting along with others and often views them as stupid.

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## Strengths

- CASE SUMMARY D
- Dan is almost 17. He is very serious about his future as a classical music composer. However, he has great difficulty getting along with others. He wants desperately to have friends. His growing up in a house where he was beaten by his father (before his father became incarcerated) has left him with a belief that he has to fight to get even. Curious about sex and wanting to feel like a man, he molested his younger brother and sister, and physically assaulted his mother when he realized she was going to have him placed outside of her home. Dan wants nothing more than to find his way out of his circumstances, and that means getting a solid musical education and practicing piano.

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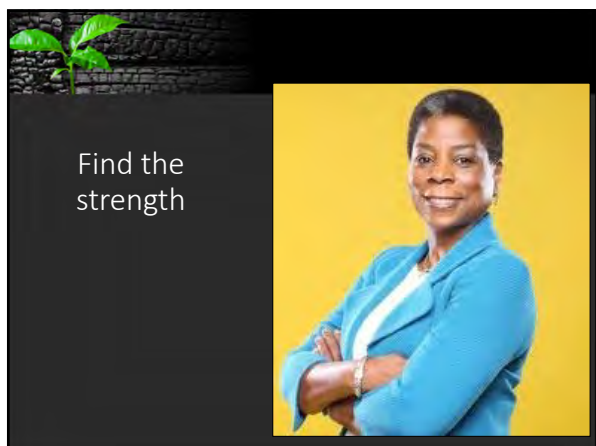
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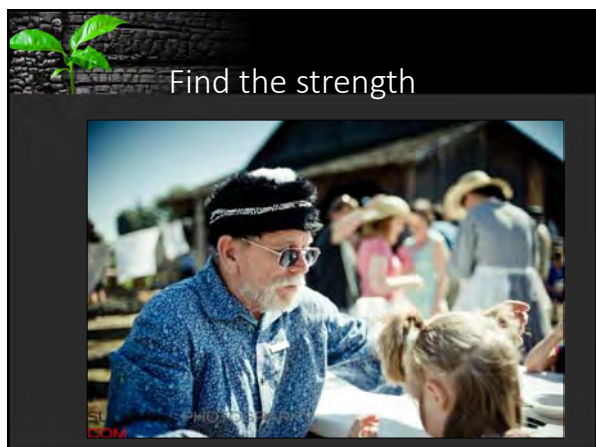
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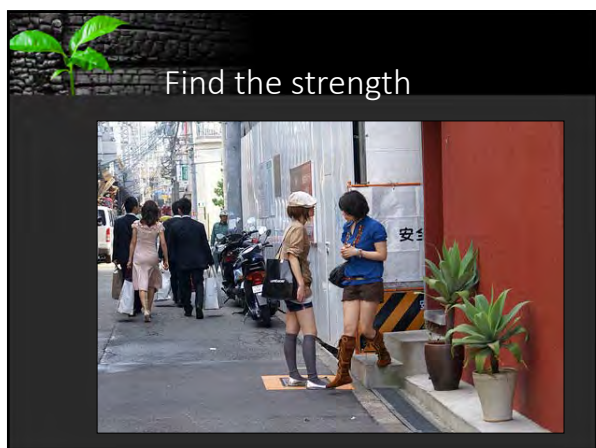
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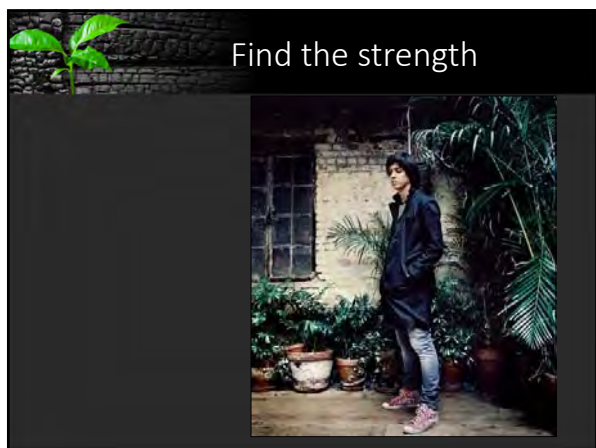
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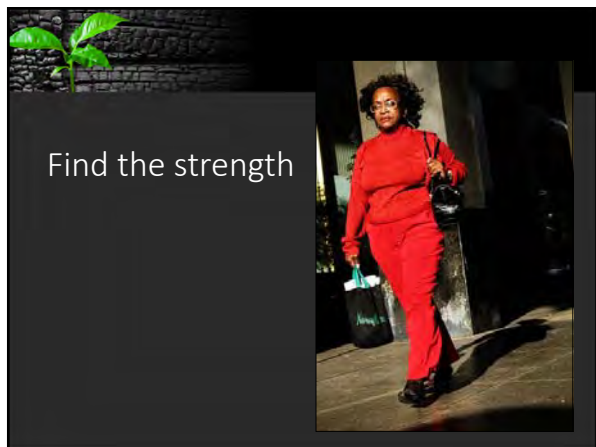
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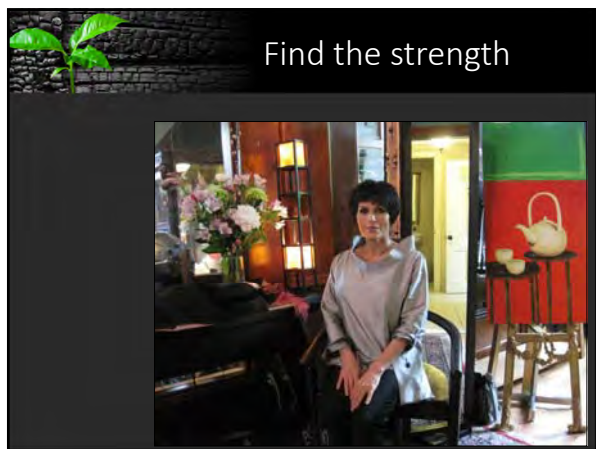
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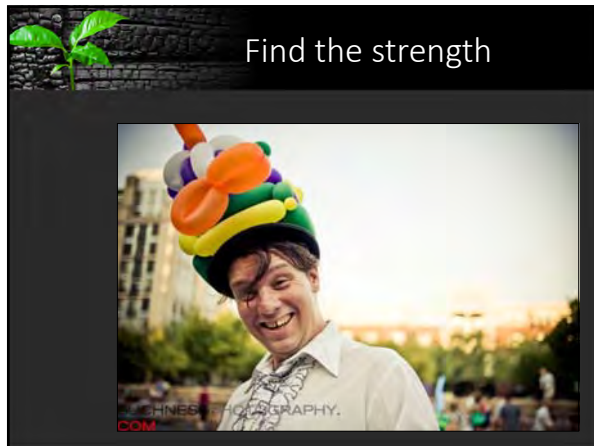
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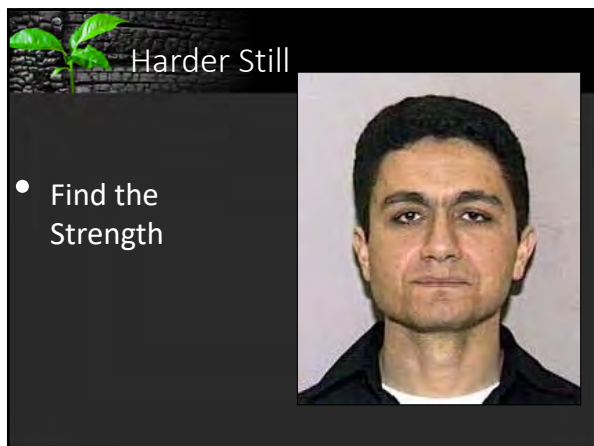
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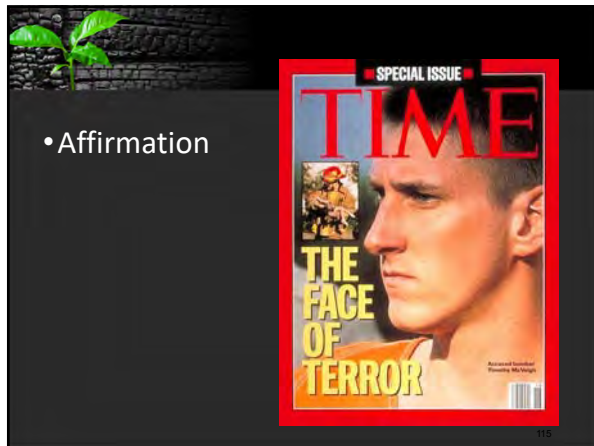
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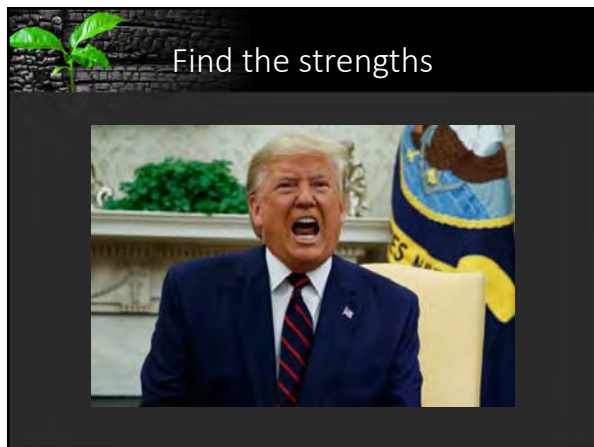
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### Consider...

