CORRECTIONAL SERVICE CANADA

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Assessment and Treatment of Sexual Offenders Presenting with Serious Mental Illness: Practical Guidelines for Clinicians

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Presentation Outline

- Principles of Effective Intervention: Risk-Need-Responsivity Model
  - Brief review of the principles and critiques of the model
- Serious mental illness and recidivism
  - Brief review of the literature
    - Including several studies by our research/treatment team

Presentation outline

- The Integrated Risk Assessment and Treatment System (IRATS) Model
  - Review of its components—attachment, complex trauma, SMI
- Community Based Treatment program in Central District (Ontario)
  - An example of a SO tx program that encompasses the IRATS Model

Principles of Effective Intervention: RNR Model

(Andrews & Bonta, 1998, 2010)

- Risk-Need-Responsivity (RNR) model consists of 3 principles:
- Risk Principle: level of service should be matched to offenders risk to re-offend
  - defined by scores on actuarial assessment instruments.
  - tx should be directed at higher risk offenders, and not include low risk clients
    - When low risk clients are included in higher risk groups may risk making these clients worse.

The RNR Model
(Andrews & Bonta,1998, 2010)

- <u>Need Principle</u>: Criminogenic needs should be assessed and targeted in tx
  - Criminogenic needs are those that have been empirically linked with recidivism among offenders.
  - E.g., criminal associates, substance abuse, employment, criminal attitudes.
  - Issues related to mental illness (other than substance abuse) are NOT considered to be criminogenic.

The RNR Model
(Andrews & Bonta,1998, 2010)

- <u>Responsivity Principle</u>: tx should be tailored to the learning style, motivation, abilities and strengths of the offender
  - Tx is provided in line with the learning style of offenders.

- 2 types of responsivity:
  - General
  - Specific

The RNR Model
(Andrews & Bonta,1998, 2010)

- **General responsivity:**
  - the most effective interventions tend to be those based on cognitive, behavioral and social learning theories.

The RNR Model
(Andrews & Bonta,1998, 2010)

- 2 principles of general responsivity:
  - Relationship principle-- establishing a warm, respectful and collaborative working arrangement with the client.
  - Structuring principle--Influence the direction of change towards the prosocial through appropriate modeling, reinforcement, problem solving etc.

The RNR Model
(Andrews & Bonta,1998, 2010)

- <u>Specific responsivity</u>:
  - Tx should be tailored to personal strengths and socio-biological-personality factors
  - Tx can be enhanced if it focuses on personal factors that can facilitate learning
    - E.g.., learning style, mental illness, verbal skills, thinking styles, motivation

The RNR Model
(Andrews & Bonta,1998, 2010)

- The relationship principle of responsivity has been the least developed aspect of the RNR model
- Although issues associated with the therapeutic alliance are raised in practice there seems little attention devoted to this matter.
- It is not clear whether this is a problem with the model per se or the implementation.

- The RNR model seems to ignore the reality of working with our clients
  - Therapeutic alliance
  - Serious mental illness
  - Issues related to complex trauma

Critique of RNR

- A number of authors have argued that the RNR model does not pay sufficient attention to issues related to the therapeutic alliance and client centered issues (e.g., Ward & Maruna, 2007).
- Marshall and his colleagues have demonstrated in several studies that the therapeutic alliance accounts for a great deal of variance in outcome with reference to sex offender treatment.

Critique of RNR

- Serious mental Illness (SMI) and issues related to complex trauma are frequently encountered issues when working with high-risk high-need groups of sexual offenders.

Mental Illness and Recidivism: A brief review of the literature

- "personal distress" is not considered to be a criminogenic need within the RNR model
  - Andrews & Bonta (1998; 2010) claim that there is no evidence that mental illness contributes to recidivism among criminal populations.
- It is likely that the perspective held by these researchers has resulted in less work being conducted in this area than might otherwise have been the case.

Mental Illness and Recidivism: A brief review of the literature

- Over at least the last decade there is mounting evidence that mental illness is related to recidivism among offender populations.

- We will mostly focus on SOs though similar findings are available with reference to other groups of offenders.

