


**Strengths-Based
Intervention Planning for
Desistance from Sexual
Offending**


Gwenda Willis
Sharon Kelley
David Thornton

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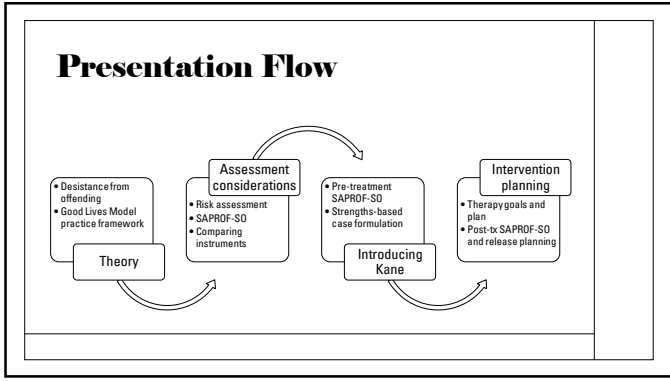
Acknowledgements



David Prescott, LCSW, AISA-F



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<p>Desistance Theory</p> <ul style="list-style-type: none">• Desistance has been a focus of theoretical development for many decades in criminology• Central ideas include<ul style="list-style-type: none">• Aging• Turning points and informal social control• Cognitive transformations• Identity and Agency• Cognitive skills needed for desistance• Let's look at these more closely	
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<p>Early Aging</p> <ul style="list-style-type: none">• The age/crime curve is one of the best-established generalizations in criminology<ul style="list-style-type: none">• Rates of criminal activity peak in adolescence and then decline over the life span• Moffitt (1993) distinguished adolescence-limited from life-course persistent delinquency<ul style="list-style-type: none">• The former engage in delinquency as way of seeking for independence and acquiring status, they are frustrated by adult roles not being available to them. Once adult roles are available, they swiftly move over to meeting their needs through marriage and employment.• Brain maturation that continues through to at least the mid- twenties leads to a reduction in impulsivity, making these slower ways of meeting needs more accessible	
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<h2>Late Aging</h2> <ul style="list-style-type: none">• Further desistance takes place as adults age• Sparks & Day (2016) Aging bodies and desistance from crime. <i>Journal of Aging Studies</i>. 30, 47-58.• Analysis of life stories identified age related issues associated with older individuals desisting included:<ul style="list-style-type: none">• Time stands still in prison, you don't age, you don't grow up• Crime is a "young persons' game", recalling how older people in prison looked and not wanting to be like that. "I am too old for this"• Tiredness – becoming more aware of physical limitations, losing strength and energy• Slowing down – harder to recover from physical exertion, calmer, want to kick back• Seeing how much they lost; its not worth it	
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<h2>Turning Points and Informal Social Control</h2> <ul style="list-style-type: none">• Sampson and Laub (2003) emphasized that age related changes in criminal activity did not occur at the same rate for everyone. They proposed they were associated with "turning points" such as getting married or gaining steady employment. Turning points all involved a strengthening of bonds to conventional institutions and:<ul style="list-style-type: none">• A "knifing off" of the past• They provided support and monitoring• They led to a change in routine activities, sometimes including where you live and who you spend time with• They led to the formation of a prosocial identity	
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<h2>Cognitive Transformations</h2> <ul style="list-style-type: none">• Maruna (2001) and Giordano et al. (2002) both emphasized internal processes that aligned with and were necessary for these turning points• Maruna described the need to develop a Redemption story in which the person finds strengths that they have always had which can be used to take control of their lives and develop a coherent, prosocial identity for themselves.	
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<p>Transformations continued Giordano and associates</p> <ul style="list-style-type: none">• Giordano et al (2002) identified four inter-related cognitive transformations<ul style="list-style-type: none">• Willingness to change• Hooks for change (prosocial opportunities)• Changes in how the person views themselves• Changes in antisocial attitudes (development of a prosocial identity)• And later (2007) emphasized<ul style="list-style-type: none">• The role of prosocial romantic partners in providing both a role model and social support, including better management of negative emotions	
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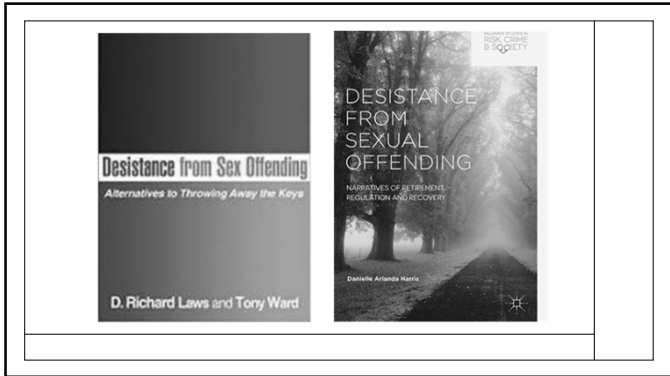
<p>Agency and the Feared Identity</p> <ul style="list-style-type: none">• Paternoster & Bushway (2009) emphasized the role of agency in desistance. They argued that individuals will retain "offender" as a working identity so long as they are getting more benefits than costs from crime• Eventually their criminal lifestyle leads to failures<ul style="list-style-type: none">• Failed attempts to complete an offense or it does not feel as good as they expected• They go to prison• They lose their families• Initially they blame this on bad luck but when experienced failure is linked to anticipated future failure, they develop an image of a feared future self that leads them to start making more prosocial choices and as they do to develop a more prosocial image of the person they want to be	
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<p>Cognitive Skills Needed for Desistance</p> <ul style="list-style-type: none">• Anderson & McNeil (2019) proposed that a range of cognitive skills are required for turning points or the feared self to translate into desistance. These include:<ul style="list-style-type: none">• Effective decision-making• Emotion regulation• Self-control (the ability to resist provocations and temptations)	
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The Good Lives Model (GLM)

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

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GLM Overview

- Overarching strengths-based theory of rehabilitation, recently reconstructed as a *practice framework* (Ward & Durrant, 2021)
- Contains core values and principles, knowledge related assumptions, and intervention guidelines
- Developed to overcome limitations of deficit-based approaches in treatment of offending behaviour
- Widely used in forensic/correctional and mental health settings alongside RNR principles
- Underpinned by dual aims of improving client wellbeing alongside reducing risk of harmful behaviour

