Effective Treatment of Institutionalized Sexual Offenders:
A Facilitator’s Manual for Best-Practice Procedures

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The procedures in this staff training manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Abstract

Sexual offences warrant great public concern due to the societal damage resulting from these crimes. Correctional programming is therefore essential for teaching sexual offenders the appropriate skills to decrease recidivism. In order to be more effective, program facilitators need to be educated in the treatment models found to be effective in treating sexual offenders. Therefore, this thesis sought to develop a comprehensive treatment manual for correctional staff to use in the treatment and supervision of federally incarcerated sexual offenders. A permanent product in the form of a facilitator’s best-practice manual was created. The contents of the manual were chosen based on an extensive literature review, and input from correctional staff. The research hypothesized that developing a resource manual for the agency would allow program facilitators to provide the most effective programming and applicable treatment techniques to individuals participating in sex offender treatment. Due to time constraints, the author was not able to formally evaluate the effectiveness of the manual. Therefore, this thesis focused on the development of the treatment manual, guided primarily by current research. Furthermore, strengths, limitations, multilevel challenges to service implementation, and recommendations for future research are discussed.
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Chapter I: Introduction

Sexual offenders warrant great public concern due to the societal damage resulting from their crimes. A sexual offense is defined as a sexual behaviour involving non-consent (e.g., sexual assault of an adult) or sexual activity with an individual who is unable to provide consent (e.g., child, animal, developmentally delayed person) (Hanson, Harris, Scott & Helmus, 2007). Sexual offenses may be characterized by sexual deviancy; seeking erotic gratification through means that are unacceptable to society (e.g., sex with children, arousal to violence) or are highly unusual (e.g., fetishism, autoerotic asphyxia), such as paraphilias or sexual preoccupations (Hanson & Morton-Bourgon, 2005). Other sexual offenses involve themes of power and control, or are facilitated by substances. Because sexual offenses cause a great deal of concern and fear to the general public, determining characteristics of persistent sexual offenders is critical in order to comprehend this highly risky behavioural disorder, as well as for the crucial task of administering effective treatment (Hanson et al., 2005). Identifying the static (e.g., historical) and dynamic (e.g., attitude) factors helps to determine an offender’s level of risk and crime process and thus, what factors contributed to the commencement of his sexual offending. This, in turn, ensures appropriate interventions are implemented and treatment is targeted towards risk factors specific to each individual offender, with the intent of reducing chances of recidivism.

In order to treat sexual offenders, the Correctional Service of Canada (CSC) implements correctional programs that address dynamic risk factors that contribute to an offender’s criminal activity. These risk factors are identified and addressed during an offender’s sentence using the Integrated Correctional Program Model (ICPM). The ICPM is based on CSC’s most effective offender programs; those that have been proven to significantly reduce reoffending by education and teaching offenders the cognitive and behavioural skills required to reduce risky and harmful behaviours (Swain et al., 2014). The foundation of the ICPM is based on the empirical research that supports the use of the Goodlives Model (GLM), Motivational Interviewing (MI), the Stages of Change, and the Risk-Need-Responsivity Principle (RNR) to reduce the risk of sexual offenders (Swain et al., 2014). The rationales and procedures of the ICPM are further explored in the literature review of this thesis.

The GML aims to enhance offenders’ capability to live meaningful, constructive and fulfilling lives so they can refrain from engaging in further criminal activity (Ward, Mann & Gannon, 2014). The GML is largely based on the offender’s own personal values and goals, and focuses on the appropriate steps to take in order to reach goals, which will bring the offender closer to the “Good Life”.

MI is defined as a goal-centered counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence or resistance (Miller & Rollnick, 1995; as cited in Swain et al., 2014). MI uses non-aggressive, “stage-appropriate” strategies that incorporate focused goals, specific strategies and appropriate skills to achieve the agreed-upon goal (Swain et al., 2014).