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure

- Can you see the ambivalence?
- The difference between where he is and where he wants to be?



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### Consider...

- Competence
- Autonomy
- Connection
- Meaning and Purpose
- Happiness and Pleasure

- Can you see the ambivalence?
- The difference between where he is and where he wants to be?



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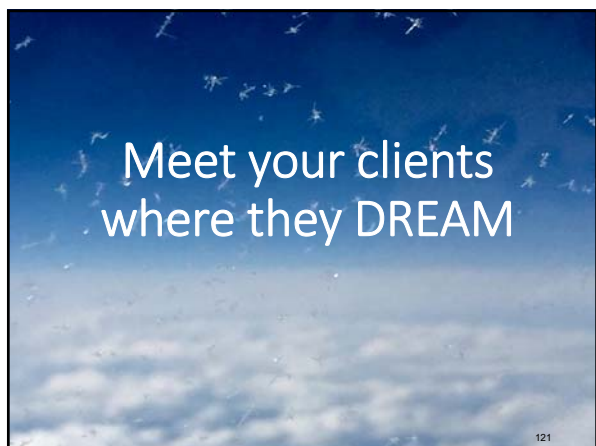
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### Find the Strength



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### Hint

- Autonomy?
- Connection?
- Creativity?
- Competence?

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### Find the Strength



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Hint

- Autonomy?
- Connection?
- Creativity (in the sense of novelty seeking)?
- Happiness and Pleasure?

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Find the Strength



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- Autonomy?
- Connection?
- Life?

- What is the difference between where he is and where he wants to be?

Hint

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### Find the Strength



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### Hint

- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

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### Find the Strength



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- Autonomy?
- Connection?
- Life?
- Happiness/Pleasure?

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- What's the difference between where he is and where he wants to be?

Hint

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Question

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- Am I the only one picking up themes of trauma and other adverse experiences?

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Assessment tasks

- RNR-based assessment
  - Includes static/dynamic risk and specific responsivity factors (e.g., developmental disability, mental health, substance abuse, etc.)
- Exploration of good life plan (at time of offending and now)
  - Identify valued primary goods and goods implicated in offending
  - Identify past and current means used to attain valued primary goods
  - Identify any concerns re: scope, conflict and capacity
- Exploration of protective factors

E.g., Willis, Yates, Gannon, & Ward (2013); Yates, Prescott, & Ward (2010)

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## Identifying Primary Goods/ Common Life Goals

- Clinical exercise
- Determine those things (i.e., activities, situations, experiences) that are important to the individual in his or her life
  - Infer common life goals
- Detect goals evident in offense-related actions and general life functioning
  - Infer common life goals implicated in offending – what was client trying to gain?

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## Possible questions

- What are the most important things for you to achieve in your life?
- What drives you? Gets you out of bed in the morning?
- What do you do on a day to day or regular basis to achieve these goals?
- Are some goals more important to you than others? Which ones, and why?
- Where would you like to be with respect to these goals in one year's time? Five years' time? Ten years' time?

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## Deeper

- What's missing from your life that you wish were there?
- How many people deeply accept you for who you are?
  - Would you like more?
- What are you longing for in your life?
- Who are you longing for?

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Life: Health and Survival

Importance:  
**0 1 2 3 4 5 6 7 8 9 10**

Confidence:  
**0 1 2 3 4 5 6 7 8 9 10**

Why that number and not a lower one?  
What would it take for you to score higher?

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Relationships and Friendships

Importance:  
**0 1 2 3 4 5 6 7 8 9 10**

Confidence:  
**0 1 2 3 4 5 6 7 8 9 10**

Why that number and not a lower one?  
What would it take for you to score higher?

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Personal Choice and Independence

Importance:  
**0 1 2 3 4 5 6 7 8 9 10**

Confidence:  
**0 1 2 3 4 5 6 7 8 9 10**

Why that number and not a lower one?  
What would it take for you to score higher?

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Community

(Being part of a group)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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Being Good at Work and Play

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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Peace of Mind

(Inner Peace)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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### Creativity

(including new experiences)

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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### Meaning and Purpose in Life

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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### Happiness/Pleasure

Importance:

0 1 2 3 4 5 6 7 8 9 10

Confidence:

0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?

What would it take for you to score higher?

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## Creativity/Novelty

Importance:  
0 1 2 3 4 5 6 7 8 9 10

Confidence:  
0 1 2 3 4 5 6 7 8 9 10

Why that number and not a lower one?  
What would it take for you to score higher?

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## Mission Critical:

- In answering those questions, what external pressures did you feel?
- Do we answer these questions for our clients? On their behalf? For their "own good"?
- Or do we explore, collaborate, evoke what is important/meaningful for them?

