Utilizing Dynamic Risk Factors And Various Treatment Modalities In Treating Sex Offenders and Co-occurring Personality Disorders

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Presentation Objectives

- Using Dynamic Risk Factors[3] to Identify Treatment Needs
- Treating the Dynamic Risk Factors[3] Using Various Treatment Modalities/Techniques
- Identifying/Applying Different Treatment Techniques for Patients With and/or Without Personality Disorders

How We Identify Dynamic Risk Factors/Treatment Needs

- Patient History/ Interview
- SoTIPS[1]
- Stable 2007[2]
- Polygraph
- Penile Plethysmograph
- Mann & Colleagues Article[3]

Examples of Identified Risk Factors

- Offense Supported Attitudes[3]
  - Beliefs that justify or excuse sex offending in general
  - Attitudes that condone sexual offenses in others or in general rather than the accounts offenders provide to excuse or justify their own specific behaviors

- In treatment this may look like:
  - Thoughts: “She didn’t say NO”, “She told me she was 18”,
  - Behaviors: minimizes rule breaking behaviors, rationalizes their behaviors when challenged, ally seeking

Examples of Identified Risk Factors

- Poor Problem Solving[3]
  - Cognitive difficulties in generating and identifying effective solutions to the problems of daily living
  - May and deploy ineffective
  - Deficits include
    - Deficits in problem recognition/conceptualization
    - Lack of consequential thinking
    - Difficulties generating a suitably wide range of options

- In treatment this may look like:
  - Thoughts: “they don’t judge me”, “they stick by me”, “they are my Bros”
  - Behaviors: may ruminate about negative aspects of the situation, select a course of action with a high probability of failure, avoid addressing obvious problems

Examples of Identified Risk Factors

- Life Impulsiveness[3]
  - General self-regulation problems
    - Impulsivity/recklessness/low self-esteem
  - Chronic instability in employment and housing
  - Lack of meaningful daily routines

- In treatment this may look like:
  - Thoughts: "it's no big deal", "I can always make more money", "I can find a new job"
  - Behaviors: unable to identify realistic long-term goals, irresponsible decision making, gives up easily when treatment becomes more challenging

Examples of Identified Risk Factors

- Resistance to Rules and Supervision[3]
  - Rule breaking and opposition to external control
  - Rule violations
  - Noncompliance with supervision
  - A defiant attitude to authority and a history of oppositional behavior

- In treatment this may look like:
  - Thoughts: “I have nothing to lose”, “Screw them”, “Who do they think they are?”, “No one controls me”
  - Behaviors: minimizes rule breaking behaviors, rationalizes their behaviors when challenged, Blames others for their problems,

Examples of Identified Risk Factors

- Grievance and Hostility[3]
  - Believes that they have been done wrong by the world
  - Feels that others are responsible for their problems, and wants to punish others as a consequence
  - Preoccupied with obtaining the respect he believes he deserves from others
  - Frequently ruminates on vengeance themes
  - Has difficulty seeing other people's point of view and anticipate further wrongs will be perpetrated against him

- In treatment this may look like:
  - Thoughts: "You don't care about my treatment you are only here for a paycheck", "how do you expect me to change when staff is behaving that way?"
  - Behaviors: minimizes rule breaking behaviors, Blames others for their actions,

Examples of Identified Risk Factors

- Deviant Sexual Interest[3]
  - Sexual preference of children (PPG)
    - Females ages 0-12, males ages 0-13
    - Immaturity in skin texture, degree of body and pubic hair, smell, body shape, musculature and breast and genital development
  - Sexualized violence
  - An interest in sadism or a preference for coercive sex over consenting sex
  - Sexual interest in violence
  - Multiple paraphilias
    - Two or more rare, unusual or socially deviant sexual interests in persons, objects or activities
      - Children, exhibitionism, voyeurism, paraphilic rape (sexualized violence)

- In treatment this may look like:
  - Thoughts:
  - Behaviors: saving pictures of children,