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<h3>GLM Overview</h3> <ul style="list-style-type: none">• All human beings are goal-directed and predisposed to seek <i>primary human goods</i>• Actions, experiences, circumstances and states of being that are intrinsically sought for their own sake• Secondary goods = concrete ways/means to secure primary goods; can be adaptive or maladaptive/harmful<ul style="list-style-type: none">• Offending relates to the pursuit of primary goods via harmful means• Dynamic risk factors = summary labels for clusters of causal, contextual, and mental state factors blocking achievement of primary goods in prosocial ways• GLM assumes attainment of primary goods in prosocial and personally meaningful ways leads to improved wellbeing and reduced risk of offending/reoffending	
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<h3>Primary Human Goods</h3> <ul style="list-style-type: none">• GLM proposes at least 10 primary human goods• Sometimes referred to as “Common Life Goals” (Yates & Prescott, 2011)• Value/importance placed on various goods determines an individual’s conceptualisation of a “good life”; reflected in their good life plan (GLP)	
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	<h3>Life: Living & Surviving</h3> <ul style="list-style-type: none">• Healthy living and functioning• Basic survival needs <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none">• Acquiring income for food/shelter• Physical activity• Healthy nutrition• Health care	
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Strengths-Based Intervention Planning for Desistance from Sexual Offending

<p>Knowledge: Learning & Knowing</p> <ul style="list-style-type: none"> • Desire for information and understanding about oneself and the world <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • Attending school, training, vocational courses • Self-study • Therapy and self-help activities 		
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<p>Excellence in Work & Play</p> <ul style="list-style-type: none"> • Being good at play / work • Mastery in leisure / work <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • Participation in sport or other leisure activities/hobbies • Participation in training, certification, apprenticeships • Meaningful paid or voluntary work 		
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<p>Agency/Autonomy</p>	<ul style="list-style-type: none"> • Desire for personal choice, independence, autonomy, self-directedness <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • 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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Strengths-Based Intervention Planning for Desistance from Sexual Offending

<h2>Inner Peace</h2> <ul style="list-style-type: none"> • Peace of mind, emotion regulation, equilibrium • Freedom from emotional turmoil and stress <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • Activities to minimize emotional distress/achieve equilibrium (e.g., exercise, meditation) • Substance use or sexual activity to regulate mood/cope 		
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	<h2>Relationships and Friendships</h2> <ul style="list-style-type: none"> • Desire to establish bonds with others; includes intimate, romantic, and family relationships <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • Activities that facilitate meeting new people and maintaining relationships • Spending time with friends • Giving and receiving support • Intimate relationships 	
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<h2>Community: Being Part of a Group</h2> <ul style="list-style-type: none"> • Desire to be connected to groups that share one's values, concerns, interests • Experiencing a sense of belonging <p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none"> • Participate in community activities/groups (e.g., social service groups, special interest groups, voluntary activities) • Group membership • Provide practical assistance to others in times of need (e.g., neighbours) 	 	
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Strengths-Based Intervention Planning for Desistance from Sexual Offending

<h2>Spirituality</h2>	
<ul style="list-style-type: none">• Desire for meaning and purpose in life• Sense that one is part of larger whole	
<p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none">• Attends formal religious/spiritual events (e.g., church)• Meditation/prayer• Involved in spiritual community/group• Forest bathing	

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<h2>Creativity</h2>	
<ul style="list-style-type: none">• Desire for novelty or innovation	
<p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none">• Engages in new/novel experiences that has not attempted previously• Engages in artistic, creative activities	

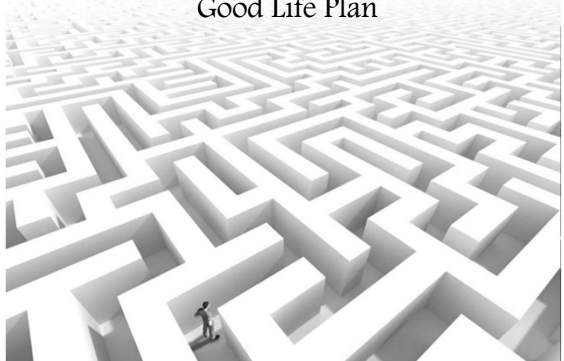
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	<h2>Happiness/Pleasure</h2>
	<ul style="list-style-type: none">• State of being happy/content• Pleasure in life
	<p>Instrumental (secondary) goods:</p> <ul style="list-style-type: none">• Activities that result in sense of satisfaction, contentment, fulfillment• Activities that result in sense of pleasure (e.g., leisure activities, sports, sex)

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<p>Components of a Good Life: Primary Human Goods</p> <p>Relationships/Friendships</p> <p>Autonomy</p> <p>Peace of mind</p> <p>Happiness/Pleasure</p> <p>Living & Surviving</p> <p>Knowledge</p> <p>Mastery</p> <p>Community/Belonging</p> <p>Spirituality</p> <p>Creativity</p>	
<small>(for definitions see Laws & Ward, 2011; Ward & Maruna, 2007)</small>	

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<p>Good Life Plan</p> 	
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<p>When Things Go Wrong: Obstacles to implementing a Good Life Plan</p> <p>The GLM proposes that life problems and offending result when...</p> <ol style="list-style-type: none">1. Maladaptive/harmful means used to seek out primary goods2. A Good Life Plan lacks scope3. Conflict between goods and/or means4. Lack of capacity to attain goods in a prosocial/adaptive way (internal and external)	
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Lack of Capacity: Internal



Maladaptive schemas	Maladaptive attachments	Maladaptive coping
<i>other people will abuse/reject/abandon me; dangerous world</i>	<i>fear of intimacy, social anxiety, hostility</i>	<i>substance abuse, sex as coping, aggression</i>

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Lack of Capacity: External

Lack of Capacity: External

The struggle to house child sex offenders and keep society safe

Rob Mitchell · 05:00, Oct 27 2018

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News > Queensland > Ipswich

Mayor says child sex offenders should be sent offshore

IPSWICH Mayor Paul Pisasale said convicted child sex offenders should be shipped to Narau because they cannot be trusted not to reoffend upon their release.