Mental Illness and Recidivism: A brief review of the literature

- Långström, Sjostedt, & Grann (2004) studied the presence of psychiatric DO and the relationship to recidivism in a sample of 1215 SOs released from Swedish prisons
  - Alcohol use DO, drug use DO, personality DO, psychosis and any inpatient care were all found to predict sexual offence recidivism.

Mental Illness and Recidivism: A brief review of the literature

- Abracen &Looman (2006): Examined a high-risk sample of SOs treated at the RTCSOTP.
- Neither a paraphilic dx alone nor a personality DO significantly increased the risk of recidivism.
- However, those offenders with a history of *both* a paraphilic dx and a personality DO were at significantly elevated risk of recidivism.

Mental Illness and Recidivism: A brief review of the literature

- Looman & Abracen (2012) investigated recidivism among a high risk group of SOs treated at the RTCSOTP (N=348)
- statistically controlled for risk (Static-99R)
- only hx of psychiatric impairment added significantly to the prediction of recidivism.

Mental Illness and Recidivism: A brief review of the literature

- Measures that failed to significantly predict recidivism:
  - MSI Cognitive Distortions/Immaturity scale
  - MSI Rape Scale
  - Buss Durkey Hostility Inventory;
  - Tx completion (yes/no)
  - juvenile record

Mental Illness and Recidivism: A brief review of the literature

- Two recently published meta-analyses also have a bearing on the issue of mental illness and recidivism
- Olver, Stockdale and Wormith (2011):
  - offenders with more serious forms of mental illness (e.g., psychosis, borderline personality disorder) were less likely to complete treatment.
  - offenders who were less likely to complete treatment were in turn significantly more likely to recidivate.

Mental Illness and Recidivism: A brief review of the literature

- Douglas, Guy & Hart (2009):
  - psychosis is significantly associated with recidivism.
  - These authors observed that psychosis was associated with a 49%-68% increase in the odds of violence.

Abracen, Langton, Looman et al. (2014)

- All subjects were housed at the Keele CCC in Central District (Ontario).
- The Keele CCC is a community facility designed to house federally sentenced offenders (i.e., serving sentences of two years or more) who are released on some type of community supervision.
- The Keele CCC is designed to house those offenders who are deemed to be at higher risk and/or who present with more significant treatment needs than other offenders on conditional release to the Toronto area.

Abracen, Langton, Looman et al. (2014)

- Offenders were classified as SOs based on their officially recorded history of sexual offending.
- The subjects included in the sample represented a series of consecutive admissions to the Keele CCC between April 1, 2007 and March, 31, 2008.
- All offenders who spent at least one night in the facility (as indicated on room assignment sheets completed by the CCC staff) were included in the sample.
- In all, data were collected on 136 offenders housed at the CCC.

Abracen, Langton, Looman et al. (2014)

- Psychiatric dx coded directly from files.
- Other than with reference to psychotic conditions, where a specific dx appeared in file information a subject was coded as having that condition.
- Only dx by registered mental health professionals were classified as mental health conditions.
- E.g., even if alcohol abuse was related to both present and past criminal behavior the subject would not be classified as having an alcohol abuse condition unless a dx of alcohol abuse/dependence was included in file information.

Abracen, Langton, Looman et al. (2014)

- Only included recent mental health dx
  - made within the last 5 years of the date of data collection
- Almost all offenders had a hx of both general (98%) and violent (93)offending
- Approx 20% had a hx of sexual offending
- Median follow-up time = 3.6 yrs (s.d.=.96 yrs)

Abracen, Langton, Looman et al. (2014)

- 44% received new charges or convictions for violent (including sexual) or general offences
- 60% were returned to custody due to suspensions, charges or convictions at some point in the follow-up period.