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## Case Illustration: "Rakesh"

- 30-year-old male, East Indian decent
- Index offending = sexual penetration of a child under 16 years
- Victim = 12-year-old sister-in-law
- Prior convictions for common assault, producing false documents
- Static-99R: above average risk

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- Identify Common Life Goals valued overall
- Identify Common Life Goals implicated in offending
- Identify Good Life Plan obstacles
- Identify dynamic risk and protective factors

Second Assessment Session

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### Identifying Valued Common Life Goals

- Common life goals important to Rakesh:
  - Relationships
  - Spirituality
  - Community
  - Personal choice and independence
  - Life

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### Identifying Common Life Goals Implicated in Offending

- Common life goals implicated in Rakesh's offending:
  - Relationships
  - Peace of mind
  - Happiness/pleasure

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## Case Analysis: Rakesh

- Common Life Goals Important to Rakesh:
  - Relationships
  - Spirituality
  - Community
  - Personal Choice and Independence
  - Life
- Common Life Goals Implicated in Offending:
  - Relationships
  - Peace of Mind
  - Happiness/pleasure

- Obstacles in Good Life Plan:
  - Conflict
  - Means
  - Capacity (internal)
- Dynamic Risk Factors:
  - Sexual self-regulation (sex as coping, sexual preoccupation)
  - General self-regulation (negative emotionality, poor problem solving)

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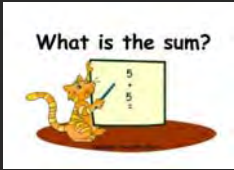
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## Case Formulation

- Integrates information collected during assessment to provide a comprehensive explanation (or set of hypotheses) for the client's presenting problems/offending
- Attempts to account for the client's current problems, how they developed and how they are maintained. Why these problems and why now?
- Adjusted as new information /understanding comes to light



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## Case Formulation



Other relevant theories, may include:

- Pathways model (Ward & Siegert, 2002)
- Self-Regulation model (Ward & Hudson, 1998)

Biopsychosocial explanation of predisposing, precipitating, perpetuating and protective factors

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### Self Regulation Model

(Ward & Hudson, 2008)

Avoidance Goals:

- Focus is to *not achieve* a particular state, or to avoid an undesired outcome
- Individual is anxious or fearful about possible occurrence of undesired outcome
- Associated with negative affect, psychological distress, impairment in psychological functioning, impairment of self-regulatory capacity in situations of stress
- Require considerable cognitive resources to attain and maintain

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### Self Regulation Model

(Ward & Hudson, 2008)

Approach Goals:

- Focus is to *achieve* a particular state or desired outcome (appetitive or acquisitional process)
- Individual anticipates possible occurrence of desired outcome
- Affect may be positive or negative, depending upon what the individual seeks to achieve
- Motivate individual to achieve desired states or outcomes
- More easily attained than avoidance goals
- Associated with positive affect, reduced cognitive load, less deterioration in self-regulatory ability, lower levels of psychological distress

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### Self Regulation Model

(Ward & Hudson, 2008)

- Self-Regulation Styles:
  - Under-regulation
    - No attempt to control behaviour
    - Loss of control
  - Mis-regulation
    - Active attempt(s) using ineffective skills/strategies
  - Intact self-regulation
    - No self-regulation deficit
    - Explicit planning

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### Mr. Etoh

Mr. Etoh committed the current offense against his girlfriend, whom he discovered cheating and stealing from him. Although he did not plan to assault her, he became very angry as he thought about her cheating and stealing. Mr. Etoh has historically responded to anger by using alcohol and other substances. He knows that alcohol is a precursor to his offending behaviour. Just before the current offense, he tried to control his thoughts, anger, and jealousy by drinking in order to calm down. Not surprisingly, this was not effective and increased his feelings of jealousy. This, in turn, led to the sexual assault of his girlfriend. He felt very guilty after the offense and cursed himself out for many months after.

• *Avoidant-Active*

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### Mr. Opportunity

Mr. Opportunity grew up in a home where his parents were both involved with the criminal justice system. From an early age, he viewed the world as a place where one has to fight to get even and seek out opportunities for happiness and pleasure whenever it's possible. Mr. Opportunity began offending in his adolescence and enjoyed the feelings it gave him. One the evening in question, he went to a night club, where he drank and snorted cocaine. He flirted with a woman who made it clear to him that she was not interested. This angered him. When the night club closed, he walked down the street, asked a young woman for a light for his cigarette and then kidnapped her and sexually assaulted her in a nearby alley.

• *Approach-Automatic*

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### Mr. Sad

Mr. Sad abused his 8-year-old niece; this included molesting her and forcing her to perform oral sex. He believes that he did not create opportunities to offend. Rather, he was impulsive, and that he did not start out wanting to offend against his daughter. Mr. Sad was sober when he committed the offense. He believes he abused because he and his wife had grown apart and had become de facto housemates, sleeping in different rooms. When he became aware that he was aroused by his niece, he made attempts to be busy and tried to ignore his sexual urges. This never worked, and he came to hate himself because he couldn't seem to stop.

• *Avoidant-Passive*

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## Mr. Organized

- Mr. Organized was a former road surveyor who became a counselor in a Bible-studies camp. Extremely intelligent, he was beloved by parents, who entrusted him not only to teach their children, but also to take them to various locations (e.g., Disneyland) as a part of their instruction. He used these opportunities to introduce these children to sex.

• *Approach-Explicit*

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## Mr. Cold

Mr. Cold worked in a group home for older individuals with physical disabilities. He abused one of the clients of this service. He noticed that the victim was having particular difficulty, and offered to help her in her apartment. He entered her room, threw her on the bed, and sexually assaulted her. She was unable to fight back or call for help. Others had raised concerns about him in the past, but these had been screened out by adult protective services.

• *Insufficient Information*

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## Formulation feedback

- Ask for permission to share your working formulation with the client
  - Am I understanding you?
  - What am I missing?



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## Formulation practice

- How did this person come to present for treatment?

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## Intervention planning

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## Intervention Planning

- Informed by case formulation
  - Relationship between offending, dynamic risk factors, protective factors, pursuit of common life goals
- Intervention plans provide roadmap for working toward dual aims of treatment
  - Enhanced well-being, reduced risk
- Intervention plans form basis of future-oriented good life plans
  - Dynamic, refined as treatment progresses, clients build strengths, develop skills to achieve common life goals in pro-social ways

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## Intervention Planning

- Intervention planning = collaborative
  - Therapist links client goals with treatment goals
- Individualised plans constructed for each client
  - Revolve around goal attainment, increasing protection, reducing risk
  - Set out valued common life goals, how clients plan to attain them
  - Attend to internal and external conditions necessary to attain goals
    - This also targets risk factors

E.g., Willis et al. (2013); Yates et al. (2010)

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## Intervention Planning: Rakesh

Rakesh's Goals	Associated Treatment Goals/Targets
- Never get in trouble with the law again	- Develop understanding of offence process
- Improve relationships with brother and father	- Enhance relationship/intimacy skills; understand impact of behaviour on others - Develop appropriate means for securing intimacy
- Be physically and mentally strong	- Develop effective emotion regulation, problem-solving skills - Develop appropriate means for securing peace of mind
- Practice my religion	- Assist/encourage with connection to Hindu community and activities

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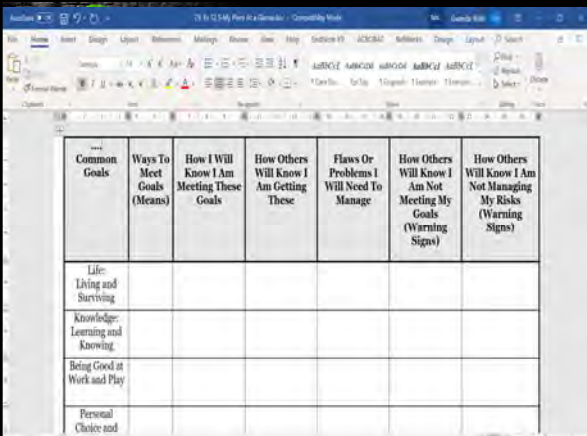
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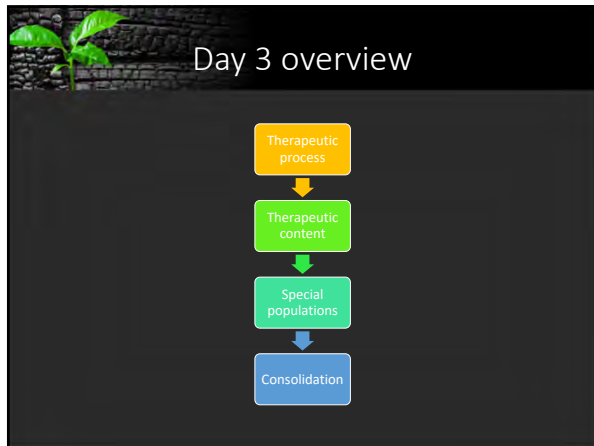
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### Thinking on these goals

- What will progress in this look like to me and others?
- What can I do to make positive changes in this?
- What problems might happen as I try to improve?
- How would I know when things aren't working?
- How would others know when things aren't working?
- What can I and others do when things start to go wrong?
- How can I and others acknowledge progress when it happens?