Examples of Identified Risk Factors

- Sexual Preoccupation[3]
  - abnormally intense interest in sex that dominates psychological functioning
  - sexually dissatisfied despite engaging in high levels of (mainly impersonal) sexual behavior
  - overlaps with having sexual compulsions, sexual addiction and hypersexuality

- In treatment this may look like:
  - Thoughts: “she is sexy, I wonder what sex with her would be like”, I am not hurting anyone”,
  - Behaviors: saving pictures of children, frequent masturbation, poor utilization of coping plans (at times)

Examples of Identified Risk Factors

- Emotional Congruence with Children[3]
  - Feeling that relationships with children are more emotionally satisfying than relationships with adults
  - May find children easier to relate to than adults
  - May feel like a child himself
  - May believe that children understand him better than adults
  - Feels "in love" with his child victims

- In treatment this may look like:
  - Thoughts: "they don't judge me", "they didn't say no", "I can control them"
  - Behaviors: saving pictures of children, unreported fantasies, poor utilization of coping plans (at times)

Examples of Identified Risk Factors

- Negative Social Influences[3]
  - The primary social network is individuals who are involved in crime, promote criminal behavior or weaken the behavioral controls of the offender

- In treatment this may look like:
  - Thoughts: “they don’t judge me”, “they stick by me”, “they are my Bros”
  - Behaviors: saving pictures of children, unreported fantasies, poor utilization of coping plans (at times)

Examples of Identified Risk Factors

- Lack of Emotionally Intimate Relationships with Adults
  - Have no intimate relationships or intimate relationships that involve repeated conflict and/or infidelity
  - May desire intimacy but have been unable to achieve it and those who do not desire intimacy are both at increased risk

- In treatment this may look like:
  - Thoughts: “She’s trying to control me”, “She’s trying to leave me”, “I’m not good enough for anyone to love”
  - Behaviors: attention seeking for praise in various areas of their environment

Promising Risk Factors

- Hostile Beliefs Towards Women[3]
  - This client has a global view of ALL women.

- In treatment this may look like:
  - Thoughts: "she's trying to control me", "she's power hungry", "she slept her way to the top"
  - Behaviors: refuses to comply with requests, becomes defensive when being provided feedback, or is redirected

Promising Risk Factors

- Machiavellianism[3]
  - Views others as weak and easy to manipulate and interpersonally strategizes that it is sensible to take advantage of others. (Christie & Geis, 1970)
- In treatment this may look like:
  - The consistent use of offense supported attitudes

Promising Risk Factors

- Lack Of Concern For Others[3]
  - selfish, cynical, and willing to be cruel to meet their own needs. They appear indifferent to other people's rights or welfare, except as it influences their own interests.
- In treatment this may look like:
  - Disruptive behavior that often is disruptive to others' treatment. Ally seeking, creates chaos

Promising Risk Factors

- Dysfunctional, Externalized, Sexualized Coping[3]
  - negative emotions such as anger, anxiety, rejection and humiliation
    - Externalized Coping & Sexualized Coping
- In treatment this may look like:
  - Client may be more sexually preoccupied during negative periods in treatment, i.e. not meeting goals that they believe have been met,

Identifying the Personality Disorder as it Relates to Their Risk Factors

- Borderline Personality
  - Lack of emotionally intimate relationships
  - Grievance/hostility thinking
  - Life Impulsiveness
  - Poor Problem Solving
  - Negative Social Influences
  - Hostile Beliefs Towards Women
  - Dysfunction/Externalized/Sexualized Coping

Identifying the Personality Disorder as it Relates to Their Risk Factors

- Anti-Social & Narcissistic Personality Disorder
  - Offense Supported Attitudes
  - Grievance/Hostility
  - Resistance to Rules and Supervision
  - Negative Social Influences
  - Lack of Concern for Others
  - Hostile Beliefs Towards Women
  - Possible Machiavellianism
  - Dysfunction/Externalized/Sexualized Coping

