

Sex Offender Treatment Program Information

December 2011

The intention of this first newsletter is to provide a brief description of the treatment philosophies and Models to which the Sex Offender Treatment Program will be transitioning. Risk Need Responsivity (RNR), Good Lives Model (GLM), and Self-Regulation Model (SRM) will be presented along with some information on assessment tools and procedures. A summary of how these elements will fit together will also be provided. It is the goal that this newsletter will be the first in a series to provide you with ongoing information during this period of development and change.

Good Lives Model (GLM)

If someone tells you about what is wrong with you day after day, year after year, several things may happen. One, you may believe that you are a bad person who is only measured by what you have done wrong. Two, it is hard to stay positive when you are always focusing on the negative. Three, your life becomes centered on avoidance and what you can not or should not do.

How is a person supposed to stay motivated in treatment, make changes and become a healthy person in that environment? Well, the simple answer is that it would be pretty difficult.

The GLM is a change from the current treatment pro-

gram in that it focuses on a person's strengths and what they CAN DO! The idea is that the more a person focuses on their goals for the future, the better chance they have at leading a healthy, non-offending lifestyle.

The GLM is designed to be unique for each person as everyone has different needs and goals. It focuses on the human being with the idea that by helping a person get his needs met in a healthy way, he no longer has to get his needs met in an unhealthy way, such as through offending. It makes sense that a person will be more motivated, make changes, and become healthy with this treatment focus.



There are many paths to a "good life"

Thus, the main goals in the new Sex Offender Treatment Program at CSH is to help each individual lead a fulfilling life, to help them reach their goals in a socially acceptable way, and to help them remain free from offending.

Self-regulation Model

The SRM is a 10-step model of a person's development and the events leading to sexual offending behavior. It looks at different pathways that individuals take towards offending and it focuses on offense related goals and risk factors.

The SRM was developed

to replace the traditional relapse prevention model and you may find that there are some similarities with the two models. For example, the SRM starts out with exploring early childhood conditions and experiences that may predispose a person towards offending. It further looks

at events, thoughts, and situations that occur just prior to an offense. However, unlike relapse prevention, it also looks at a person's thoughts and behaviors following an offense that may play a role in re-offending.

RNR Principles

RNR is the overarching philosophy for the treatment program. There are three main components:

RISK: The *intensity* of a given individual's program should be based on his risk level;

NEED: Each individual's specific treatment needs, i.e., *dynamic risk factors*, should be identified and treated;

RESPONSIVITY: Treatment should be provided that best fits the individual's learning style, ability, and personal circumstances such as language, culture, personality style, motivation, anxiety, and cognitive abilities.

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Assessment: Structured Risk Assessment

The Structured Risk Assessment (SRA) is an assessment tool that looks at both static (non changing) and dynamic (changeable) risk factors. It also identifies some protective factors that decrease a person's risk for re-offending. Identifying risk factors increases the ability of the program to meet an individual's specific treatment needs. The SRA also assesses for post-treatment change of long term treatment needs based on the "Stages of Change" rating system. This will help with documenting progress and treatment gains.

Assessment: Values in Action-Inventory of Strengths

The VIA-IS measures character strengths that affects how one thinks, makes decisions, and acts. Some character strengths are linked to happiness, creativity, leadership and fairness. Identifying character strengths will allow an individual to build upon strengths and enhance quality of life. The results from this assessment are helpful in planning a person's future "good life."

Assessment: Comprehensive Evaluation in Recreational Therapy-Revised

"...defines and evaluates behaviors relevant to one's ability to successfully integrate into society..."

The CERT-R identifies, defines and evaluates behaviors relevant to one's ability to successfully integrate into society using social interaction skills. It provides information in three areas: general (attendance, appearance, attitude toward recreational therapy, etc.), individual performance (decision-making ability, expression of hostility, performance in organized activities, performance in free activities, attention span, frustration tolerance, strength/endurance, etc.), and group performance (response to group structure, leadership ability in groups, group conversation, etc.).