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### Thinking Further On These Goals

- How have traumatic and otherwise adverse experiences affected this person's ability to get this goal?
- How have the same experiences affected how he looks at the world?
- Where are all the places that this person may experience ambivalence about this goal?
- How can we elicit the client's internal motivation(s) regarding attaining this goal without harming others?

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### Let's talk some about trauma

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## What is trauma?

- PTSD
- Complex PTSD
- DEPNOS
- Complex trauma
- Developmental Trauma Disorder



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## What is Trauma?

*Trauma is the desperate hope that the past was somehow different.*

— Jan Hindman



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## TRAUMA

- Relational issues
- Somatic challenges

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## What is Trauma?

*The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past.*

— Bessel van der Kolk



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## Ultimately

*No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in (his or) her immediate best interest.*

— Judith Herman, M.D.

Reframe: Interventions that empower survivors foster recovery



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## What is Trauma-Informed Care?

"A program, organization, or system that is trauma-informed:

1. Realizes the widespread prevalence and impact of trauma;
2. Recognizes the signs and symptoms of trauma;
3. Responds by integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization."

<https://www.samhsa.gov/ncic/trauma-interventions>



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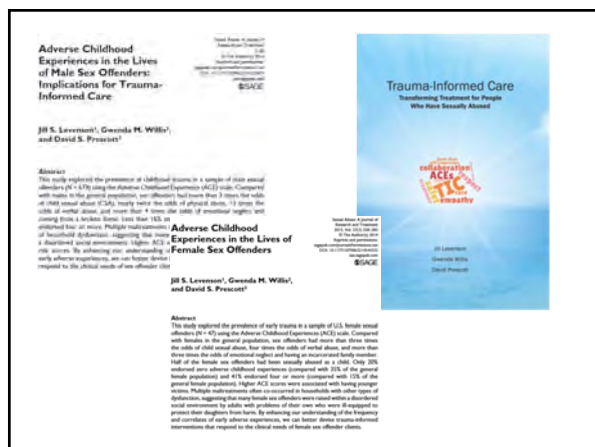
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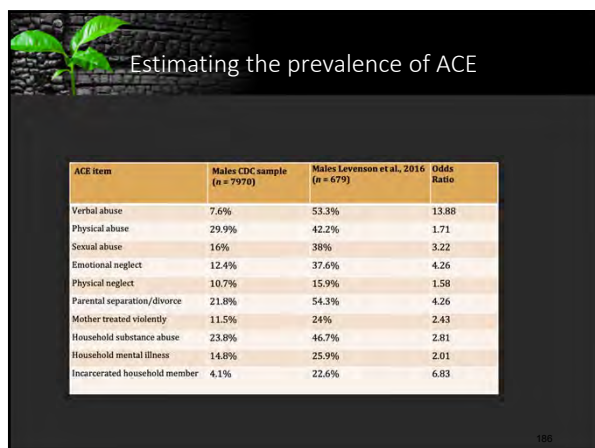
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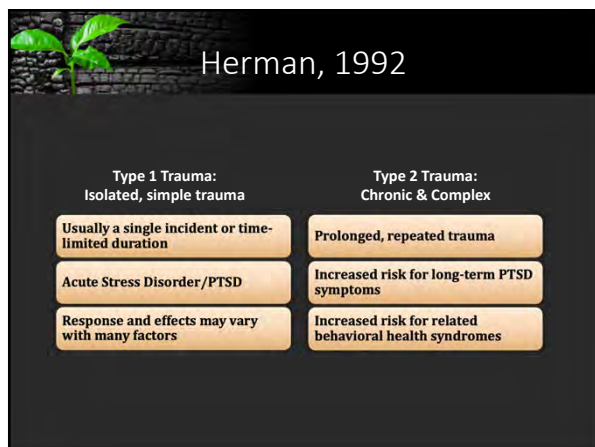
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## How does trauma and adversity affect development?

### And Risk Factors?

### And Good Lives Goals?

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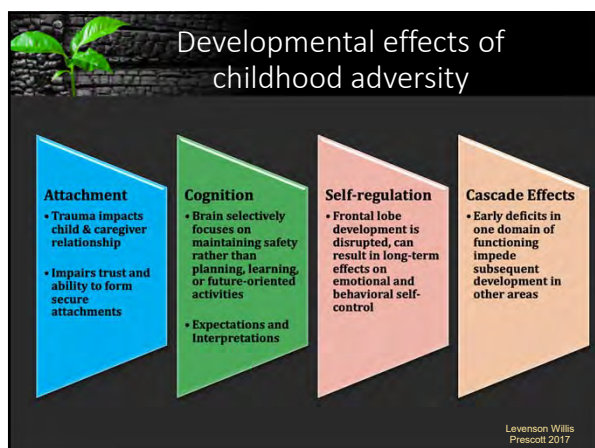
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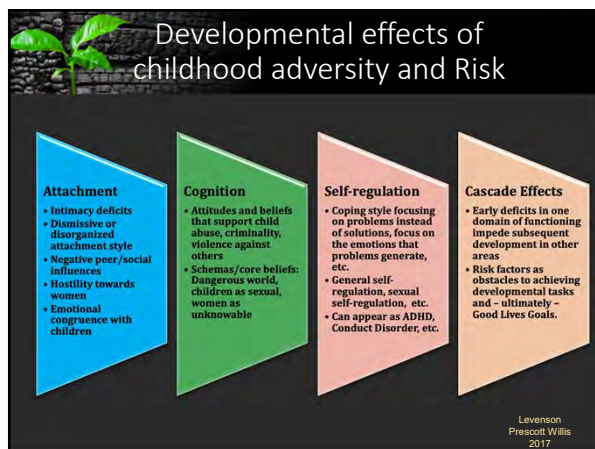
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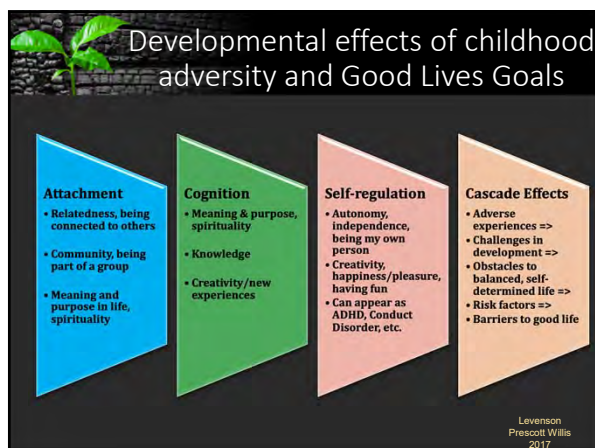
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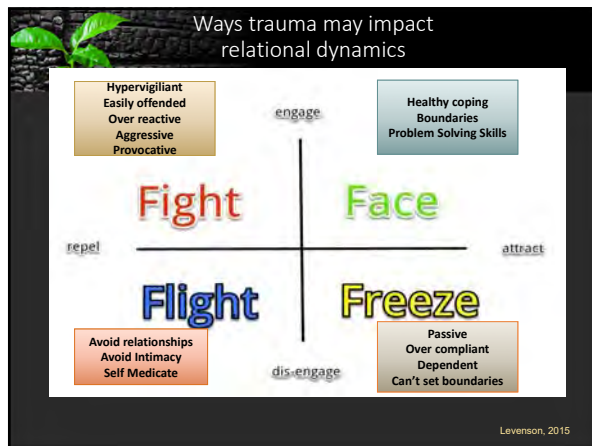
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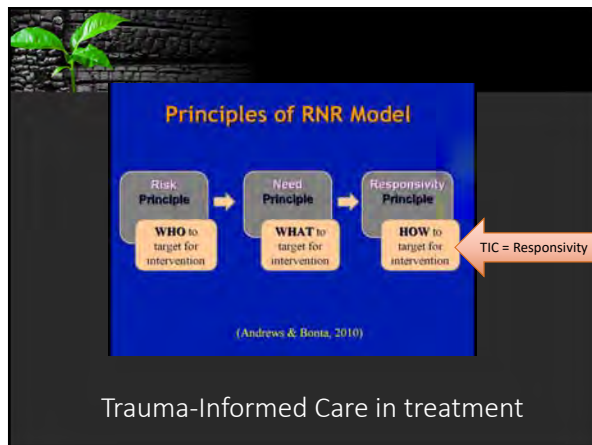
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The Importance of Narrative