Different Therapeutic Modalities Used To Address Risk Factors And Manage Risks

- Cognitive Behavioral Therapy[4]
- Dialectical Behavioral Therapy[5]
- Good Lives[6]
- Motivational Interviewing[7]
- Safe Offender Strategies[8]

Treatment Techniques

- Group Entry Report
- Offense Timeline
- Autobiography
- Self Regulation
- Restorative Justice
- Behavior Worksheets
- Corrective Action Plans
- Self-Monitoring
- Chaining
- Core Belief Assignments
- Offense Cycles &Pathways
- Risk Management Plan

Treatment Techniques

- Group Entry Report
  - Offense Summary- a summary of each of offense. (age and gender of the victims, age at the time, relationship to the victim (such as a relative, acquaintance, stranger, etc.), and an overview of offense.
  - Group Expectations- What they expect to gain from group?
  - Personal Expectations– What they are going to contribute to the group and its members?
  - Group Questions- Their questions and concerns about group therapy?
  - Strengths-Personal strengths that will help them be an active and productive group member?

Treatment Techniques

- Offense Timeline

Date/Year	Your Age	Victim Identifiers	Behavior	Frequency/Duration	Reported/ Arrest/Charge/ Conviction	What was the Outcome?
		AGE & GENDER ONLY	CLINICAL DESCRIPTION NOT GRAPHIC			

Treatment Techniques

- Autobiography
  - Completing an autobiography will provide an avenue to examine each identified core belief
  - Cautioned that goal completion will not occur at the end of the clients presentation, but will change as the client changes
  - The goal of the autobiography—used in concert with polygraph-assisted disclosure in that program—is for the client to explore and disclose
    - A thorough examination of his victims and offenses which will present a more accurate picture of the rate of his offending;
    - An increased number and type of paraphilias than might otherwise not have been identified
    - Victims outside the offender's "usual" victim profile. Information of this nature may have implications in development of his risk avoidance plan; and,
    - More severe kinds of coercion and more sexual acts that again may have implications for the nature of his underlying risk factors.

Treatment Techniques

- Self Regulation (DBT)
  - Distress Tolerance
    - coping skills that will assist the client handle distress without losing control or acting destructively
  - Mindfulness
    - Focuses on present and not negative past experiences; will teach tools to overcome habitual, negative judgments about self and others
  - Emotion Regulation
    - Recognize feelings more clearly and learn to modulate the feelings without behaving in reactive and destructive ways
  - Interpersonal Effectiveness
    - Develop new tools to express feelings and thoughts using respect

Treatment Techniques

- Restorative Justice
  - The reasons we do repairs are:
    - Human relationships are very important.
    - It is important that when you have hurt someone, you make an effort to make it up to that person or people that you have hurt.
    - No one is perfect, and everyone deserves a chance to make up for a mistake.
    - It reminds us to respect and value each other.
    - It feels good to do something nice for someone else

Treatment Techniques

- Problem Behavior Worksheets
  - Used as a teaching tool
  - Client is given one to examine their behavior in the present moment (provided that they are not volatile)
  - Gives clinical information on how the clients perspective and offers input for possible interventions
  - When consistently provided, this is a tool that promotes change

Treatment Techniques

Problem Behavior Worksheet

Patient name:

Staff Description of Behavior:

Date & time of behavior:

Current Stage of Commitment:

Please describe the behavior in your own words:

Why was this behavior a problem?

At the time, what were you:

Thinking? Feeling? Doing?

What do you think should happen now?

This should be a Corrective Action Plan-

1. Recognize the problem
2. Use Thought Stopper
3. Use an Alternate Perspective
4. Alternate Thought
5. Use Coping Skill
6. Problem Solve

Treatment Techniques

- Corrective Action Plan
  - Recognize the problem
    - Triggers
    - Warning Signs
    - Thoughts
    - Feelings
  - Use Thought Stopper
  - Alternate Thought
  - Use an Alternate Perspective
  - Use Coping Skill
  - Problem Solve