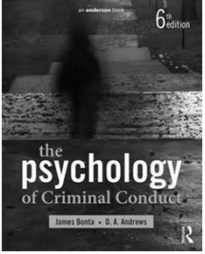
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**Strengths-based therapy
planning for sexual offending
Assessment Considerations**

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Strengths-Based Intervention Planning for Desistance from Sexual Offending



Risk assessment

- Risk assessment helps inform (i) intervention intensity, and (ii) intervention targets
- According to the RNR Risk principle, intervention intensity is informed by assessed risk (static and dynamic)
- According to the RNR Need principle, intervention targets informed by dynamic risk factors/criminogenic needs

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Dynamic risk tools

Some commonly used instruments, at least among evaluators (Kelley et al., 2020)

- Stable-2007 (Hanson et al., 2007; Fernandez et al., 2014)
- Violence Risk Scale – Sexual Offense Version (VRS-SO; Wong et al., 2003-2017)
- Sexual Violence Risk – 20 (SVR-20; Boer et al., 1997)
- Risk for Sexual Violence Protocol (RSVP; Hart et al., 2003)
- Structured Risk Assessment – Forensic Version (SRA-FV; Thornton & Knight, 2015)

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Stable-2007 (Hanson et al., 2007)



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Strengths-Based Intervention Planning for Desistance from Sexual Offending

VRS-SO
(Wong et al., 2003-2017)

	DYNAMIC FACTORS AND TOTAL SCORES												
	RATINGS												
	Pre-Tx	1	2	3	4	5	6	7	8	9	10	11	12
D1 Sexually Deviant Lifestyle	0	1	2	3			PC F A M	1.5	1.5	5.0			
D2 Sexual Compulsivity	0	1	2	3			PC F A M	1.5	1.5	5.0			
D3 Offense Planning	0	1	2	3			PC F A M	1.5	1.5	5.0			
D4 Criminal Personality	0	1	2	3			PC F A M	1.5	1.5	5.0			
D5 Cognitive Distortions	0	1	2	3			PC F A M	1.5	1.5	5.0			
D6 Interpersonal Adjustment	0	1	2	3			PC F A M	1.5	1.5	5.0			
D7 Emotional Control	0	1	2	3			PC F A M	1.5	1.5	5.0			
D8 Insight	0	1	2	3			PC F A M	1.5	1.5	5.0			
D9 Victimhood Abuse	0	1	2	3			PC F A M	1.5	1.5	5.0			
D10 Community Support	0	1	2	3			PC F A M	1.5	1.5	5.0			
D11 Relation to High Risk Situation	0	1	2	3			PC F A M	1.5	1.5	5.0			
D12 Sexual Offending Cycle	0	1	2	3			PC F A M	1.5	1.5	5.0			
D13 Impulsivity	0	1	2	3			PC F A M	1.5	1.5	5.0			
D14 Compliance with Community Supervision	0	1	2	3			PC F A M	1.5	1.5	5.0			
D15 Treatment Compliance	0	1	2	3			PC F A M	1.5	1.5	5.0			
D16 Deviant Sexual Preference	0	1	2	3			PC F A M	1.5	1.5	5.0			
D17 Intimacy Deficits	0	1	2	3			PC F A M	1.5	1.5	5.0			
Total Dynamic Factor Score							Change Total						
Total Static Factor Score							Total Dynamic Factor Score						
Total Score = Total Dynamic Factor Score							Total Static Factor Score						
Total Score = Total Dynamic Factor Score							Total Score - Total Dynamic Factor Score						

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Some problems...

- RNR Need principle states intervention targets should be informed by dynamic risk factors/criminogenic needs
- Most risk assessment tools are deficit-based, yet therapy is increasingly strengths-based. We need risk assessment tools that align with strengths-based approaches to therapy
- Most (all?) risk assessment tools are atheoretical. How can they meaningfully inform therapy? We need relevant theory to inform therapy.

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Defining protective factors

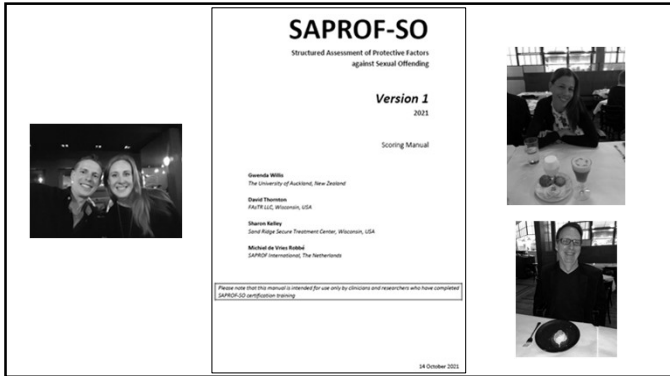
SAPROF definition:
Any characteristic of a person, their environment or situation, which reduces risk of future (sexual) violence (De Vogel et al., 2009)



- Definable propensity, not simply the absence of a risk factor (de Vries Robbé et al., 2015)
- Can exist on a continuum with risk factors, as antidotes to risk factors, or somewhat independent of extant risk factors

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Strengths-Based Intervention Planning for Desistance from Sexual Offending



SAPROF-SO
Structured Assessment of Protective Factors against Sexual Offending

Version 1
2021

Scoring Manual

Gwendy Willis
The University of Auckland, New Zealand

David Thornton
AFC/USC, Wisconsin, USA

Sharon Kelley
Sawaf Ridge Secure Treatment Center, Wisconsin, USA

Michiel de Vries Roubil
SAPROF assessment, The Netherlands

Please note that this manual is intended for use only by clinicians and researchers who have completed SAPROF-SO certification training.

14 October 2021

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The SAPROF-SO

- Structured assessment of protective factors associated empirically and/or theoretically with a reduced risk of reoffending and desistance from crime
- Developed to bring balance to risk assessment (above average risk ≠ inevitable risk)
- Sought to find a better balance between theory and empiricism through attention to possible mechanisms underlying how protective factors operate
- Preliminary research supports interrater reliability, construct validity, and predictive validity for reduced sexual reoffending (Willis et al., 2020; Nolan et al., 2023)

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How do protective factors protect? Mechanisms underlying SAPROF-SO

<p>Control (restraining antisocial urges)</p> <ul style="list-style-type: none"> • Internal resources facilitating self-restraint • Informal social control (policing & modeling of prosocial behaviors) • Formal social control 	<p>Prosocial reward (prosocial life as satisfying)</p> <ul style="list-style-type: none"> • Increased capacity to seek <i>primary human goods</i> (PHGs) in adaptive ways contributing to sense of agency/autonomy in life • Direct sources of PHGs
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Strengths-Based Intervention Planning for Desistance from Sexual Offending

SAPROF-SO Version 1		Current	Future*
Adaptive Schemas			
1. Adaptive schemas			
2. Empathy			
3. Coping			
4. Self-control			
5. Attitudes towards rules and regulations			
Resilience Total			
Resilience Average (range 0-10)			
Adaptive Strategies			
6. Self-advocacy			
7. Prosocial social interests			
8. Prosocial social identity			
9. Intrinsic motivation			
Adaptive Strategy Total			
Adaptive Strategy Average (range 0-10)			
Professional Competence & Resilience			
10. Self-efficacy			
11. Skills			
12. Leisure activities			
13. Social network			
14. Emotional connection to adults			
Professional Competence & Resilience Total			
Professional Competence & Resilience Average (range 0-10)			
TOTAL SAPROF-SO SCORE			
AVERAGE SAPROF-SO SCORE (range 0-10)			
Professional Risk Management (Optional Items)			
		Current	Future*
P1. Sexual offense specific treatment	✓ N/A		
P2. Therapeutic alliance	✓ N/A		
P3. Motivation for managing risk	✓ N/A		
P4. Medication	✓ N/A		
P5. Supervised living			
P6. External control			
Professional Risk Management Total			
Professional Risk Management Average (Optional Items)			

SAPROF-SO Version 1

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Resilience

- Adaptive schemas
 - Extent to which dominating schemas about self, others, and the world are adaptive
 - Feels worthy of love; the world is generally safe and predictable
- Empathy
 - Ability to recognize other's emotional reactions, take other's perspective, behave in a way that is responsive to another. Includes other's feelings of distress and pleasure.