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CONSIDER ...

*Among the tasks of the mind is to reduce the difference between the prediction and the sensation*

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Application

*"I went to the grocery store, and for the first time ever I knew what I wanted"*



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Analysis

- Trauma interferes with decision-making
- Trauma interferes with prediction of sensations
- Trauma interferes with prediction of happiness
- Trauma interferes with the belief that predictions and decisions are possible
- Trauma focuses on surviving threats in the moment
- Move beyond teaching how to make lists
- Move beyond decision-making skills

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## Reflection

- That's fantastic. There you were, able to focus on what you wanted and not on what others wanted from you.*
- Hey, that's great! In that moment, you were aware of the things that mattered most to you*
- Good for you. Staying focused on what matters to you in a busy place like a grocery store can be a real challenge.*

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## Application

*"I can't tell you what I'm thinking. It's too confusing. I'm not sure you'd get it. Look, never mind."*



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## Translation

- "Other people have always told me what to do.
- I've had to hide to avoid being beaten
- Now you're asking me to express my thoughts freely; that's dangerous
- I've learned not to trust my thoughts and feelings
- Survival has meant focusing outside myself
- My capacities to observe my thoughts and feelings have atrophied.
- It's safer to shut down."

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## Reflection

1. *Describing your experience is really hard.*
2. *It's really hard to talk about these things when you don't know if I'll really get it.*
3. *There's a bigger piece of all of this that I may not be seeing.*
4. *If you were to really talk about these things, you'd need to know that others will understand and respect you.*

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## Cultural Trauma

*"What's it like to be working with a white guy like me?"*

- Activation of cultural trauma can happen at the epigenetic level
- We forget how much power we have over clients

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## Possible reflections

- *You might be wondering if someone like me – who comes from outside your culture – can understand you and you have every right to be suspicious about all of this.*
- *With everything going on for you, including having to talk with a counselor who's not from your same culture(s), it's probably better if you don't completely trust me.*
- *At some point, if you'd be willing to talk with me about our cultural differences, I would be honored to listen and respond as best I can.*

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## Treatment Content

- Treatment intensity and targets based on risk and needs
- Goals of each stage framed using approach (rather than avoidant) goals
- Programming linked to fulfilment of common life goals
  - Consider SMART-goal framework

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## Risk-based treatment components and related GLM constructs

Autobiography	→Good Life Plan (past and present)
Offence Progression	→Knowledge, Good Life Plan (past and present)
Cognition/Problem-Solving	→Knowledge, Personal Choice & Independence, Peace of Mind, Relationships & Friendships
Relationships/Intimacy Deficits	→Relationships & Friendships, Community
Sexual Self-Regulation	→Happiness, Peace of Mind, Relationships & Friendships, ++
General Self-Regulation	→Peace of Mind, Personal Choice & Independence, ++
Emotion Regulation	→Peace of Mind, Personal Choice & Independence, ++
Relapse Prevention Plan	→Integrated Good Lives and Risk Management Plan (present and future-oriented)

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## Treatment Components (Yates et al., 2010)

- Relevant personal history
  - Good life plan(s)
    - Valued common life goals, associated secondary goods
    - Problems attaining common life goals
    - NOT “autobiography”
  - Purpose:
    - Examine strengths
    - Examine/confirm GL goals
    - Examine/confirm risk and protective factors
    - Facilitate comfort with disclosure in treatment

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### Treatment Components

(Yates et al., 2010)

- Understanding the offence process
  - Understand role of common life goals, secondary goods (means), obstacles
  - Determine common life goals at all stages of offence process
- Focus = what individual was trying to gain
  - Did pre-offence behaviour and offending represent opportunities to meet, keep, or re-acquire common life goals?
  - After offending, were goals achieved?
  - How does offence fit into good life plan?

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### Self-Regulation Model-R 10-Step Process

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### Self Regulation Model – Revised

(Yates, Prescott, & Ward, 2010)

- 10-phase model of background factors and offence progression
- Can be used for relevant personal history and understanding offending exercises
- Four pathways to offending:
  - Avoidant-Passive
  - Avoidant-Active
  - Approach-Automatic
  - Approach-Explicit

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## Ten Phases of Self-Regulation Model

Phase 1: Preconditions to Sexual Offending

- Background/predisposing factors
- Differences in developmental, learning histories, psychological, social, biological, & other factors
- Allow understanding of predispositions that can be addressed in treatment
- Acknowledgement that life events that trigger offending vary between individuals
- Background factors influence manner in which individuals respond throughout offence progression
- Background factors provide valuable information for understanding goals, goods, pathways to offending
- In treatment – “autobiography”/relevant personal history

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## Ten Phases of Self-Regulation Model

Phase 2: Life Event and Appraisal

- Trigger of offence progression
- Appraisal relatively automatic, based on life/developmental experience, implicit theories, cognitive scripts, goals, context
- Event and appraisal trigger specific thoughts, affect, intentions, goals, possible threat to good lives plan

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## Ten Phases of Self-Regulation Model

Phase 3: Desire in Response to Live Event

- Emergence of desire to offend or for offence-related activity and/or goal attainment
- Triggered by life event and appraisal of event
- Emergence of affective states associated with offending behaviour (positive or negative)
- Activation of memories, cognitive and behavioural scripts, attitudes, beliefs, offence scripts
- May be beyond individual's awareness

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### Ten Phases of Self-Regulation Model

Phase 4: Goal Establishment

- Individual considers acceptability of desire
- Individual considers what to do about desire
- May evaluate ability to tolerate accompanying affective state(s)
- Approach versus avoidance goals (offence-related)
- Good Lives goals

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### Ten Phases of Self-Regulation Model

Phase 5: Strategy Selection

- To achieve goals
  - Offence-related
  - Good Lives goals
- Not necessarily an explicit decision
- May occur automatically as a function of habitual action, entrenched cognitive scripts, activation of offence-related scripts
- May involve explicit selection of strategies

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### Ten Phases of Self-Regulation Model