Treatment Techniques

- Self Monitoring
  - Increase clients awareness of their dysregulation in their daily routines and alerts them to the opportunity to use skills
  - Increases clients awareness of their vulnerabilities and situations in which they are more vulnerable to strong urges
  - Usually monitors behaviors related to their risk factors as identified in various treatment settings i.e. Individual treatment plans, chaining, therapeutic recreation, and problem behavior worksheets

Treatment Techniques

Date/ Time	Event	Initial Thoughts	Emotions and Rating of their Intensity (1-10)	Coping Skills Used	Alternate Thoughts	Rate Belief in Alternate Thoughts (1-10)	Rate Intensity of Emotions (1-10)
1/1/11	I was denied a stage advancement	Who the hell do they think they are- I have done everything that they have told me to do- They are not going to control me-	Angry-10 Pissed-10 Rejected-10 Let down-10	I walked the hallway Talked to peers Read a book Went to recreation	Maybe they know something that I don't- Maybe the team will explain how I can achieve my stage next time	8 8	4 4

Treatment Techniques

- Behavior Chaining Analysis
  - Helps distinguish thoughts, urges, and emotions
  - Learn how thoughts, feelings, and emotions are related to behaviors
  - Learn their underlying factors that lead to their behaviors
  - Explore the details that led up to the maladaptive behaviors
  - Use Chaining to identify target behaviors for treatment interventions

Treatment Techniques

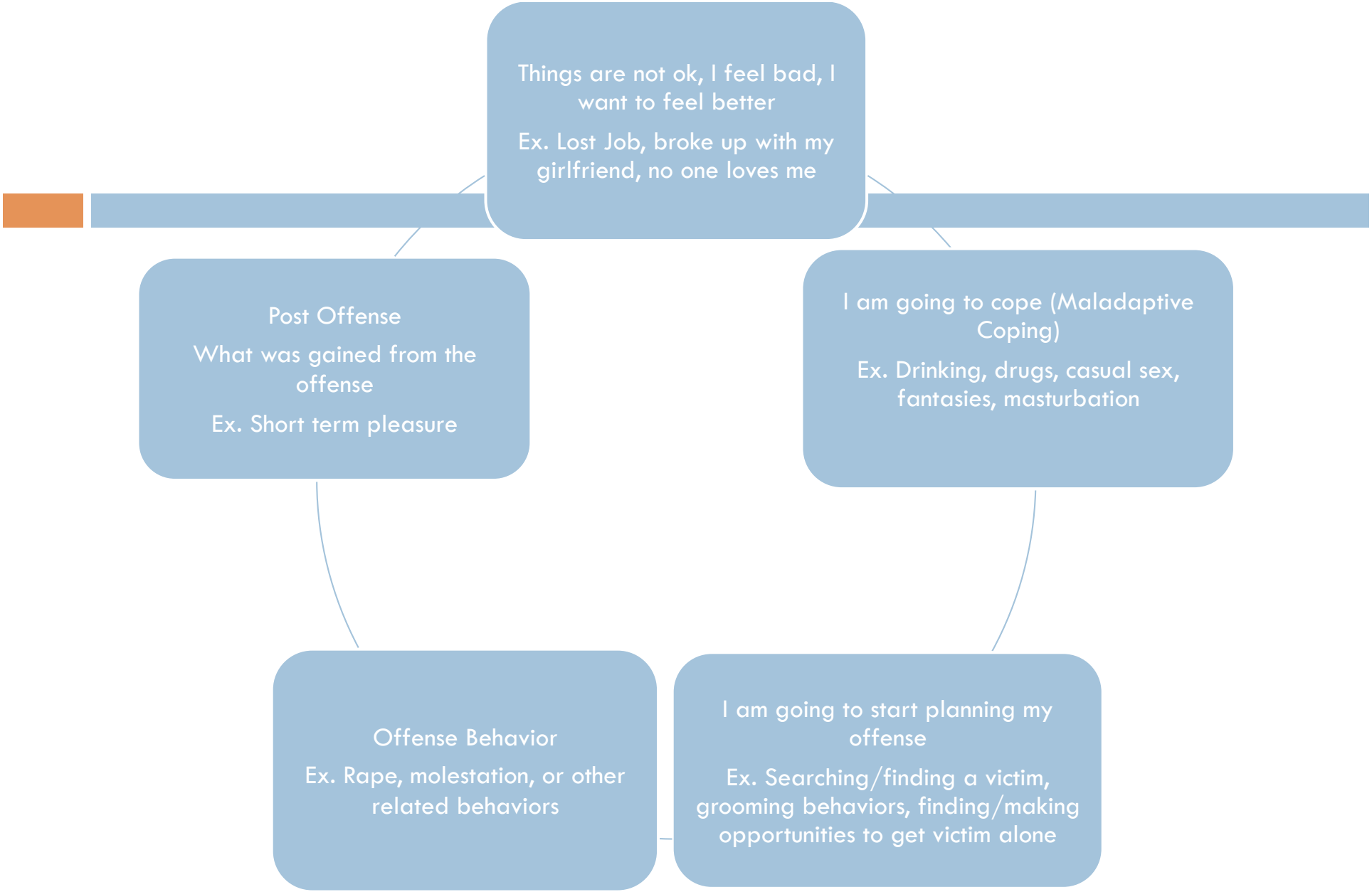
Event	Thoughts	Emotions	Urge
Relationship ended	I can't keep a girlfriend; I can't trust woman; no woman is going to control me	Angry-10 Hurt-8 Rejected-8	To drink alcohol Have one night stands To not get hurt again
Began giving gifts to an young female	She is beautiful She's sticking around so she must like/want me	Excited-8 Aroused-8 Anxious-7	To have sex with her
Invited her to a party and we drank together	I'd like to get her alone	Nervous-8 Aroused-10 Excited-10	To get her alone and have sex with her
Had sexual intercourse with her	I hope no one finds out I hope she doesn't tell on me She didn't say no, so she must have liked/wanted it	Nervous-10	To get away and leave the area