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<p>Resilience</p> <ul style="list-style-type: none">• Coping<ul style="list-style-type: none">• An array of skills applied across situations to effectively cope with everyday stressors• Problem-solving, asking for help, use of self-soothing strategies• Self-control<ul style="list-style-type: none">• Ability to control impulses and resist urges to engage in destructive or maladaptive behavior• Resisting short-term rewards to obtain long-term rewards• Attitudes towards rules and regulations<ul style="list-style-type: none">• Acceptance of rules; understanding that rules and authority are helpful in safety and long-term goals	
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<p>Adaptive Sexuality</p> 	
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<p>Adaptive Sexuality</p> <ul style="list-style-type: none">• Sexual self-regulation<ol style="list-style-type: none">1. Avoiding triggers for that lead to offense-related impulses or opportunities2. Strategies for negotiating triggers and opportunities3. Good management of offense-related sexual thoughts/impulses4. Healthy expression of a sexual drive	
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<h3>Adaptive Sexuality</h3> <ul style="list-style-type: none">• Prosocial sexual interests<ul style="list-style-type: none">• Interests and arousal to consenting sex with adult partners.• Prosocial sexual identity<ul style="list-style-type: none">• Acceptance of a prosocial adult sexual orientation/identity to self and others. This includes gender identity.• Intimate relationship<ul style="list-style-type: none">• Stable intimate relationship that ideally includes reciprocating support and an emotional connect	
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<h3>Prosocial Connection & Reward</h3> 	
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<h3>Prosocial Connection & Reward</h3> <ul style="list-style-type: none">• Goal-directed living<ul style="list-style-type: none">• Presence of prosocial, meaningful approach-oriented goals that motivate behavior and counteract risky behaviors• Work<ul style="list-style-type: none">• Stable, structured, and brings satisfaction and social contacts• Leisure activities<ul style="list-style-type: none">• Regularly scheduled, structured leisure activities that involve prosocial others	
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<p>Prosocial Connection & Reward</p> <ul style="list-style-type: none">• Social network<ul style="list-style-type: none">• The presence of a prosocial and supportive network• Prosocial partner/spouse, family members, friends, volunteers• Emotional connection to adults<ul style="list-style-type: none">• Sharing of inner experiences (thoughts & feelings) with prosocial adults• Who do they trust with their secrets?• Evidence of reciprocity	
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 <p>Professional Risk Management</p>	
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<p>Professional Risk Management</p> <ul style="list-style-type: none">• Sexual Offense-specific treatment<ul style="list-style-type: none">• It's available and conforms to RNR• Therapeutic alliance<ul style="list-style-type: none">• Focus mostly on client's subjective experience but include therapist's or supervisor's experience• Positive, supportive, collaborative, stable, trusting• Motivation for managing risk<ul style="list-style-type: none">• Stage of change with regard to using skills to manage overall risk	
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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Professional Risk Management

- Medication
 - Medication targeted to help manage sexual urges and drive as well as general violence
- Supervised living
 - The degree to which the facility where the individual lives has staff supervision
- External control
 - The extent to which the individual has a court order to remain in a facility or to be monitored/supervised

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How do protective factors protect? Mechanisms underlying SAPROF-SO

Control (restraining antisocial urges)	Prosocial reward (prosocial life as satisfying)
<ul style="list-style-type: none"> • Internal resources facilitating self-restraint • Informal social control (policing & modeling of prosocial behaviors) • Formal social control 	<ul style="list-style-type: none"> • Increased capacity to seek PHGs in adaptive ways contributing to sense of agency/autonomy in life • Direct sources of PHGs

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The SAPROF-SO vs. Dynamic risk factors

Psychologically meaningful RF (Mann et al., 2010)	SAPROF-SO item/s	
Sexual preoccupation	Sexual self-regulation	SAPROF-SO additionally assessing goal directed living, work, leisure activities – desistance and Good Lives relevant considerations
Any deviant sexual interest	Prosocial sexual interests, Prosocial sexual identity	
Offence-supportive attitudes	Adaptive schemas	
Emotional congruence with children	Emotional connection to adults	
Lack of adult relationships	Social network, Prosocial sexual identity, Intimate relationship	
Impulsivity	Self-control	
General self-regulation problems	Coping	
Poor problem-solving	Coping	
Resistance to rules/supervision	Attitudes towards rules and regulations	
Grievance/hostility	Empathy	
Negative social influences	Social network	

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Treatment Targets Inferred by Risk Tools

STABLE-2007	SAPROF-SO
Significant Social Influences, General Social Rejection	Social Network, Emotional Connection to Adults, Work, Leisure Activities
Capacity for Relationship Stability	Intimate Relationship
Emotional ID with Children	Emotional Connection to Adults
Lack of Concern for Others, Hostility Toward Women	Adaptive Schemas, Empathy
Impulsive Acts	Self-Control
Poor Problem-Solving Skills, Negative Emotionality	Coping
Sex Drive, Sex as Coping, Deviant Sexual Preference	Sexual Self-Regulation, Prosocial Sexual Interests, Prosocial Sexual Identity
Cooperation with Supervision	Attitudes Towards Rules & Regulations

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Treatment Targets Inferred by Risk Tools

VRS-SO	SAPROF-SO
Criminal Personality	Adaptive Schemas, Empathy
Offense Planning, Release to High Risk Situations	Goal-directed Living
Emotional Control, Interpersonal Aggression	Coping
Impulsivity, Substance Abuse, Interpersonal Aggression	Self-control
Compliance w/ Community Supervision	Attitudes Towards Rules & Regulations
Sexual Deviance, Sexually Deviant Lifestyle, Offense Planning, Sexual Compulsivity, Sexual Offending Cycle	Sexual Self-regulation, Prosocial Sexual Interests, Prosocial Sexual Identity
Intimacy Deficits	Intimate Relationship, Emotional Connection with Adults
Community Support	Work, Leisure Activities, Social Network, Emotional Connection with Adults
Treatment Compliance	Motivation for Managing Risk