Abracen, Langton, Looman et al. (2014)

- **Mental Health data**
  - Depression 25.2%(n=127)
  - Suicidal behavior 31.5%(n=127)
  - Anxiety Disorder 10.2%(n=127)
  - Personality Disorder 56.6%(n=129)
  - APD 34.1%(n=129)
  - BPD 4.7%(n=127)
  - Paraphilia 11.1%(n=126)
  - Psychotic Disorder 19.7%(n=127)
  - ADHD 18.8%(n=128)
  - Alcohol 37.5%(n=128)
  - Drugs 39.1%(n=128)

Abracen, Langton, Looman et al. (2014)

- When the association between specific dx and recidivism was examined:
  - Any suspensions, charges or convictions
  - Both BPD and ADHD were found to be significantly associated with recidivism
    - ($\chi 2(1)=4.67, p<.05$) BPD
    - ($\chi 2(1)=7.9, p<.01$) ADHD

Abracen, Langton, Looman et al. (2014)

- It is interesting to note that offenders with a dx of a paraphilia were significantly LESS likely to be suspended or to recidivate
  - ($\chi 2(1)=16.01, p<.00$)

- This may be due to the vast majority of these clients attended psychological counselling sessions

Abracen, Gallo, Looman & Goodwill (2015)

- Follow up study using the 136 offenders from Abracen, Looman, Langton et al. (2014)

- Abracen, Gallo, Looman et al. (2015) compared 3 groups of offenders based on amount of individual therapy received:
  - "none"= Only assessed/no sessions
  - "moderate" = less than 20 sessions
  - "high" = 20 or more sessions

Abracen, Gallo, Looman & Goodwill (2015)

- Accounted for actuarially assessed risk
- Compared to the no therapy group:
  - “moderate” were 7.7 times less likely to recidivate
  - “high” were 11.6 times less likely to recidivate.

2005 to 2009 cohort of sex offenders treated in Central District (Ontario)

- As the sample included in the present study consisted of a limited number of SOs we thought that it might be of interest to present data on a larger sample of SOs treated by our team.
- N=90 SOs treated in Central District (Ontario) between 2005-2009.
- Mean Static99R = 2.7 (N=88)
- Mean follow-up (as of 2010 when the data were collected) = 2.1 years.

2005 to 2009 cohort of sex offenders treated in Central District (Ontario)

- No SOs were convicted of a new sexual offence during the follow-up period.
- 2 SOs were charged with a new sexual offence (one prior to WED, one post-WED, one resulted in a stayed sentence and one was acquitted).
- That is, we have a zero re-conviction rate for sexual offences among the sample of SOs treated by our team.
- Of course, the follow-up period was rather short (i.e., 2 years).

SMI and recidivism

- SMI can be related to recidivism for a number of reasons among offenders living in the community
- drugs often used as coping strategy to deal with psychiatric disability
  - Can result in suspension, charges/convictions
- Some may commit crimes as a simple means of survival
  - I.e.. Stealing food, clothing

SMI and recidivism

- Prior to the close of many provincial psychiatric facilities in recent decades, many of these persons might have been dealt with through community-based psychiatric services
- Reality—these persons are being seen with increasing frequency in the CJS and are being charged with offenses

SMI and recidivism

- Psychiatric symptoms may also be indirectly related to recidivism
  - E.g., individual with psychiatric condition and pre-existing criminal attitudes may engage in behaviour that is illegal and related to their psychiatric disorder
    - E.g., seeking out inappropriate sexual partners
- Many high risk offenders present with multiple diagnoses
  - I.e.., pedophilia and substance abuse disorder

SMI and recidivism

- The obvious question becomes one of how to manage such populations in the community?

The Integrated Risk Assessment & Treatment System (IRATS) Model (Abracen & Looman, 2016)

- Recently, we have proposed that a newer approach be adopted by clinicians working with moderate and high-risk offenders
- "Integrated Risk Assessment and Treatment System (IRATS) Model" (Abracen & Looman, 2016)
- issues associated with criminogenic needs, SMI, and issues associated with complex trauma need to be taken into consideration

The IRATS Model (Abracen & Looman, 2016)

- It includes not only an emphasis on issues related to the therapeutic alliance but also encourages consideration of the ways in which the various risk factors may act synergistically.

The IRATS Model: Complex Trauma

- As opposed to the RNR model it specifically addresses issues associated with SMI and complex trauma.
- What do we mean by the term “complex trauma”
  - Described by Courtois and Ford (2009)-Treating Complex Traumatic Stress Disorders-Guilford Press.