Treatment Techniques

- Core Beliefs Assignments
  - Categories of Core beliefs related to their offenses
  - Categories are dependent upon their offenses
  - Examples include:
    - Self
    - Sex
    - Relationships
    - Women
    - Women & Sex
    - Children
    - Sex with Children
  - Alternate beliefs that challenge each of the identified core beliefs

Treatment Techniques

- Offense Cycles & Pathways
  - Identify triggers, warning signs, thoughts, and decision points that contributed to offending behavior.
  - Identify risk factors present during their offenses.
  - Identify points in the cycle that could have interrupted the course of behaviors
  - Identify methods, strategies, and interventions of stopping the cycle.
  - Applying and practicing those methods, strategies, and interventions while at SORTS.
  - Incorporate these aspects into a risk management plan.


Things are not ok, I feel bad, I want to feel better
Ex. Lost Job, broke up with my girlfriend, no one loves me
I am going to cope (Maladaptive Coping)
Ex. Drinking, drugs, casual sex, fantasies, masturbation
I am going to start planning my offense
Ex. Searching/finding a victim, grooming behaviors, finding/making opportunities to get victim alone
Offense Behavior
Ex. Rape, molestation, or other related behaviors
Post Offense
What was gained from the offense
Ex. Short term pleasure

Treatment Techniques

- Risk Management Plan
  - Identify low, moderate, and high risk situations
  - Identify triggers and risk factors that preceded/contributed to offenses
  - Create corrective action plans for each of the above
    - Include general internal and external coping skills
    - Include skills/resources both in the facility and in the community
  - Identify life goals and create an approach plan for those goals
  - Identify a viable, positive support system that will be involved in treatment
  - Identify a home and job plan
  - Be able to communicate risk to others and risk management plan