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

<p>Kane</p> <ul style="list-style-type: none"> • 37 y/o New Zealand Māori (indigenous) male • Index offending: Violent abduction and rape of a 15 y/o stranger female (when he was 26 years old). Sentenced to preventive detention (an indeterminate sentence) with a minimum nonparole period of 12 years • Kane has been in prison for 10.5 years; soon to commence a high intensity treatment programme to address his offending, followed by maintenance programming • Prior offending: 40 previous convictions for general and violent offending including threatening to kill, male assaults female, common assault, aggravated robbery, theft and numerous driving related offences; 4+ prior sentences (incl. 2 prior sentences of imprisonment) 	
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<p>Kane: Background information and key assessment findings</p> <ul style="list-style-type: none"> • Removed from his Mum when he was 5-years-old by the State, never met his father. In and out of various foster homes, physically and sexually abused by carers on multiple occasions • Ran away from foster care and joined a gang when he was 15-years-old. Became a well respected senior gang member • No formal qualifications, never held a legitimate job • On parole for aggravated robbery at time of index offending, attempting a "fresh start" and had some support from a local church (but continuing to associate with gang) • Static-99R: 6 (well above average risk) 	
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<p>Kane: Brief case formulation</p> <p>Kane is a 37-year-old man of Māori descent in prison for the abduction and rape of a 15 year-old girl who was unknown to him.</p> <p>Early learning experiences left Kane distrusting of others and needing to fight for survival, including to escape abusive foster care environments. He found connection and a sense of belonging with men of similar backgrounds in a gang. The gang became a core part of his identity and a source for many primary goods including friendships, belonging, mastery, happiness/pleasure, and autonomy. Violence towards women was normalised and Kane lacked any template for consenting adult sex.</p> <p>Following his last prison sentence Kane contemplated a life outside the gang and was supported by a local church while on parole. However, precipitating his index offending, perceived rejection from a potential girlfriend reignited several maladaptive schemas including entrenched hostile beliefs about women. Kane felt despondent about his attempt for a different life, withdrew from prosocial supports, and increasingly associated with the gang. On the day of his index offending he was driving around town and wanting sex. As soon as he saw a female walking alone he coerced her into his car and drove to a remote location where he sexually assaulted her for a prolonged period. Kane's offending gave him a sense of control and pleasure in an otherwise unpredictable world.</p> <p>Kane is again contemplating life outside the gang. His recent engagement with cultural supports and activities represent key protective factors, providing sources of several primary goods previously acquired through the gang.</p>	
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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Kane: Background information and key assessment findings

- Valued primary human goods (and current means):
 - Creativity (music, carving)
 - Mastery (volleyball, carving)
 - Community/belonging (recent engagement with cultural supports and activities)
 - Relationships/friendships (developing friendships with prosocial peers, especially through kapahaka)
 - Autonomy
 - Happiness & Pleasure (sports/gym, masturbation to rape fantasies)
- Primary human goods implicated in offending
 - Happiness/pleasure
 - Autonomy

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Pre-treatment SAPROFSO

Resilience	Score (0, 1, 2, 3, 4)		
	Current	Future ^a	
1. Adaptive schemas	1		
2. Empathy	1		
3. Coping	1		
4. Self-control	2		
5. Attitudes towards rules and regulations	2		
Resilience Total			7
Resilience Average (Total/5)			1.4
Adaptive Sexuality			
6. Sexual self-regulation	0		
7. Prosocial sexual interests	0		
8. Prosocial sexual identity	0		
9. Intimate vulnerability	0		
Adaptive Sexuality Total			0
Adaptive Sexuality Average (Total/4)			0
Prosocial Connection & Reward			
10. Goal-directed living	1		
11. Work	2		
12. Leisure activities	2		
13. Social network	1		
14. Emotional connection to adults	0		
Prosocial Connection & Reward Total			6
Prosocial Connection & Reward Average (Total/4)			1.5
TOTAL SAPROFSO SCORE			15
AVERAGE SAPROFSO SCORE (Total/14)			1.07
Professional Risk Management (optional items)			
P1. Sexual offense-specific treatment	0	N/A	
P2. Therapeutic alliance	0	N/A	
P3. Motivation for managing risk	2	N/A	
P4. Medication	0	N/A	
P5. Supervised living	4		
P6. External control	4		
Professional Risk Management Total			14
Professional Risk Management Average (Total/aplicable items)			3.5

0 = Low protection
1 = Low-moderate protection
2 = Moderate protection
3 = Moderate-high protection
4 = High protection

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Resilience	Score (0, 1, 2, 3, 4)		Goals
	Current	Future ^a	
1. Adaptive schemas	1		
2. Empathy	1		
3. Coping	1		
4. Self-control	2		
5. Attitudes towards rules and regulations	2		
Resilience Total			7
Resilience Average (Total/5)			1.4
Adaptive Sexuality			
6. Sexual self-regulation	0		Goals
7. Prosocial sexual interests	0		Goals
8. Prosocial sexual identity	0		
9. Intimate vulnerability	0		
Adaptive Sexuality Total			0
Adaptive Sexuality Average (Total/4)			0
Prosocial Connection & Reward			
10. Goal-directed living	1		Keys
11. Work	2		
12. Leisure activities	2		
13. Social network	1		
14. Emotional connection to adults	0		
Prosocial Connection & Reward Total			6
Prosocial Connection & Reward Average (Total/4)			1.5
TOTAL SAPROFSO SCORE			15
AVERAGE SAPROFSO SCORE (Total/14)			1.07
Professional Risk Management (optional items)			
P1. Sexual offense-specific treatment	0	N/A	
P2. Therapeutic alliance	0	N/A	
P3. Motivation for managing risk	2	N/A	
P4. Medication	0	N/A	
P5. Supervised living	4		
P6. External control	4		
Professional Risk Management Total			14
Professional Risk Management Average (Total/aplicable items)			3.5

Overall, low-moderate protection
Most of his protection comes from the professional risk management items