The Stages of Change model aims to identify and modify patterns of behaviour that are maladaptive, destructive, or harmful to one’s health; or to re-establish the skills required for appropriate physical, psychological, and social functioning (Connors, Donovan & DiClemente,
The RNR principle focuses on three separate components: risk, need, and responsivity of offenders. The risk principle is based on the premise that criminal behaviour can be predicted and that some offenders are at higher risk than others, based on the presence of certain factors. It aims to match the intensity of the service being delivered to the offender’s level of risk to re-offend. The need principle refers to the appropriate areas that are chosen as the focus of correctional programming by assessing an offender’s criminogenic needs, and ensures they are targeted during treatment. Finally, the responsivity principle refers to how correctional programs are delivered. This component aims to increase an offender’s ability to learn from a rehabilitative intervention, using cognitive behavioural therapy (CBT) and tailoring the program to the motivation, learning style, abilities and strengths of the offender (Bonta & Andrews, 2007).

Due to the evidence supporting the effectiveness of using CBT strategies to treat sexual offenders, this thesis focuses on developing a facilitator’s manual of best-practice procedures to implement when facilitating the ICPM. At the time of this thesis, there were limited resources available to support staff (i.e., educational staff, Correctional Officers, Parole Officers, and Correctional Program Officers) within the agency to provide guidance in delivering the ICPM. In order to address the gap in resources available to correctional staff, a manual containing strategies supporting existing CSC programming and resources allows the needs of the program facilitators to be more efficiently met, without generating a demand for excess resources or funding. The resource manual also promotes a multidisciplinary staff approach in order to effectively allocate existing resources, and maximize beneficial provision of services and supports to offenders throughout the planning and implementation of the ICPM. The resource manual encompasses best practices in order to assist with treatment planning and implementation of correctional programming, which include: the GML, MI, the Stages of Change, and the RNR Principle. Through the development and implementation of a resource manual designed to present facilitators with empirically supported research in a comprehensive format, it is hypothesized that correctional staff will be better able to supervise and provide treatment to federally incarcerated sexual offenders.

This thesis explores the literature on the efficacy of implementing treatment to sexual offenders through various best practice techniques. This includes the supporting research and potential strengths and weaknesses of different intervention approaches and assessment tools. Following the literature review section, the methods and procedures for creating the manual including the development, design, intended participants and settings are outlined in the methodology section. The manual itself comprises the results section. Lastly, the discussion section encompasses a review of the changes made to the manual, based on feedback from CSC staff and the placement supervisor. A summary of the findings of the thesis, including strengths, limitations, contributions to the field of behavioural psychology and future recommendations are also outlined.
Chapter II: Literature Review

Sexual Offending

The level of public awareness and concern towards sexual offending has increased over time, along with the personal and societal costs that result from these crimes. Although sex-related offenses are declining, there are still hundreds of thousands of individuals charged with these horrible crimes each year (Stats Can., 2009). The offenders of these crimes are often in positions of trust or authority, and the victims are vulnerable individuals, including children. Community-distributed surveys found that five to 20% of adult men have become sexually aggressive at least once, and validated records document that one to two percent of the male population will be convicted of a sex crime at some point in his life (Hanson et al., 2005). Hanson (2002) discovered that the occurrence of sexual recidivism could be linked to an individual’s deviant sexual interests, and one’s antisocial orientation and an unstable lifestyle. Sexual deviancy pertains to deviant sexual interests that endure attractions to sexual behaviours that are illegal or highly unusual (Hanson et al., 2005). These could include behaviours such as exhibitionism, voyeurism, fetishes, or sexual interest in children or rape (Swain et al., 2014). Antisocial orientation and lifestyle instability refer to characteristics and traits such as a hostile, resentful attitude, impulsivity, substance abuse, unemployment, historical rule violation, or any patterns of behaviour that disregard or violate the rights of others. Antisocial orientation could impact sexual offending because these individuals are willing to hurt others, believe that they are not actually harming their victims, or do not want to control and stop their deviant actions (Hanson et al., 2005).