Phase 6: Opportunity to Achieve Goals

- “High risk situation”
- Contact with potential victim
- May result from implicit or explicit planning or ineffective strategies earlier in offence progression
- May be associated with either positive or negative affective states
- Response to situation dependent upon self-regulation style and offence pathway

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### Ten Phases of Self-Regulation Model

Phase 7: Pre-Offence Behaviours

- “Lapse”
- Behaviours immediately prior to commission of offence
- Disinhibition may occur
- May be associated with positive or negative affective states, cognitive dissonance
- For some individuals, change in offence-related goals occurs

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### Ten Phases of Self-Regulation Model

Phase 8: Sexual Offence

- Commission of offence
- Tends to be associated predominantly with positive affective states or both positive and negative emotional states; revenge, anger, may also be present

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### Ten Phases of Self-Regulation Model

Phase 9: Post-Offence Evaluation

- Evaluation of themselves and behaviour
  - Negative or positive
- Reinforcement for behaviour
- Attribution of causes of offending
- Experience of success or failure in achieving offence-related goals
- Possible readjustment of offence-related goals
- Possible readjustment of Good Lives Plan

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## Ten Phases of Self-Regulation Model

Phase 10: Future Intentions

- Attitude toward future offending
- Future intentions and expectations with respect to offending
- Re-evaluation of offence-related goals
- Renewed commitment to refrain from offending in future, or decision to offend in future
- Possible change in offence pathway (typically from avoidant to approach)
- Possible readjustment of Good Lives Plan

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## Arousal reconditioning: Additional analyses on Gannon et al. (2019) data (Thornton, 2020)

Treatment		Treatment outcome (# of programmes)		
Who Delivered	Included AR	Harmful	Small effect	Beneficial
Psychologist or supervised non-psychologist	No	1	4	2
	Yes	0	6	11
Unsupervised non-psychologist	No	5	4	8
	Yes	0	1	2

For programmes run by psychologists or supervised non-psychologists harm was rare but benefit was more likely if they used AR (benefit in 11 of 17 programmes if AR used but in 2 of 7 programmes where it was not used).



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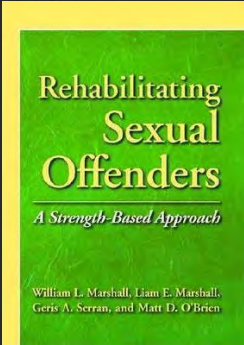

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Chapter 10:  
Using Behavioral  
techniques to  
control sexual  
arousal

*William Burke  
Gregg Dwyer  
Christina Rieling*

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- Includes all goods important to individual
  - Sufficient scope
- Includes non-offending, practical ways to attain goods/goals
  - Consider environment in which client will be living
- Identifies threats/obstacles to goods attainment and strategies for managing
- Includes risk management plan
  - Strategies to manage dynamic risk factors
  - Strategies to attain a better life

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- Includes all goods important to individual
  - Sufficient scope
- Includes non-offending, practical ways to attain goods
  - Build on client strengths
  - Approach-oriented SMART goals
- Identifies threats/obstacles to goods attainment and strategies for managing
- Includes risk management plan

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### Contrast: A relapse-prevention oriented risk management plan

- Avoid being in areas that children congregate (e.g., outside schools, parks)
- Avoid any media (e.g., magazines, television) depicting prepubescent girls
- Do not join church or other community groups in which children are present
- Avoid isolating especially when experiencing low mood
- Constantly monitor environment for new high risk situations/warning signs
- Phone a nominated support person in event of warning signs (loneliness, deviant arousal) or high risk situations which I cannot escape

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### Considerations for Special Populations

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### Intellectual disabilities

- Not just talk slower and louder
- Use visual imagery
- Use multi-modal methods, including role plays
- Use social stories
- Repeat key points often

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### Seek their perspective

- How seriously do we try to understand their understanding of treatment?
- When we do, in what ways are we patronizing?
  - "I'm the one with the letters after my name; you're the messed up client"
- The "bobble-head effect"
- Don't be afraid to modify practices
  - Curriculum
  - Empathic, attuned interventions

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### Counterfeit Deviance

- Known topic in ID/DD world
- Deviance may develop from residing in a system where appropriate sexual knowledge, relationships, and opportunities for healthy sexual experiences aren't supported and/or provided
  - Is a behaviour truly deviant?

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### Psychopathy

- For people with very high levels of psychopathic traits:
- Focus on what's in it for them
- What is the cost of offending to them?
- What is the price they pay?
- If offending continues, what will happen to them?
- What's missing from their life that they wish were there?

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## Key Points with Autism Spectrum

- Keep it individualized:
  - *"If you've met one person with an ASD, you've met one person with an ASD"*
- Keep it concrete: GLM concepts can be high-minded and difficult to grasp
- Keep it trauma-informed
- Keep your attitudes about sexuality in check
- Use functional behaviour analysis

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## ASD

- Depending on where they are on the spectrum be patient and repeat X3.
- Have the individual truly explore what "their good life means" and make it concrete. For example XY loves to go into the community with his mom, "love my mom". Things that get in way – "obstacles" – include negative behaviour... aggression and property damage.
- Another example, YX wanted a job the Team Lead worked with him on what they would be and how to accomplish that.

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## ASD

- Don't be afraid to review the incidents from the week and how they got in the way of that individuals good life plan.
- Work within the program: Can include putting up signs on the mirror for clients: "good choices, good person, good life" he reads this on the morning after taking care of ADLs or at time when he is getting agitated.

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## Considerations for Clinical Supervision

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## When supervising

- Begin with a case and consider:
  - What are this clients goals?
  - Who are you in this client's life, from his/her perspective?
    - (clarifying relationship)
  - What things do and don't work for him/her in treatment
    - (clarifying tasks and approach of therapist)
- What cultural considerations exist?
  - Is the therapist taking these into account in constructing services?

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## Supervision

- Consider Good Life Goals
  - Including those implicated in offending
- Consider daily life functioning
- What Good Life Goals are implicated in his daily functioning?
  - How are they implicated?
- How can the therapist use their trained methods and approaches to enhance this client's understanding and implementation of the GLM?

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Example

- The seemingly impossible case: Unmotivated, uninterested, has had enough of therapists
- Explore client goals
  - His desire for freedom and living in the community maps onto strong priority on personal choice and independence.
  - Set therapist goal of exploring other goals with interest and no agenda as part of a regular conversation; not overtly clinical
- Explore client relationship
  - Who is this therapist in the client's life? Just an innately annoying person? Define what the therapist can and can't do

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Example

- Therapist approach
  - Open discussions about what is working for the client, what kind of approaches may be necessary, and why.
  - It may be as simple as "what's in it for you".
- Cultural considerations
  - What strongly held values assist or impede this case?
  - Client comes from a family in which receiving assistance of any kind is considered a sign of weakness.