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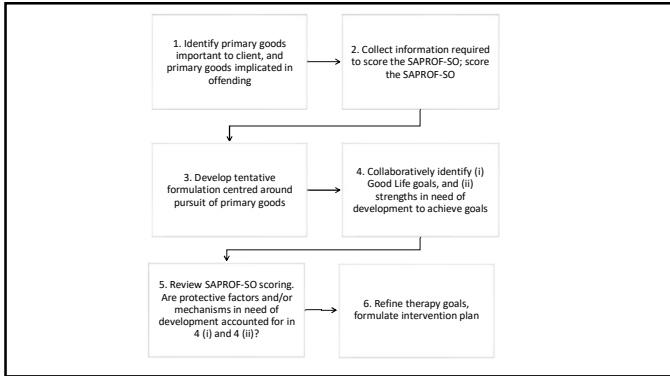


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Strength-based therapy plans

- Begin with a good assessment
 - Collaborative
 - Identification of valued primary human goods and how they're prioritized
 - Historical ways primary goods were obtained
 - Current assets / strengths to obtain PHGs in prosocial ways
- Assessment is sometimes first therapeutic experience – can set the stage / expectations
- Feedback on assessment results
 - Strengths
 - Ways treatment can help bridge the gap between how the client is functioning and the PHGs they want to have / ultimate life they'd like to live
 - What do they want to work on first?

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Collaboratively identify Good Life goals

Therapist: Kane, it's really clear to me you've made many changes over the past few months. You seem motivated for a different life when you're released. When you think of your life 5 years from now... what would be the ideal?

Kane: Ideal? Well the ideal feels impossible outside these walls... but I dream about keeping on doing what I'm doing, carving and painting, maybe someday making a living creating art for others.

Therapist: And if you were making a living from your art, then what would you have?

Kane: I'd be spending my time doing something good. Doing something that makes me feel good, gives me focus, and when I'm creating my own work - a sense of freedom. Maybe it will help me connect with other Māori like me. And if I can get job out of it... well maybe then I could afford to rent my own place one day.

Therapist: Your carving and painting have many layers of meaning, they bring you joy, independence, and a sense of connection to your culture; and clearly you're very good at what you do. Your carving and painting seem to give you a sense of meaning and purpose... as the gang once did?

Kane: Yeah, they do, but life on the outside is so different to life here. Shit happens that you can't control, and it's so easy going back to what you know best.

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Collaboratively identify Good Life goals

Therapist: That makes full sense. From what you've shared, it would seem your life has been unpredictable. Things have happened outside your control, and you've coped the best way you could, based on what you know. At the same time, it would seem that you have more motivation now than in the past for a different life.. Would that be fair?

Kane: Yeah, there's definitely more motivation, more reason to leave the gang and these revolving doors.

Therapist: Therapy is about supporting you develop the strengths you need to deal with unknowns, and stay focused on the better life you want for yourself. When you think of that better life, painting and carving, feeling a sense of connection to your culture, having your independence... what obstacles do you see getting in the way on the outside?

Kane: There are many. The gang has been my life - they're my family, my friends, my living. Without anyone else, well it would be bloody hard not to go back. I don't know any different. I don't know how to get a job. I don't know how to date a woman. And I sure as hell don't know how to be intimate with a woman.

Therapist: The gang has been a way of life, and contemplating anything different is scary. You've learnt ways of living in the gang. And you can learn different ways of living. We don't want to set you up for failure, we want to help you develop skills that will help keep you on track towards that better life. You've identified some areas we can focus on in therapy, including coping with unknowns, and strengthening your knowledge and skills surrounding intimate relationships....

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Kane's initial therapy goals

Good Life Goals (future oriented)	Strengths I need to develop (therapy goals)
Have friends not involved in gangs	<ul style="list-style-type: none"> Strengthen connections with prosocial peers Strengthen connections with cultural supports
Relate better to women, have a healthy relationship one day	<ul style="list-style-type: none"> Address distrust and hostility Develop fantasies for consenting adult sex Reinforcement of consenting fantasies
Continue carving and painting on the outside	<ul style="list-style-type: none"> Develop connections with cultural supports in the community Develop coping skills for dealing with unknowns

Are protective factors and/or mechanisms in need of development accounted for in Good Life goals/strengths in need of developing?

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

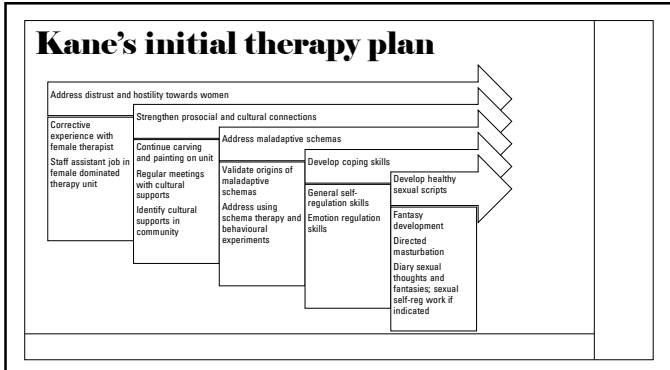
		Score (0, 1, 2, 3, 4)	
		Current	Future*
Resilience			
1	Adaptive schemas	1	1
2	Empathy	1	1
3	Coping	1	1
4	Self-control	2	2
5	Attitudes towards rules and regulations	2	2
Resilience Total		7	7
Resilience Average (Total/5)		1.4	1.4
Adaptive Sexuality			
6	Sexual self-regulation	0	0
7	Prosocial sexual interests	0	0
8	Prosocial sexual identity	0	0
9	Intimate relationship	0	0
Adaptive Sexuality Total		0	0
Adaptive Sexuality Average (Total/4)		0	0
Prosocial Connection & Reward			
10	Clear-directed living	2	2
11	Work	2	2
12	Leisure activities	2	2
13	Social network	1	1
14	Emotional connection to adults	0	0
Prosocial Connection & Reward Total		7	7
Prosocial Connection & Reward Average (Total/5)		1.4	1.4
TOTAL SAPROF-00 SCORE		15	15
AVERAGE SAPROF-00 SCORE (Total/10)		1.5	1.5
Professional Risk Management (Optional items)			
		Current	Future*
P1	Sexual offence-specific treatment	2 N/A	4
P2	Therapeutic alliance	✓ N/A	n/a
P3	Medication for managing risk	2 N/A	2
P4	Medication	✓ N/A	n/a
P5	Supervised living	✓ N/A	n/a
P6	Internal control	4	4
Professional Risk Management Total		14	14
Professional Risk Management Average (Total/optional items)		3.5	3.5

Review SAPROF-00 scoring: are strengths in need of development accounted for in therapy goals?