Sex offenders may be among some of the most difficult individuals to treat and rehabilitate due their complex thought-processes, lack of motivation for treatment, and societal attitudes. Many offenders engage in complete denial of their offenses, and some are unable to move forward and see past their crimes, inhibiting them from gaining new skills or making progress in treatment programs. This makes it difficult for program facilitators to effectively deliver correctional programs and sufficiently rehabilitate offenders back into the community. It is therefore crucial that program facilitators have some knowledge of or be educated about sex offenders, and how to assess and provide treatment to them.

Agency Approaches to Intervention

Many sex offenders are released back into the community at some point in time, quite possibly before their sentence is finished; therefore, effective interventions need to be implemented while offenders are incarcerated so they can learn and apply the skills they need to avoid reoffending before their community sentence starts. One of the most common and effective approaches to managing these individuals is to provide specialized treatment programs (Hanson, 2002). Correctional Service Canada (CSC) provides rehabilitative offender programming to address correctional, educational, social, mental health, and vocational domains in an effort to address each federal inmate’s individualized criminogenic needs (CSC, 2009). The ultimate goal in offering this programming is to reduce recidivism through an increase in successful community reintegration, thus enhancing public security (CSC, 2009). Correctional programs use a variety of methods to rehabilitate convicted sex offenders that incorporate cognitive-
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behavioural, classical behavioural, insight oriented, hormonal medication therapeutic communities, and intensive supervision. Correctional programs are developed to address the deviant thoughts and beliefs of offenders that lead them to engage in offending behaviours (Aos, et al., as cited in Langton et al., 2007). These programs aim to teach offenders the skills needed to correct their deviant thoughts and help them practice and apply prosocial and problem-thinking skills and behaviours to their everyday functioning (Langton et al., 2007).

CSC has implemented an Integrated Correctional Program Model (ICPM) as a comprehensive rehabilitation intervention that is based on the cognitive-behavioural relapse-prevention model of treatment. The ICPM is a structured intervention that targets the risk factors that have been found to directly link to offenders’ criminal behaviour. The ICPM is designed to target multiple and overlapping areas of needs; the goal of this program being the maintenance of positive outcomes yielded by traditional correctional programming (i.e. decrease recidivism rates), while adapting a more efficient and timely delivery of services. The ICPM sex offender program is offered at a moderate and high intensity level, depending on an offender’s level of risk and need. It is developed to provide offenders with the skills they need to manage and reduce their risky and harmful behaviours, eliminate harmful thinking, modify their attitudes and beliefs in a positive, prosocial way, set goals and effectively problem-solve (Swain et al., 2014). The ICPM is based on the Risk-Need-Responsivity principle and incorporates recent practical and theoretical approaches to increase its efficacy and applicability to offender-rehabilitation.

The ICPM developed a Facilitator’s Manual as a means of delivering the program in a structured manner and ensuring facilitators do not go off-course in terms of intended content of delivery style. Although the manual outlines the concepts and principles being used in the ICPM, it does not identify the rationales, the evidence behind or the approaches to applying these models to the sex offender population. Because the manual is so structured, it may have seemed unnecessary to include supporting information in regards to the qualities and characteristics of sex offenders and how to treat them, but this knowledge is critical for program facilitators to have. If facilitators are uneducated in the specifics of the population they are working with, they will not be able to establish a working rapport with the offenders, they will be rigid in their delivery style, and they will not be able to adapt to the responsivity issues of the offenders they are working with, or motivate them to participate in the intervention.

Process Issues

Sex offenders are often challenged with a troubling past, have mental health and substance abuse issues. Situations where sex offenders are not open and honest demand good communication between the staff and any other correctional workers involved. It is important to adopt a nonjudgmental, warm, empathetic approach in order to extract the best outcome of the offenders they are providing programs to. Using strategies of positive psychotherapy helps offenders become motivated to address their particular circumstances, experiences, and environment (Peseschkian, 2010). It therefore becomes important for facilitators to be educated in the strategies required to elicit the best outcome and produce the most progress within the correctional program. Although the ICPM provides facilitators with general information about the program and how it is meant to target the specific needs of sex offenders, it does not outline therapeutic approaches to adopt, and the way the program is delivered correlates with the success
of the enrolled offenders. By providing program facilitators with a resource that summarizes important information about sex offenders and how to effectively administer treatment, they will have a better understanding of the population, the focused concepts of the program they are delivering, and how to produce the best results when facilitating the sex-offender ICPM.