The IRATS Model: Complex Trauma

- Complex PTSD: Traumatic stressors that are:
  - 1.Repetitive and prolonged
  - 2.Involve direct harm or neglect and abandonment
  - 3.Occurs at developmentally sensitive times in an individual's life.
  - 4. Have the potential to severely compromise a child's development.

The IRATS Model: Complex Trauma

- Complex PTSD is associated with:
  - Difficulties in the area of affect recognition.
  - Identity and relational disturbances
  - Substance abuse & anger manage't problems
  - Many suffer from comorbid conditions.
    - That is, it may not be that complex PTSD is associated with any one disorder but that the constellation of disorders seen in such populations are associated with prolonged negative outcomes that are likely to be chronic in nature.

The IRATS Model: Complex Trauma

- RTCSOTP data of relevance to Complex PTSD:
  - N=438 assessed or treated at RTCSOTP
  - 42% (185/438) reported being victims of sexual abuse
  - 50% (217/438) reported a history of physical abuse
    - 95% of those who reported physical abuse reported multiple incidents of physical abuse.
    - Type of Abuse — # of previous sex convictions

Type of Abuse	# of previous sex convictions
None	2.94
Physical only	2.47
Sex Only	5.51
Both	3.79

  - F=4.63, p=.003, N=352

The IRATS Model: Complex Trauma

- Post hoc tests show that "sex only" group has significantly more sexual offences than the "no-abuse" group (p=.011) and the "physical only" group (p=.004) but not those who experienced both physical and sexual abuse.
- Findings related to sexual abuse histories being more common among SOs are typical of the literature
  - (e.g., Peugh & Belenko, 2001; Dhwan & Marshall, 1996; Hanson & Slater, 1988).

The IRATS Model: Attachment

- Attachment theory
  - (Bowlby, 1969, 1973, 1980)
  - Attachment: "an affectional tie in which one individual takes another as a protective figure, finding increased security in their presence, missing them in their absence, and seeking them as a haven in times of alarm" (Main, 1996).

The IRATS Model: Attachment

- When children form secure attachment bonds, they develop the necessary skills to establish close relationships and grow to desire intimacy with others.
- If bonds are insecure, children do not develop the necessary skills and may grow either to fear intimacy or to seek intimacy in maladaptive ways (Bowlby, 1969, 1973)

The IRATS Model: Attachment

- Although there are a variety of pathways to the development of insecure patterns of attachment, a history of abuse or neglect can be related to the formation of insecure attachment patterns

The IRATS Model: Attachment

- 3 recently published reviews examined whether attachment disorders have been associated with violent or sexual offending
  - Ogilvie, Newman & Peck, 2014; Savage, 2014, Tharp, DeGue, Valle et al., 2013).
- Same conclusion: There are strong associations between a history of abuse or insecure patterns of attachment and violent including sexual offending.

External Pressures

Intoxication

-victim access

-noncooperation with supervision

-social dislocation

-substance abuse

-relationship conflict

-decompensation

Criminal History

-Persistence and range of offending.

-Psychosocial problems (never married, criminal/antisocial history)

-offence-supportive cognitions

-Employment difficulties

- ineffective use of leisure time

- antisocial personality pattern

-antisocial peers

-level of interpersonal functioning

Attachment/Complex Trauma Related Conditions

-significant mental health difficulties

-abuse, rejection, attachment problems

-Addiction

--chronic mental illness

--social support

--general self-regulation

--Chronic issues with negative emotionality (e.g., anger, depression, loneliness).

Deviant Arousal

-sexual self-regulation

-Deviant phallometric preference.

-Diagnosed with paraphilic condition.