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Consideration

- Supervision can:
- Proceed case by case
- Good life goal by good life goal
- Therapeutic skill by therapeutic skill

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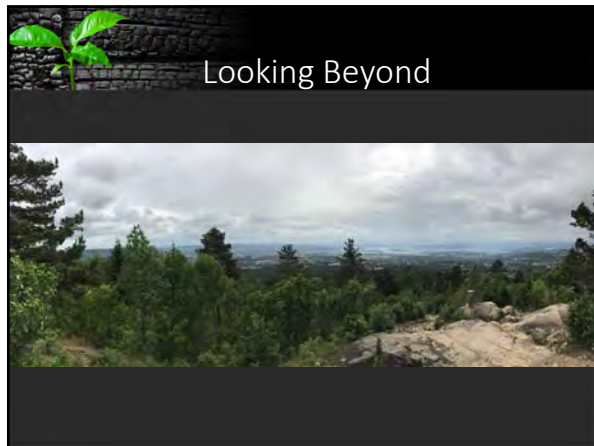
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## Chris

- 32 y/o male, NZ Māori
- Extensive history of violent and general offending
- Index offending: abduction and rape of 15-year-old stranger while on parole for aggravated robbery
  - Was attempting fresh start away from gang contacts
  - Supported by church, developed feelings for similar aged female in church, feelings not reciprocated
  - Driving around “looking for sex”

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## Chris: Brief background

- Chris was removed from mother by child protection services when he was 6-years-old. He has never met his father.
- Lived in numerous different foster homes and was sexually and physically abused by caretakers on multiple occasions.
- Ran away from foster care and joined a gang when he was 15-years-old. Considered gang his family; became well-respected senior gang member.
- Initially presented as reactive and volatile, especially around female staff.

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## Chris: Primary Human Goods

<b>Important to Chris:</b> <ul style="list-style-type: none"> <li>• Community</li> <li>• Relationships</li> <li>• Mastery</li> <li>• Autonomy</li> <li>• Life</li> <li>• Creativity</li> </ul>	<b>Implicated in offending:</b> <ul style="list-style-type: none"> <li>• Autonomy</li> <li>• Peace of mind</li> <li>• Happiness/pleasure</li> </ul>
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## GLM implications with Chris

<b>Strengthen attainment of primary goods through prosocial means:</b> <ul style="list-style-type: none"> <li>• Autonomy</li> <li>• Peace of mind</li> <li>• Happiness/pleasure</li> <li>• Community</li> <li>• Relationships</li> <li>• Mastery</li> <li>• Life</li> <li>• Creativity</li> </ul>	<b>Address problems with capacity to attain primary goods (includes addressing dynamic risk factors):</b> <ul style="list-style-type: none"> <li>• Antisocial attitudes (incl hostility towards women, lack of concern for others)</li> <li>• Antisocial peers</li> <li>• Deviant sexual interests (rape themes)</li> <li>• Impulsivity</li> <li>• Poor problem solving</li> <li>• Negative emotionality</li> </ul>
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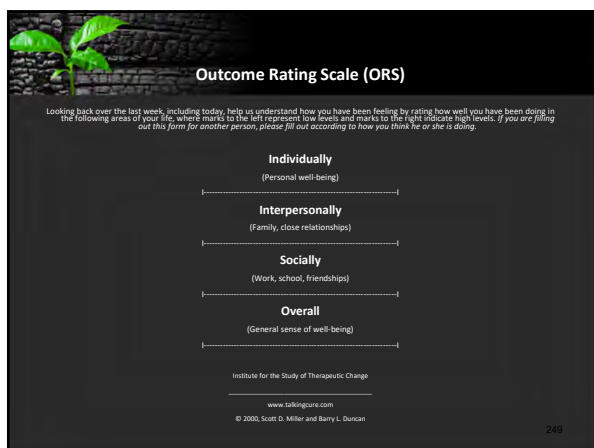
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## Outcome Rating Scale (ORS)

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life. Where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

**Individually**  
(Personal well-being)

.....

**Interpersonally**  
(Family, close relationships)

.....

**Socially**  
(Work, school, friendships)

.....

**Overall**  
(General sense of well-being)

.....

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### SESSION RATING SCALE (SRS V.3.0)

PLEASE RATE TODAY'S SESSION BY PLACING A MARK ON THE LINE NEAREST TO THE DESCRIPTIONS THAT BEST FITS YOUR EXPERIENCE.

I did not feel heard, understood, and respected.	Relationship  -----	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on or talk about.	Goals and Topics  -----	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	Approach or Method  -----	The therapist's approach is a good fit for me.
There was something missing in the session today.	Overall  -----	Overall, today's session was right for me.

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[www.istcchange.com](http://www.istcchange.com)  
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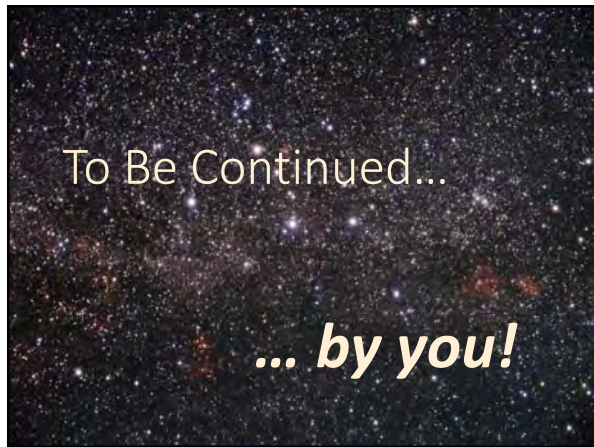
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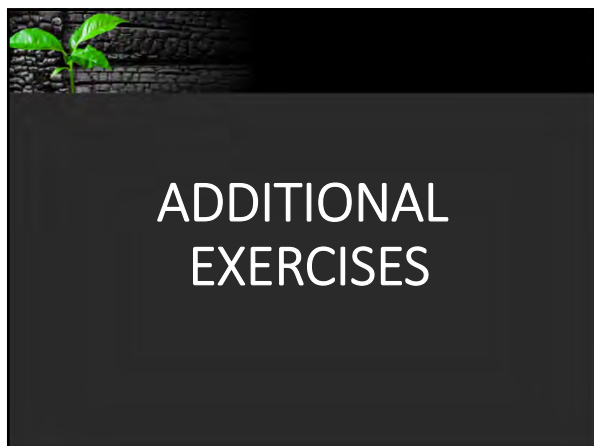
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Exercise 1

1. Break into groups of three or four
2. Listen to the case examples
3. Ask clarifying questions
4. Identify the protective factors
5. Develop a list of how these factors might be used in treatment

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Exercise 2 preparation

- Remember:
- Everyone has an implicit or explicit good life plan.
- Everyone's good life plan implementation suffers from flaws (e.g., means, scope, conflict, capacity)
- Risk factors represent obstacles to achieving a good life plan

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Exercise 2 preparation

- Risk factors and flaws can interact with each other. For example:
- Young adulthood is a riskier time, that might reflect problems in means, capacity, scope, or conflict between goals. Maturational processes will be protective, and can be aided by treatment focusing on goals and their effective acquisition.

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## Exercise 2 preparation

- Likewise, the risk factor of social isolation may reflect flawed attempts to attain the goal of relatedness.
- Flaws such as means or capacity may be implicated.

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## Exercise 2.1

1. Break into different groups of three or four
2. Establish a spokesman for your group, with everyone being a “lifeline” for the spokesman.
3. Using a client from your practice, identify the risk factors you are working on in treatment.
4. Discuss the Common Life Goals related to these risk factors (e.g., sexual interest in children as it relates to happiness, relatedness, etc.)

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## Exercise 2.2

- Using the same case, discuss how these risk factors may have resulted from *flaws* in this client’s good life plan:
  - Means
  - Scope
  - Conflict between goals
  - Capacity
- Option to rinse and repeat

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### Exercise 2.3

- For each group that presents their case:
- Other groups will discuss the presentation and provide an overall rating on a three-point scale. 1=Good!; 2=Great!; 3=Outstanding!
- Each of the groups offers three points that might improve the presenting team’s work with the case.