**Best Practices in Assessment and Intervention**

Approaches that use effective treatment principles, such as targeting criminogenic needs and establishing collaborative and respectful working relationships with offenders, lead to decreased recidivism (Jung & Gulayets, 2011). The Risk-Need-Responsivity (RNR) principle is a critical factor in the success of correctional programming (Kennedy, 2000). The RNR principle encompasses two models: general and specific responsibility. General responsibility applies CBT techniques to motivate an offender’s behaviour change though appropriate positive and negative reinforcement, prosocial modeling, and problem solving (Bonta & Andrews, 2007). Whereas specific responsibility assesses an individual’s strength learning style, personality, motivation, and demographic (e.g. race, gender, religion) characteristics and adapts the treatment program to best suit the offender for optimal success (Bonta & Andrews 2007). Aside from the general and specific models of RNR, there are three core concepts that the principle adheres to the Risk, the Need, and the Responsivity of offenders. The Risk principle aims to match the intensity of the intervention being implemented to the offender’s level of risk to re-offend. The Need principle aims to choose the most relevant and appropriate areas as the focus of the treatment. Therefore, correctional programs are most effective when they focus on the problems or deficits that are related to one’s criminal behaviour. Finally, the Responsivity principle states that the learning style and ability of the offender should be reflected in the materials and presentation of the correctional program (Swain et al., 2014). The responsivity principle can be addressed by offering correctional programs that engage interests of the offender, while simultaneously providing a comfortable learning environment where the offender can gain and practice new prosocial skills and goals (Bonta & Andrews, 2007). The RNR principle is not only relevant to the treatment of sex offenders; any programs that do not adhere to these principles have consistently lower treatment effects compared to those that do (Corabian, Dennett & Harstall, 2011).

The Goodlives model (GLM) is an approach that focuses on targeting and using an offender’s strengths during the rehabilitative process. The GLM aims to enhance offenders’ capacity to live purposeful and happy lives as a way of desisting from further offending (Swain et al., 2014). Ward and Maruna (as cited in Swain et al., 2014) found that utilizing the GLM in sex offender programs motivated offenders to participate in correctional programs better than other methods on intervention, and it is the most extensively applied model in sex offender interventions. Due to the intervention goals of the GLM being based largely on the offender’s own personal values and goals, offenders are more likely to view programming as being relevant to their lives, and as a result be more motivated to take the necessary steps to achieve the “Good Life” and desist from further crime (Ward, Mann & Gannon, 2007).

Understanding the way individuals engage in behaviour change helps clinicians to facilitate appropriate behaviour modification interventions to those with destructive or deviant behaviour patterns. The Stages of Change model is one of the most influential models used for behaviour change (Derisley & Reynolds, 2000). The goal of this model is to recognize and modify patterns of undesirable and maladaptive behaviour, and encourage appropriate
engagement of physical, psychological and social functioning (Connors, Donocan & DiClemete, as cited in Swain et al., 2014). According to the Stages of Change model, offenders move through various motivational stages when they are attempting to adjust their behaviour (Derisley & Reynolds, 2000). Five core stages compose the temporal and motivational phases of behaviour change: Precontemplation, Contemplation, Preparation, Action, and Maintenance (CSC, 2009). Although some offenders may move smoothly through the stages of change, most experience problems or relapse at one or more of the stages; these experiences can contribute to or hinder progress of those engaging in behaviour changes (Deriskly & Reynolds, 2000). It is important to remember that change occurs as a result of an offender’s own decision to change, and making that decision is a fundamental part of the change process (Miller & Rollnick, 1991).