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Kane's initial therapy goals	
Good Life Goals	Strengths I need to develop (therapy goals)
Have friends not involved in gangs	<ul style="list-style-type: none"> Strengthen connections with prosocial peers Strengthen connections with cultural supports
Relate better to women, have a healthy relationship one day	<ul style="list-style-type: none"> Address distrust and hostility Develop fantasies for consenting adult sex Reinforcement of consenting fantasies
Continue carving and painting on the outside	<ul style="list-style-type: none"> Develop connections with cultural supports in the community Develop coping skills for dealing with unknowns
Find calmness in my life	<ul style="list-style-type: none"> Develop adaptive ways of managing emotions (and not rely on sex)
<p>Focus of therapy plan</p>	

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Strengths-Based Intervention Planning for Desistance from Sexual Offending


Open versus closed therapy groups

Open groups

- Membership changes; new members enter at any time
- Each member at a different stage of therapy; session focus = specific client/s or topic

Closed groups

- Not open to new members; each member starts and finishes at same time
- Members progress through content together; session focus = topic/module



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Summary of therapy progress

- Completed 9-month high intensity treatment programme and recently transitioned to graduates group
- Developed insight into longstanding maladaptive schemas, strengthened commitment to controlling what he can control (his behaviour)
- Identified triggers to activation of maladaptive schemas and skills for managing intense emotions
- Used romance novels and TV shows to support development of healthy sexual scripts, shared learnings in group and was receptive to feedback
- Addressed distrust towards women esp. through staff assistant job ("not all women are the same," "I can make small talk")
- Met regularly with cultural supports, completed short courses in Tikanga Māori and Te reo Māori
- Developed relationships with 2 x Māori prison volunteers who are keen to support Kane on release

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		Score (0, 1, 2, 3, 4)	
		Current	Future*
Resilience			
1	Adaptive schemas	2	
2	Empathy	4	
3	Coping	3	
4	Self-control	3	
5	Attitudes towards rules and regulations	4	
		Resilience Total	16
		Resilience Average (Total/5)	
		3.2	
Adaptive Sexuality			
6	Sexual self-regulation	2	
	BS1 ✓ BS2 ✓ BS3 ✓ BS4 ✓		
7	Prosocial sexual interests	1	
8	Prosocial sexual identity	0	
9	Intimate relationship	0	
		Adaptive Sexuality Total	3
		Adaptive Sexuality Average (Total/3)	
		1.0	
Prosocial Connection & Reward			
10	Goal-directed living	4	
11	Work	2	
12	Leisure activities	2	
13	Social network	4	
14	Emotional connection to adults	3	
		Prosocial Connection & Reward Total	15
		Prosocial Connection & Reward Average (Total/5)	
		3	
		TOTAL SAPROF-SO SCORE	34
		AVERAGE SAPROF-SO SCORE (Total/14)	
		2.4	
Professional Risk Management (optional items)			
		Current	Future* Long Term
P1	Sexual offence specific treatment	N/A	4
P2	Therapeutic alliance	N/A	N/A
P3	Motivation for managing risk	N/A	3
P4	Medication	N/A	N/A
P5	Supervised living	4	
P6	External control	4	
		Professional Risk Management Total	15
		Professional Risk Management Average (Total/optional items)	
		3.0	

Post-treatment SAPROF-SO

0 = Low protection

1 = Low-moderate protection

2 = Moderate protection

3 = Moderate-high protection

4 = High protection

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

	Score (0, 1, 2, 3, 4)	
	Current	Future*
Resilience		
1. Adaptive schemas	3	4
2. Empathy	3	3
3. Coping	3	3
4. Self-control	2	3
5. Attitudes towards rules and regulations	4	4
Resilience Total	15	18
Resilience Average (Total/5)	3.0	3.6
Adaptive Sexuality		
6. Sexual self-regulation	0	0
7. Prosocial sexual interests	0	0
8. Prosocial sexual identity	0	0
9. Intimate relationship	0	0
Adaptive Sexuality Total	0	0
Adaptive Sexuality Average (Total/4)	0.0	0.0
Prosocial Connection & Reward		
10. Goal-directed living	3	4
11. Work	2	2
12. Leisure activities	2	2
13. Social network	3	3
14. Emotional connection to adults	0	0
Prosocial Connection & Reward Total	8	11
Prosocial Connection & Reward Average (Total/5)	1.6	2.2
TOTAL SAMPRO-50 SCORE	34	39
AVERAGE SAMPRO-50 SCORE (Total/14)	2.4	2.8
Professional Risk Management (Optional Items)		
P1. Sexual offence-specific treatment	4	4
P2. Therapeutic alliance	N/A	N/A
P3. Motivation for managing risk	3	3
P4. Medication	N/A	N/A
P5. Supervised living	4	4
P6. External control	5	5
Professional Risk Management Total	16	16
Professional Risk Management Average (Total/applicable items)	3.75	3.75

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	Score (0, 1, 2, 3, 4)	
	Current	Future*
Resilience		
1. Adaptive schemas	3	4
2. Empathy	3	3
3. Coping	3	3
4. Self-control	2	3
5. Attitudes towards rules and regulations	2	3
Resilience Total	13	16
Resilience Average (Total/5)	2.6	3.2
Adaptive Sexuality		
6. Sexual self-regulation	0	0
7. Prosocial sexual interests	0	0
8. Prosocial sexual identity	0	0
9. Intimate relationship	0	0
Adaptive Sexuality Total	0	0
Adaptive Sexuality Average (Total/4)	0.0	0.0
Prosocial Connection & Reward		
10. Goal-directed living	3	4
11. Work	2	2
12. Leisure activities	2	2
13. Social network	3	3
14. Emotional connection to adults	0	0
Prosocial Connection & Reward Total	8	11
Prosocial Connection & Reward Average (Total/5)	1.6	2.2
TOTAL SAMPRO-50 SCORE	21	26
AVERAGE SAMPRO-50 SCORE (Total/14)	1.5	1.9
Professional Risk Management (Optional Items)		
P1. Sexual offence-specific treatment	4	4
P2. Therapeutic alliance	N/A	N/A
P3. Motivation for managing risk	3	3
P4. Medication	N/A	N/A
P5. Supervised living	4	4
P6. External control	5	5
Professional Risk Management Total	16	16
Professional Risk Management Average (Total/applicable items)	3.5	3.5

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Release Planning Considerations

- Remains above average risk based on actuarial risk assessment
- Many PFs recently developed, and developed within a highly structured environment and with scaffolding of professional sources of protection (professional risk management items)
 - How might Kane be supported to generalise therapy gains ("keys") in a new environment?
 - How might Kane be supported to continue to strengthen protective factors identified as goals?
 - What level of professional risk management is necessary to support ongoing development of protective factors and manage risk?