About Change

There may be several areas of life an individual is attempting to change and he may be in different stages of change for each of those different life areas. For example, an individual may have a substance abuse problem and an emotional control issue that he has decided to address. He might be in completely different stages of change for

each factor. These changes don't occur in a straight line. As a person move through different stages, life events may occur that set the person back to an earlier stage. However, it is expected that when this happens it will take less time to get back to the higher level of change than it did previously. The measurement of your progress

through the treatment program and working through your Dynamic Risk Factors will be done by evaluating the stage of change you are in for each of your known risk factors.

The five identified stages of change follow:



The Five Stages of Change

Precontemplation. At this stage, an individual is unaware of or denies that he needs to make significant changes.

Contemplation. At this stage of change, an individual recognizes that his behaviors are problematic and may find himself asking questions and weighing the pros and cons of making changes.

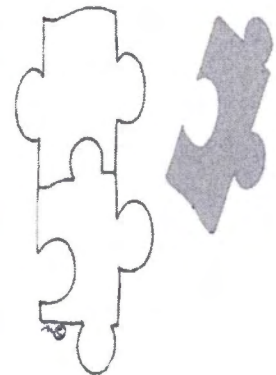
Preparation. At this stage the individual makes the

choice to commit to change and experiences the belief that he can change. He may start coming up with an action plan for the near future by taking small steps, such as gathering information, or start seeking supports.

Action. During this stage the individual is engaged in treatment and is determined to make sustained efforts to change. Surprisingly, this is often the stage that individuals spend the shortest amount of time engaged in.

They are motivated and practice skills they have learned.

Maintenance. At this stage the individual has made successful change and works to solidify and sustain those changes. Monitoring to prevent recurrence of old maladaptive behaviors, managing temptations, and reminding oneself of the progress made are key components to this stage.



Putting it all together: A summary

The Good Lives/Self-Regulation Module will be part of the new treatment program for each individual at CSH. The Good Lives Model evolved from positive psychology and focuses on building an individual's strengths along with treating the individual's risk. So, its main focus is on developing the "Future Me" while treating the "Old Me."

The Current program utilizes Relapse Prevention (RP) which is not as comprehensive as the GLM/SRM-R Model. RP mainly centers on identifying high risk situations and learning to avoid them. This negative focus does not increase motivation to participate. It does not recognize the importance of individual identity or abilities, healthy personal needs, or the importance of positive goals and strengths.

Combining Good Lives and Self-Regulation Models as part of the new Sex Of-

fender Treatment Program at CSH will assist in addressing both attaining personal goals along with assisting with developing skills for risk management.

Risk Need Responsivity (RNR) provides a framework for the treatment program. This model states that the amount of time and attention of treatment depends on the level of a person's risk. The higher the risk level, the more treatment a person would need. Treatment should only address the needs and risk factors relevant for that person and a person should not be provided with treatment that they do not need. In addition, the treatment program will be adapted to fit the learning styles and abilities of each person. Therefore, along with the standard treatment program manual, there will be a separate but equal program for individuals who may benefit from a different type

of presentation in order to understand and learn the material.



In summary, several key points to remember:

1. Treatment will address both risk factors and strength factors
2. Treatment will promote each person's "Good Life"
3. Treatment will assist each person to learn and acquire Self-Regulation skills sufficient to control risk
4. Treatment will focus on an individual's goals and values and the relationship of these with offending
5. Treatment goals are to help with managing risk of re-offense while assisting the individual to attain important personal goals and to achieve a higher level of well-being

"...it's main focus is on developing the 'Future Me' while treating the 'Old Me.'"