Motivational Interviewing (MI) is a counseling approach that resolves ambivalence and motivates behaviour change in a way that helps clients to explore self-actualization and address past, current and future problems (Swain et al., 2014; “Motivational Interview as a Counseling Style”, 1999). The strategies of MI use a more persuasive and supportive approach, and avoid coerciveness and argumentativeness (Swain et al., 2014). The clinician’s role is to elicit self-efficacy and motivation from the client to create positive behaviour change (“Motivational Interviewing as a Counseling Style”, 1999). There are five strategies practiced within MI to address offenders’ needs and increase motivation: express empathy, develop discrepancy, roll with resistance, avoid arguments, and support self-efficacy. By asking questions and teaching problem solving skills, clinicians are able to guide clients to effective solutions without imposing on their perspectives (Swain et al., 2014; Miller & Rollnick, 1991). Although the client is responsible for choosing to engage in personal change, the clinician should support and have faith in the client’s capability of change. Increasing the client’s self-efficacy is essential in order to carry out the process of change (Miller & Rollnick, 1991). Supporting the client’s perceptions of their ability to cope with problems and succeed in change is a core principle of the MI approach.

Assessment Tools

The accurate prediction of offender risk is a vital component of public safety and the ability to assess the likelihood of recidivism is crucial in order to implement appropriate protective measures and create relevant correctional plans to promote offender rehabilitation (Swain et al., 2014). Risk assessments can influence security classifications, program intensity, likelihood of support for early release, and level of community supervision (Swain et al., 2014). The most popular approach for measuring dynamic risk factors and determining responsivity issues in relation to programming is through the use of fourth generation measurement tools (Bonta & Andrews, 2007). The RNR principle has influenced the development of offender risk assessment instruments and offender rehabilitation programs. The first generation of risk assessment was based on the professional judgement of correctional staff and clinical professionals (i.e. psychologists, psychiatrists, and social workers). Based on their professional training and experience, staff assessed and made recommendations as to which offenders required enhanced security and supervision. In the 1970s it became evident that to assess offender risk actuarial and evidence-based measures should be employed, and the reliance on professional opinions were lower than chance. Second generation actuarial risk assessment instruments consider individual items that have been found to increase the risk of reoffending, and based on these items a score is assigned. The higher the score, the higher the risk of
recidivism. The second-generation risk assessment tools incorporate the ‘Risk’ of the RNR principle. It became clear that these second-generation instruments were better at predicting re-offending behaviour, but were unable to account for offenders positively changing their behaviour. Because these tools were unable to assess an offender’s diminished risk, the third-generation assessment tools aimed to incorporate dynamic risk factors. Third generation risk instruments were developed to be more sensitive to changes in an offender’s circumstances, while also outlining the areas and needs that should be targeted in interventions. The third-generation risk-need instruments offered correctional staff a way of monitoring the effectiveness of correctional programs and supervision strategies. The third-generation tools evolved from the second generation to incorporate the ‘Risk’ and the ‘Need’ components of the RNR principle. The current use of the fourth-generation risk assessment tools integrate systematic intervention and monitoring with the assessment of offender risk factors, while also considering personal factors that could influence treatment success (Andrews, Bonta & Wormith, 2006). The fourth-generation tools encompass the Risk, Need and Responsivity principles. The development of the third and fourth generation risk assessment instruments would not have been possible without the development of the RNR model, and its implementation when treating sex offenders.

The Custody Rating Scale (CRS) assists CSC in fulfilling its legal duty to provide all federal offenders with a security classification of minimum, medium or maximum (Swain et al., 2014). The CRS uses two subscales: Institutional Adjustment (IA) and Security Risk (SR). Higher scores on both the IA and the SR are indicative of a higher security level. If there are differences between the two subscales, the scale with the higher rating is used to determine security classification (Swain et al. 2014). By ensuring offenders are rated with the appropriate security classification, it not only allows CSC to better guarantee public safety, but the CRS is also a critical instrument in determining the intensity of treatment required when the offender is enrolled in his correctional programming.