Treatment Technique

- High Risk Situation
  - Drinking, being in a bar, being around those that drink
    - Avoid bars and parties
    - Inform my support system and friends that I cannot be around drinking
    - If drinking is present, remove myself from the situation
    - Remind myself of the consequences of drinking
    - Attend AA
- Hostility Towards Women
  - Women are manipulative and are present for the pleasure of men.
    - Thought Stoppers
    - Alternate Thought – Not all women are manipulative. Women have value.
    - Self-Monitor and discuss it in treatment
    - Seek help from support system if thought will not go away
- Feeling Rejected
  - I get told no.
    - Deep Breath!
    - Thought Stoppers
    - Alternate Thought – I am okay if I am told no. I do not have to have everything I want. This is a want not a need.
    - Self-Monitor and discuss it in treatment
    - Seek help from support system if thought will not go away

Potential Treatment Outcomes To Assist In Managing Risk

- Identification of Risk Factors
  - Assessment of the client
- Honestly identify all victims, both charged and uncharged
  - Group Entry Report
  - Offense/Victim Timelines
- Identifying Core Beliefs that Promote Offending Behavior
  - Autobiography
  - Core Beliefs Assignment
- Challenging The Core Beliefs And Replace Them With Adaptive, Alternate Core Beliefs
  - Core Beliefs Assignment

Potential Treatment Outcomes To Assist In Managing Risk

- Increase in Perspective Taking/Positive Thinking
  - Restorative Justice
  - Self-Monitoring
  - Problem Behavior Worksheets
- Management of Deviant Sexual Interest
  - Self-Monitoring
  - Corrective Action Plans
- Development of Deviant Cycles/Pathways
- Creation of a Risk Management Plan

Case Example

Mr. Stuck was raised in an intact family and is the oldest of four siblings. Mr. Stuck denies any history of abuse and reported a strained relationship with his parents growing up as his younger siblings received more attention and praise than he did. His father ran a very strict household with rigid expectation and was abusive to Mr. Stuck's mother. Mr. Stuck learned at an early age that women cannot be trusted and were there for the pleasure of a man. In school, Mr. Stuck had few friends and was not allowed to participate in after school activities as he had to get home to help with the farm. When Mr. Stuck left home, he had difficult meeting new people due to his lack of social skills. Mr. Stuck believed that it was him against the world and that he deserved to get what he wanted in life. He began drinking to fit in and using alcohol to obtain the attention the women and to obtain sex. He had numerous one-nightstands and utilized pornography daily, masturbating 2 to 3 times a day. In addition, he would give gifts to young women in order to gain their attention and compliance. Some of these gifts included supplying them with alcohol. After these young females were significantly intoxicated and after he was able to get them alone, Mr. Stuck would violently, rape them. Upon being caught for his crimes, Mr. Stuck displayed very little remorse, focusing instead on what his crimes and getting caught meant for him. He also noted that he did not believe that he had committed a rape because the victim did not say no, and she knew what he was asking her for when he invited her to hang with him. In addition to his sexual crimes, Mr. Stuck also received multiple DWIs and was on probation at the time of his index offense. He also received probation violations for continuing his alcohol use while on probation. His alcohol use also contributed to job instability as well as his inability to meet his financial obligations.

Case Example

Mr. Stuck is a male in his mid-forties who has been in treatment for more than 10 years. However, he has only been engaged in treatment for 4 or so years. Mr. Stuck was transferred to program due to lack of engagement in treatment as he had difficulty aligning with his previous therapists and treatment teams. Mr. Stuck became more engaged when he was assigned a male therapist; however, he was rescued vs. challenged most of the time. Mr. Stuck primarily focused on topics insignificant to treatment, i.e., ward issues, leisure activities as opposed to his offending, and when he provided feedback to his peers, he is unable to verbalize his or his peers risk factors. Mr. Stuck has only increased his efforts when he is aware of significant consequences for his choice to focus on what he is focusing on versus the reason he was committed for. When the Mr. Stuck has presented his offense and is challenged his responses include, I forgot, I don't remember, I don't know…frequently shuts down, and becomes defensive. This is especially true if the person providing the challenging feedback is a female. He will then go into a negative record he plays in his head, you're calling me a liar, I don't believe that you think i am good enough, expecting me to admit to things that aren't true, you just want me to say what you want me to say. Recently, he has admited his interest in young females and that he would look for those that were vulnerable and easy. However, he still holds to the belief that he will never get out of here, so it does not really matter what he does in treatment.