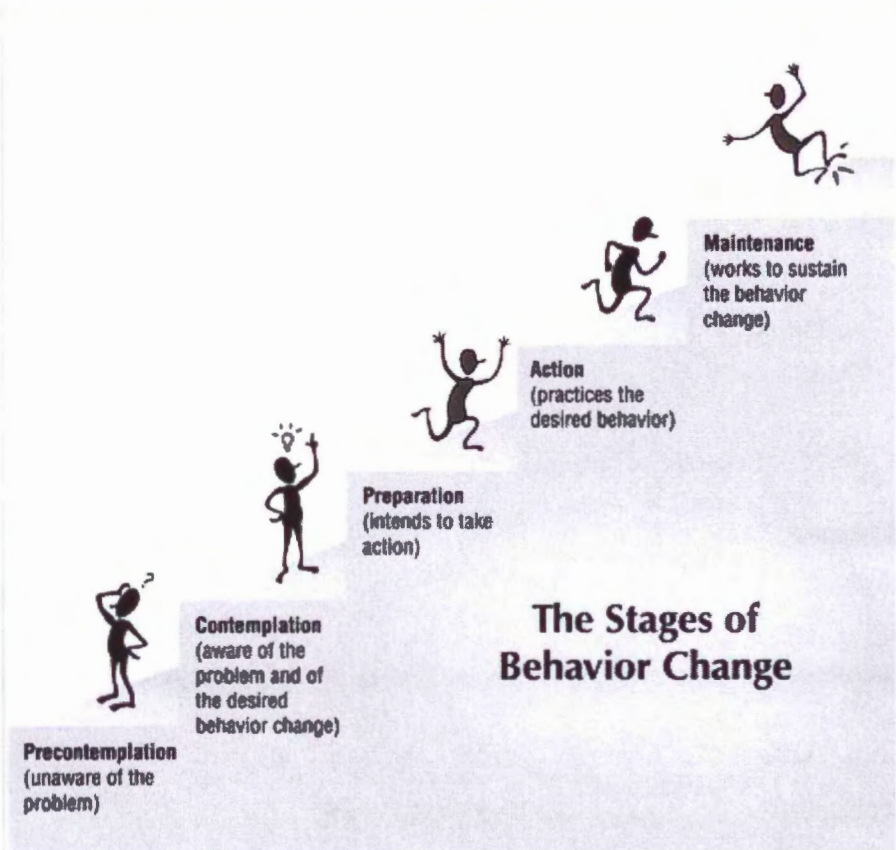


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**The time for change is
 now**



Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Frequently Asked Questions

Q: How long will it take me to get through the treatment program?

A: Treatment will be individualized and time depends on a number of factors such as identified treatment needs from assessments, motivation to address all treatment needs, and participation and cooperation in the program. Some people will have more treatment needs than others, and some people will just naturally learn at a different pace. It is the goal of the program; however, that treatment be more efficient and the length of time in treatment will be lessened.

Q: What do the changes mean for people who are currently in Phase?

A: Your treatment providers will work with you to determine what assignments in the new program may help with enhancing your current work and progress. Therefore, the further along in treatment you are,

the less likely it will be that you will need to do additional assignments.

Q: How will my treatment progress be tracked?

A: A document will be created that identifies your known dynamic risk factors and the work that you have done to address these risk factors (i.e., supplemental treatment groups). In addition, each individual in treatment will receive regular assessment on their current stage of change for each risk factor which will be based upon behavior and feedback from facilitators, level of care staff, and your treatment team. The goal for treatment is that you learn and demonstrate the necessary skills to be considered for the maintenance stage of change for each of your known risk factors. All of this information will be documented in your WRP.

Q: How will the changes affect my particular case in the courts, with DMH evaluators, etc.?

A: Again, each person's case is unique and we can not answer many of these questions. Decisions, evaluations, etc. that occur outside of CSH are not within our control. The goal of the treatment program is to provide the latest advancements in treatment to those individuals who are motivated to participate, provide clear documentation on the individuals treatment progress and to educate attorneys, evaluators, conditional release programs, etc., on our treatment program changes and the benefits for this change.

Do you have more questions that have not been answered? Please submit your questions to your treatment providers (facilitators and WRPT members) and we will do our best to answer them.