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Release Planning Considerations	
<ul style="list-style-type: none"> Kane expressed desire for release in the South Island, away from previous associates. He was referred and accepted (contingent on parole) for a supported accommodation service in Dunedin (24-hour staffed residence providing 3-month reintegration programme for people leaving prison assessed with an above average risk of reoffending). More recently, Kane has expressed a desire for release to Christchurch, closer to the prison volunteers who have offered their support. In Christchurch he would have access to a wood carving studio and kapahaka through the volunteers' networks. Referral made to a service providing temporary (3-month) accommodation for persons leaving prison. Residence would not be staffed. He would live alone or with one or two housemates also on parole, and receive regular (initially daily) visits by supervising agents. While on parole, Kane will be required to engage in weekly maintenance programming (available in both Dunedin and Christchurch) and will be subject to GPS monitoring for the first six months (then reviewed) Which release plan might best support Kane implement his Good Life plan, afford the most protection, and support desistance from future offending? 	

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Born in Auckland; previously living in Hamilton, gang associates in both cities

Knows prison volunteers in Christchurch, knows no one in Dunedin

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Born in Auckland; previously living in Hamilton, gang associates in both cities

Knows prison volunteers in Christchurch, knows no one in Dunedin

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Strengths-Based Intervention Planning for Desistance from Sexual Offending

Score (0, 1, 2, 3, 4)			
Resilience	Current	Future*	
1. Adaptive schemas	2		
2. Empathy	4		
3. Coping	3		
4. Self-control	3		
5. Attitudes towards rules and regulations	4		
Resilience Total	16		
Resilience Average (Total/5)	3.2		
Adaptive Sexuality			
6. Sexual self-regulation (Yes ✓ No ✗ Not ✓ Not ✓)	2		
7. Prosocial sexual interests	1		
8. Prosocial sexual identity	0	0	
9. Intimate relationship	0		
Adaptive Sexuality Total	3		
Adaptive Sexuality Average (Total/3)	0.75		
Prosocial Connection & Reward			
10. Goal-directed living	4	2	
11. Work	2	0	
12. Leisure activities	2	omit	
13. Social network	4	1	
14. Emotional connection to adults	3	2	
Prosocial Connection & Reward Total	15		
Prosocial Connection & Reward Average (Total/5)	3		
TOTAL SAPROF-SO SCORE	24		
AVERAGE SAPROF-SO SCORE (Total/24)	1.4		
Professional Risk Management (Optional Items)			
	Current	Future*	Long Term
P1. Sexual offence-specific treatment	4	4	
P2. Therapeutic alliance	✓ n/a	n/a	
P3. Motivation for managing risk	3		
P4. Medication	✓ n/a	n/a	n/a
P5. Suppressed living	4	4	
P6. External control	4	3	
Professional Risk Management Total	15		
Professional Risk Management Average (Total/Optional Items)	3.75		
Future context: Dunedin			

Score (0, 1, 2, 3, 4)			
Resilience	Current	Future*	
1. Adaptive schemas	2		
2. Empathy	4		
3. Coping	3		
4. Self-control	3		
5. Attitudes towards rules and regulations	4		
Resilience Total	16		
Resilience Average (Total/5)	3.2		
Adaptive Sexuality			
6. Sexual self-regulation (Yes ✓ No ✗ Not ✓ Not ✓)	2		
7. Prosocial sexual interests	1		
8. Prosocial sexual identity	0	0	
9. Intimate relationship	0		
Adaptive Sexuality Total	3		
Adaptive Sexuality Average (Total/3)	0.75		
Prosocial Connection & Reward			
10. Goal-directed living	4	4	
11. Work	2	0	
12. Leisure activities	2	4	
13. Social network	4	2	
14. Emotional connection to adults	3	2	
Prosocial Connection & Reward Total	15		
Prosocial Connection & Reward Average (Total/5)	3		
TOTAL SAPROF-SO SCORE	24		
AVERAGE SAPROF-SO SCORE (Total/24)	1.4		
Professional Risk Management (Optional Items)			
	Current	Future*	Long Term
P1. Sexual offence-specific treatment	4	4	
P2. Therapeutic alliance	✓ n/a	n/a	
P3. Motivation for managing risk	3		
P4. Medication	✓ n/a	n/a	n/a
P5. Suppressed living	4	3	
P6. External control	4	3	
Professional Risk Management Total	15		
Professional Risk Management Average (Total/Optional Items)	3.75		
Future context: Christchurch			

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What would you recommend?
Christchurch or Dunedin?
Why?

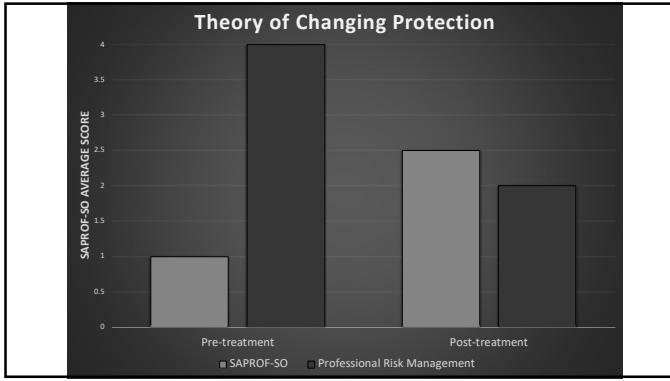
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Ongoing case management

- Aims:
 - Support implementation of Good Life plan and manage risk
 - Gradually reduce professionally provided support as other sources of protection strengthen
- Re-rate SAPROF-SO every 6 months or if context changes

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Strengths-Based Intervention Planning for Desistance from Sexual Offending



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SAPROF-SO Version 1 Webinar

****Register now at <https://fas-tr.com/saprof-so>****

The Structured Assessment of Protective Factors Against Sexual Offending (SAPROF-SO) is a clinician-administered tool offering an empirically guided approach to the assessment of protective factors that mitigate risk for sexual offending. The SAPROF-SO can be used in conjunction with sexual recidivism risk assessment tools as part of a comprehensive risk assessment; in addition, it can help inform strengths-based therapy plans and ongoing risk management

Presented by Gwenda Willis, David Thornton, & Sharon Kelley
 North America: August 23 & 24
 2pm – 5.30pm PST; 4pm – 7.30pm CST; 5pm – 8.30pm EST
 Australia & New Zealand: August 24 & 25
 7am – 10.30am Sydney; 9am – 12.30pm Auckland

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Stay in touch!
 g.willis@auckland.ac.nz
 sharonmkelley@gmail.com
 davidsmthornton@icloud.com
 SAPROF-SO@auckland.ac.nz

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