Identifying Risk Factors (Case Example)

- Risk Factors:
  - Sexually Preoccupied- One night stands, self reports of masturbating 1-2 times per day
  - Deviant Sexual Interest – interest in young females, sexualized violence, and coercive sex
  - Offense Supportive Attitudes-they talked to me and hung around after work to party, what does it hurt
  - Grievance and Hostility- us versus them,
  - Resistance to Rules and supervision- violating his probation conditions
  - Lack of Emotionally Intimate Relationships – no significant relationships
  - Impulsivity- unstable job history, not meeting financial obligations
- Promising Risk Factors:
  - Hostility Towards Women- his offense, shutting down when challenged by females, beliefs about females
  - Dysfunctional/Externalized/Sexualized Coping- Alcohol Abuse, one night stands, and his offenses
  - Lack of Concern for Others – displaying no remorse for his victims, focused solely on his self

Identifying Core Beliefs (Case Example)

- Self
  - I deserve what I want.
- Women
  - Women cannot be trusted.
  - Women are to pleasure men.
- Sex
  - I deserve sex.
  - Women are there to provide sex to men.
- Relationships
  - I deserve everything I want in a relationship.
  - A relationship should be on my terms.

Identifying Alternate Beliefs (Case Example)

- Self
  - I am okay if I do not get what I want.
  - I am happy with what I do have.
- Women
  - Women have value.
  - Most women can be trusted.
- Sex
  - Sex should be pleasurable for all consenting parties.
  - Sex is a want, not a need.
  - I am okay if I do not get to have sex.
  - No means no.
- Relationships
  - Relationships are about compromise.
  - Each party in the relationship has equal worth and value.

Increasing Perspective Taking/Positive Thinking (Case Example)

- Example of a Problem Behavior Worksheet for Boundaries
  - I touched a female staff member's butt when I reached for a pair of gloves in the back pocket of her jeans.
  - My perception was that I was joking with the staff about her always leaving with gloves in her back pocket. I was not trying to touch her; I was simply trying to point at them. She took a step backwards as I was pointing.
- Positive Perspective Taking
  - I put myself in a high risk situation by getting too close to her.
  - I need to be mindful about where my attention is focused.
  - I need to recognize that others could perceive this as more than it is.
  - There are times and places for joking.

Managing Deviant Sexual Interest (Case Example)

- Identify the Deviant Sexual Interest
  - Raped young females
  - Behavior on the ward – watching television programs that contain young females and/or rape scenes, overly focused on young, female staff, etc.
- Self-Monitor Sexual Thoughts and Fantasies (both deviant and non-deviant)
  - Frequency
  - Duration
  - Reinforcement
- Corrective Action Plans
  - Problem – Fantasies of Rape
  - Trigger – when I feel bad or when I feel horny
  - Warning signs – increased irritability, wanting others to listen to me
  - Thoughts – I want to feel better; I need sex.
  - Feelings – depressed, horny, aroused
  - Recognize problem by self-monitoring
  - Deep breath
  - STOP! (Thought Stoppers)
  - I do not need sex to feel better.
  - I will engage in a coping skill such as playing a card game with peers.
  - I will seek my supports on the ward, which includes my treatment team, if I cannot get these thoughts to go away.

Barriers In Treatment Progress

- Denial
  - Is their denial a protective Factor?
  - Remember they do not have to admit to everything.
- Effective Communication
  - Do not be afraid to ask what they heard you say.
  - Do not be afraid to admit that you are not understanding what they are trying to say.
  - Assign additional homework as needed and indicated.
- Low Motivation
  - Motivational Interviewing techniques
  - Highlighting contradictions
  - Use of the word “and” instead of “but”
- Personality Disorders
  - Direct approach on challenging behaviors
  - Be careful not to reinforce negative behaviors
  - Provide honest information that is incongruent with their self-beliefs

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