Internal Pressures

Social stresses/

mental health instability

-deviant thoughts/

fantasies/

arousal

-need for intimacy

-+/- affective states

The IRATS Model
(Abracen & Looman, 2016)

- The IRATS is not an etiological model of sexual offending
- It is a tx model designed to help clinicians with the day-to-day challenges that they face when working with high risk SOs
- Provides clinicians with a roadmap of how to make sense of the complex presentations that are frequently encountered when working with such clients

The IRATS Model
(Abracen & Looman, 2016)

- The IRATS Model suggests there are 3 core constructs that must be assessed:
  - Criminal history variables
  - Attachment/trauma related difficulties
  - Deviant arousal

The IRATS Model
(Abracen & Looman, 2016)

- The IRATS includes SMI because:
  - direct association between SMI and recidivism
  - issues associated with attachment difficulties and complex trauma (including SMI) may indirectly be associated with recidivism
- Clinicians must start to work with the complex clinical presentations that clients present with

The IRATS Model: Example

- The Regional Treatment Centre (Ontario) Sex Offender Treatment Program (RTCSPTP)
- The Community Based Sex Offender Treatment Program operated in Central District (Ontario)
- Both employed the IRATS model

Community Based Treatment in Central District (Ontario)

- Other than the GTA most/all are referred to outside contractors with some training in this area. Depending on the location offenders will be seen either individually or in group.
- There is a preference for group based interventions which are offered except in locations with very few SOs

Community Based Treatment in Central District (Ontario)

- Clients typically stayed in the bi-monthly program for approximately six months and then are transferred to the monthly program.
- Continuous intake

Community Based Treatment in Central District (Ontario)

- These groups attempt to build on some of the information covered in the institutional settings.
- Sessions began with a check-in and the group members discuss what has happened in their lives over the last two weeks or a month.
- Clients also raise any “high risk” situations that they have encountered.
- Group members encouraged to offer feedback.

Community Based Treatment in Central District (Ontario)

- If time permit, various topics considered of relevance brought up by the facilitators.
- Topics such as:
  - finding a job including what information to share in a job interview,
  - issues associated with dating (e.g., disclosure of offending history),
  - dealing with media releases and individuals who are hostile towards them.

Community Based Treatment in Central District (Ontario)

- Development and maintenance of healthy relationships:
  - Dating: “Hi, my name’s Bob, I’m a multiple recidivist sex offender with intimacy deficits, want to go out with me?”
  - Jeff’s 60 hour rule-a simple suggestion with lots of theory behind it.
  - Where and when to have such discussions is critical.

Community Based Treatment in Central District (Ontario)

- Finding a job:
  - Programs and staff
  - Resume writing
  - The job interview-what to say about your criminal history.
  - Consequences of lying-e.g., the perils of promotion.
  - Lifestyle balancing
  - Clients with significant psychiatric disorders

Community Based Treatment in Central District (Ontario)

- Additional topics include discussion of any high risk situations that have been encountered.
- Please keep in mind that many “high risk” situations are observable to no one else other than the offender as they are “internal high risk situations.”

Community Based Treatment in Central District (Ontario)

- Examples of internal high risk situations include deviant fantasies or anger directed at a particular individual that the group member hasn't addressed adequately.
- Should you suspend a client because he reports a deviant fantasy?
- Management of deviant fantasies in the community.

Community Based Treatment in Central District (Ontario)

- External high risk situations
  - Was the situation intentional, a result of a "seemingly unimportant decision," or likely unintentional.
  - Importance of context in deciding how to address the lapse.

Community Based Treatment in Central District (Ontario)

- All groups facilitated by two staff
  - at least one of whom has graduate training in psychology.
- Collaborative, multi-modal approach to community-based assess't & treat't
  - Psychology
  - Social work
  - Psychiatry

Community Based Treatment in Central District (Ontario)

Picheca, Stirpe & Abracen (2007)

			S. Recid. Rate	
	Static-99 Score (M)	Observed 8 Years	Static-99 estimate-5 years	Static-99 estimate-10 years
Total	3	8%	12%	14%
Maintenance	2	5%	9%	13%
Higher Risk	4	15%	26%	31%

Conclusions

- A new model of assessment/intervention, the IRATS Model appears to be useful in helping those tasked with working with SOs understand what areas require clinical attention.
- Several outcome studies based on this model demonstrate the efficacy of this approach.

Conclusion

- High risk SOs often present with a complex array of significant emotional difficulties
  - Disordered attachment
  - Complex trauma
  - SMI
- Traditional perspective-- not criminogenic
- Contemporary perspective-- criminogenic

Conclusion

- For High-risk, high-need SOs, addressing mental disorder and related issues is considered a crucial component for a comprehensive and effective approach to treatment

Thank you!

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