The Static-99R is an actuarial risk measure that is designed to accurately predict risk for sexual and violent re-offending in adult sex offenders presently or previously convicted of at least one sexual offense (Ducro & Pham, 2006; Swain et al., 2014). The Static-99R is composed of 10 items that assess demographics, criminal history, and victim characteristics, and scores each item based on whether it’s criterion is present or absent (Ducro & Pham, 2006). The scores were initially categorized into the following risk categories: Low, Moderate, Moderate-High, and High (Ducro & Pham, 2006); more recently these categories have been changed to a Level system. The offender’s Static-99R score is then combined with his STABLE-2007 score to produce percentage estimates of sexual recidivism. The STABLE-2007 is an actuarial tool that measures sex offender dynamic risk factors that can change over time. Assessing 13 stable risk factors that have been found to correlate with future sexual offending, assigning each item a score. Higher scores correlate with higher risk and more intense treatment. Knowing these dynamic risk factors allows the formulation of a correctional plan and the identification of treatment targets (Fernandez, Harris, Hanson & Sparks, 2012). This assessment tool allows program facilitators to determine if the offenders on their caseload are making change in specific need areas becoming less or more, and making progress in terms of program success (Swain et al., 2014).

The CRS, the Static-99R, and the STABLE-2007 are actuarial risk instruments designed to assess and monitor changes in risk status over the course of a sex offender’s incarceration by
assessing changing dynamic risk factors. By tracking the changes and progress of offenders CSC is able to better assess offender status and guide them towards the rehabilitation programs that best suite them so they can be more efficiently rehabilitated and released into the community. Further, using the specific items on each of the tools can help program facilitators better understand which areas require more or less need, attention, and monitoring in terms of learning and applying skills.

**Conclusion**

Regarding correctional rehabilitations, the use of interventions that adhere to CBT techniques, which also include the RNR principle, have been found to be effective in rehabilitating sex offenders and successfully releasing them to the community with no re-offenses. The use of a resource manual of evidence-based strategies supports increased staff awareness of the best methods for eliciting behaviour change in sex offenders. The literature supports that the implementation of the ICPM, and the models it combines, is an effective intervention for the treatment of offenders across all domains. Therefore, giving facilitators additional information about sex offenders, treatment methods and assessment measures can help to shape their delivery style and approaches to developing rapport, and make the ICPM content meaningful to the offender to increase the likelihood of positive treatment outcomes.

The purpose of this thesis is to provide program facilitators with further resource material on best practices for sex offender assessment and treatment to enhance their knowledge and expand on the material that is presented in their program manual. This resource manual summarizes and highlights key information on sex offending and measurement tools, and emphasizes the use of effective strategies when delivering the ICPM to incarcerated sex offenders.
Chapter III: Method

Target Population/Participants

A training manual was designed for correctional staff, mainly correctional program officers (CPOs), who work with and provide treatment programs to federally incarcerated sexual offenders. This manual is composed as a summary of the relevant research regarding current ICPM practices to further enhance CPOs’ understanding and ability to work with and provide effective treatment to sexual offenders. Although many of the strategies and procedures used to treat sexual offenders have been applied to the general-offender population, this manual is intended to be used with sexual offenders.

This manual is intended for CPOs to use when working with offenders currently enrolled in correctional programming, who may be reluctant to participate, or who require additional assistance and support. Facilitators may also recruit offenders at their own discretion as individual need arises. Offenders are selected for ICPM participation based on their actuarial risk assessment scores, and clinical judgement. If scores on the Static-99R are above three, offenders are flagged as needing either a moderate or high intensity correctional program; offenders who are scored as low risk (below three) do not get referred to participate in correctional programming, unless a managerial override occurs. The scores on the STABLE-2007 then outline the most significant needs of each offender. Each area of need allows program facilitators to assign appropriate Personal Targets to offenders; these targets require improvement and progress to be made during their intervention. Progress made in these personal target areas are monitored based on the skills offenders acquire and apply to their everyday functioning while incarcerated. Successful completion of the correctional program is based on the overall progress made in each of the personal target areas.