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### Exercise 3

1. Break into small groups
2. One person present a case
3. Group identifies risk factors
4. Group discusses how these risk factors have played themselves out in offending and/or other areas of life

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### Exercise 3.1

- Group identifies Common Life Goals implicated in offending
- Group identifies Common Life Goals implicated in daily life of client (presence/absence)
- Group identifies obstacles to good life plan
  - Means, scope, capacity, conflict
- How will this client know that things are getting better or worse?
- How will others know that things are getting better or worse?

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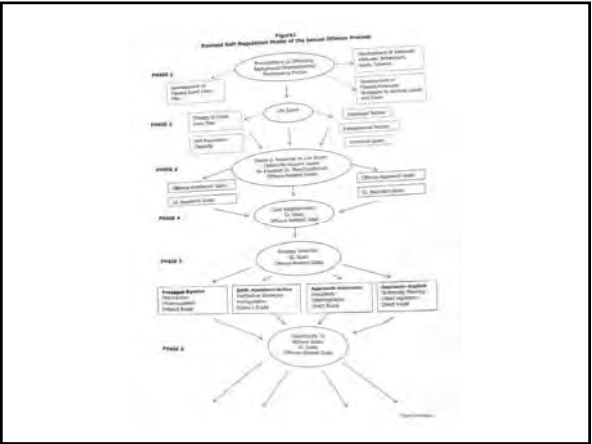
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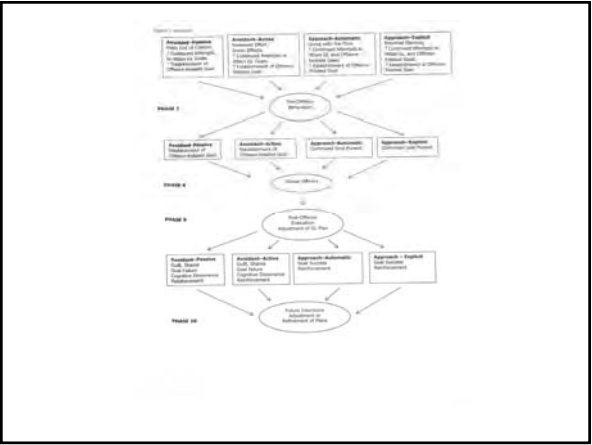
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## Paul

- 42-year-old male imprisoned for multiple counts of sexual violation against 2 x female children (aged 8 – 11 years) over 12 month period and possession of child exploitation material
- Stated he was in “relationships” with the children he abused
- No history of general or violent offending
- Prior sex offence convictions
  - 18-years-old indecent assault against 10-year-old stranger female (community sentence)
  - 27-years old sexual violation of 8 and 10-year-old known children (imprisonment)
- Static-99R: Above average risk



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## Second Assessment Session

- Identify primary goods valued overall
- Identify primary goods implicated in offending
- Identify Good Life Plan obstacles
- Identify dynamic risk and protective factors

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## Identifying Valued Primary Human Goods

- Primary goods important to Paul:
  - Spirituality
  - Personal choice and independence
  - Relationships
  - Peace of mind
  - Knowledge
  - Excellence in work/play

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## Identifying Primary Goods Implicated in Offending

- Primary goods implicated in offending:
  - Relationships
  - Knowledge
  - Happiness (sexual pleasure)
  - Peace of mind

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## Case Analysis: Paul

- Primary goods important to Paul:
  - Spirituality
  - Personal choice and independence
  - Relationships
  - Peace of mind
  - Knowledge
  - Excellence in work/play
- Primary goods implicated in offending:
  - Relationships
  - Knowledge
  - Happiness
  - Peace of mind

- Obstacles in Good Life Plan:
  - Means
  - Capacity (internal)
- Empirically supported dynamic risk factors
  - Offence-related sexual interests
  - Offence-supportive attitudes
  - Emotional congruence with children
  - Lack of emotionally intimate relationships with adults
- Empirically supported protective factors
  - Keys: Intact cognitive functioning, coping, self control, work
  - Goals: Adaptive schema, sexual self-regulation, emotional connection to adults, prosocial sexual interests

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## Case Formulation

- Integrates information collected during assessment to provide a comprehensive explanation (or set of hypotheses) for the client's presenting problems/offending
- Attempts to account for the client's current problems, how they developed and how they are maintained. Why these problems and why now?
- Adjusted as new information /understanding comes to light



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## Case Formulation



Other relevant theories, may include:

- Pathways model (Ward & Siegert, 2002)
- Self-Regulation model (Ward & Hudson, 1998)



Biopsychosocial explanation of predisposing, precipitating, perpetuating and protective factors

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## Formulation: Paul

- An early learning environment characterised by parental absence and bullying by older siblings likely instilled in Paul beliefs that he was unwanted, inherently defective and unlovable and that other people were judgemental and could not be trusted (EMS include Abandonment/Rejection, Defectiveness/Shame, Failure).
- Such beliefs were reinforced by bullying throughout school years by peers. Bullying likely distracted Paul from his studies leading to poor grades, further reinforcing that he was deficient compared to his peers.

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## Formulation: Paul

- Paul experienced pleasure and attention in an otherwise cold and rejecting world through his own experience of childhood sexual abuse. Such experiences therefore contributed to the development of maladaptive sexual scripts concerning the acceptability of sex between adults and children.

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### Formulation: Paul

- Against a backdrop of feeling unworthy, defective and other people perceived as judgemental/harmful – Paul yearned for connections – especially as he transitioned into adolescence and young adulthood. He learnt that he did not feel judged or defective around children, and felt safe in their presence. He therefore started seeking emotional and sexual intimacy with children.
- Paul's offending against children became a source for several primary goods including relationships, knowledge (through teaching), peace of mind (felt calm/safe in their presence) and pleasure (including sexual). Paul therefore sought out opportunities to meet and connect with children.

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### Formulation: Paul

- Paul's offending was maintained by avoiding schema triggers (i.e., connecting with adults). He avoided adult relationships and structured his life (including hobbies and work) as much as possible to avoid activation of underlying maladaptive schemas.
- In unavoidable social situations (e.g., dining room, yard) Paul engaged in *safety behaviours* (avoid eye contact with others, keep conversations scripted or short) in an attempt to avoid activation of his EMS. His safety behaviours perpetuated disinterest and negative responses from others, as Paul presented as unfriendly and guarded.

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### Paul's initial therapy goals

- Address longstanding social anxiety
- Improve self-confidence/self-worth
- Have adult friends

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### Paul: Exploring social anxiety

- Concerned about looking “stupid, retarded, or being judged” by other adults
- Avoided social situations (e.g., rec room) or endured with intense distress (e.g., increased heart rate, feeling hot, “butterfly feelings” in stomach)
- Engaged in *safety behaviours* – controlling posture/speech, avoiding eye contact, intense focus on task

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### Paul: Addressing social anxiety

- Psychoeducation (Clark & Wells, 1995)
- Dropping of safety behaviours
  - Role plays with therapist
- Cognitive restructuring including video feedback
- Develop hierarchy of feared situations
  - Participating in special interest groups (climate change, veganism)
  - Participating in organised recreation activities
  - Attending the recreation room outside of organised activities
- Behavioural experiments to approach above situations (with instructions to switch from internal to external focus of attention)

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### Paul: Initial response to therapy

- Identified that he looked “blunt” when using his safety behaviours, acknowledged that he could be perceived as aggressive/hostile
- Initiated his own behavioural experiment – dropping safety behaviours and approaching an inmate he feared might judge him
- Behaviour experiments planned in-session and assigned for homework beginning with less feared situations
- Successfully completed experiments targeting social situations at top of his hierarchy of feared situations

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