Specialized training is not required for the use of the manual as it is intended as a guide, an additional resource to expand knowledge of sexual offenders and the appropriate strategies used to enhance effectiveness of treatment, and a means of monitoring offenders’ program progress. Facilitators should have up-to-date ICPM training and be familiar with ICPM practices and procedures in order to be competent when using this manual. Facilitators should have experience working with sexual offenders and be able to adequately assess these offenders’ risk and need areas to ensure the correct population benefits from the manual. Further, facilitators should possess the ability to develop rapport with offenders, and anticipate potential obstacles in order to maximize offender-engagement and promote successful outcomes. Additionally, collaboration between the facilitator and the offender’s collateral supports to encourage motivation and participation is strongly recommended, as support across all domains improves the likelihood of success.

Consent Procedures

Formal consent and confidentiality procedures were not developed for use of this manual as the agency has extensive privacy policies and consent procedures currently in place that outline appropriate practice in these areas (Appendix A). Therefore, it is assumed that both facilitators and offenders are aware of these policies, and will abide by them accordingly.
Design

The manual was created by the author during a 14-week field placement as a part of an applied thesis in the Honours Bachelor of Behavioural Psychology at St. Lawrence College. The manual focuses on effective strategies and procedures to enhance the treatment and rehabilitation of sexual offenders. The design of the manual was selected based on the expectation that an outline of best practice approaches would result in more effective treatment of sexual offenders. The manual is considered a non-experimental research design, as there was no manipulation of conditions in the design. If implemented, identification of the independent and dependent variable would be clear, and correlations between these variables would be analyzed.

Setting

The Federal Institution is a branch of Correctional Service Canada (CSC), where people are legally held as punishment for a crime they have committed, to ensure the safety of the public. This agency is composed of correctional staff who supervise and provide treatment to offenders who have been sentenced for two years or more. ICPM sessions are delivered in classrooms with desks and chairs positioned in a half moon to ensure all participants are able to see the front of the classroom and the PowerPoint presentations. Participants sit beside each other and share workspaces to promote social interactions. This location is designed to be a comfortable learning environment, while also best accommodating teaching.

Measures

At the time of the development of the manual, testing of efficacy was not included in the process. Assessment of the anticipated impact the manual will have on enhancing the treatment of sexual offenders was collected as informal feedback, using a satisfaction survey to evaluate the social validity of the manual. The survey provided feedback regarding the contents, representation of information and practicality of the manual for staff use. The evaluation also provided a space for participants to leave additional comments they had about the manual. CPOs were asked to rate elements of the manual using a Likert scale of strongly agree (5) to strongly disagree (1) to obtain quantitative data based on opinions of the manual. A blank section was provided at the end of the survey for any additional comments or recommendations, which contributes to qualitative feedback data to the non-experimental design of the manual. Survey statements were divided into two categories based on whether ratings need to be high or low for the statements to be considered a positive response. Survey results were analysed and interpreted by calculating the percentage of average responses for each statement on the survey. The assessment of the manual provides information for improving this manual, thereby increasing its utility.

The Manual

Part I: Introduction: This portion of the manual provides an overview of the ICPM. It introduces users to the foundations of the program and the rationale of its implementation. Definitions of relevant terms, prevalence rates and information regarding sex offending are outlined as a means of providing the reader with relevant knowledge to enhance the
implementation of ICPM concepts and treatment approaches.

**Part II: Assessment Tools:** This section of the manual is based on the actuarial risk assessments that are used to evaluate sex offender risk and need. The Custody Rating Scale, the Static-99R, and the STABLE-2007 are explored and rationales for the use of these assessment tools are provided. CSC staff should have a good understanding and be competent in using actuarial risk assessments in order to sufficiently measure and rate offenders’ level of risk for recidivism and the extent of treatment needs.

**Part III: Best Practices:** A compilation of the best practices that have been demonstrated effective in the treatment and rehabilitation of sex offenders are described in this section of the manual. Best practices includes information and insight to: general Cognitive Behavioural Therapy and its effectiveness in the ICPM, the Good Lives Model, Motivational Interviewing, the Responsivity Principle (RNR), and the Stages of Change. These best practices are presented separately with general information, a rationale for use, and instructions on how to best apply these techniques in an institutional correctional program setting, based on offenders’ risks and needs.
Chapter IV: Results

The final version of the Facilitator’s Manual for Best-Practice Procedures can be found in Appendix C. The manual was created for CPOs delivering the sex offender stream of the ICMP within a federal institution. This manual is intended to enhance the implementation of the skills and materials taught during intervention. The manual provides information regarding sex offenders, the assessment tools used to determine treatment protocols, and relevant treatment techniques proven to be effective with this population.
Chapter V: Discussion

Overview

Overall, the goal of this thesis was to create an evidence-based facilitator training resource, using best practices in the field of sexual offender intervention. Having sufficient information regarding treatment protocols and strategies for sexual offenders is crucial in order for CPOs to provide interventions in the most effective way. Consistent with this need, the purpose of this thesis is to provide program facilitators with empirically supported research in a comprehensive format to apply to the supervision and treatment of incarcerated sexual offenders. The research outlined in the literature review of this thesis supports the use of CBT-based strategies in correctional sexual offender interventions. In addition, these techniques (RNR, GLM, Stages of Change, and MI) have been shown to be effective in working with offenders participating in correctional programming. Based on this research, it was hypothesized that developing a facilitators manual that highlights the use of RNR, GLM, Stages of Change and MI would have the potential to promote the use of effective and evidence-based strategies. This manual provides facilitators sufficient information about sexual offenders and the treatment required to successfully rehabilitate and reintegrate them back in the community.

Strengths

This thesis was created based on empirical evidence, outlined in the literature review, in order to ensure the use of best practices. The literature review guided the development of the thesis, including the evidence to support the use of specific principles, and information on delivering treatment to incarcerated sexual offenders. Further, many program facilitators and mental health professionals were consulted in order to determine which CBT-based principles they found to be most effective and have the most impact in their experience in the field. The use of best practices and the empirical basis of this thesis is considered a core strength.

The detail included in the manual is considered another strength. Specific details and models were included in the manual in order to allow easy use of this resource by a number of professionals in the field of psychology and corrections. This strength was one of the original goals when creating the facilitators manual.

Another strength of the overall thesis project is the creation of a permanent product for the staff at the institution. Staff expressed the need for a best practice resource that provided a summary of key information regarding the principles and practices supported for effective sexual offender treatment. The facilitator manual provides staff with a resource that meets their needs. Staff reviewed the information and content outlined in the manual and highlighted this as a strength.

Limitations

A major limitation was that due to time constraints, the manual was not implemented; therefore, no formal clinical data was received. The manual should be formally evaluated and assessed to determine its impact and efficacy.
Another limitation of the manual is the lack of offender involvement in the manual’s contents and creation. The manual was developed based on literature of sexual offender treatment approaches, after agency staff identified a lack of resource pertaining to this information. While efforts were made to incorporate the best empirical evidence to effective rehabilitate offenders, no offender opinions were taken into consideration. Therefore, the manual may not be as effective as it could be if this information was identified and incorporated.

This manual requires users to be literate in English, as there are currently no other language versions available.

Multilevel Challenges to Service Implementation

At the Client Level

Motivating institutionalized sexual offenders to participate in their correctional programs can be a challenging task for multiple reasons. Sexual offenders may be in denial of their crimes, or their cognitive distortions are so severe that they are unable to recognizing the intense need for intervention and behaviour modification. In order to encourage offenders to actively and consistently engage in treatment, it is important for CPOs to use motivational interviewing to emphasize the benefits involved, and highlight the goals offenders are working towards and how the program skills will help them to reach their goals. The strategies outlined in the Manual provide facilitators with the skills needed to work with offenders with low motivation.

At the Program Level

Responsivity issues are a significant barrier to offenders’ progress in correctional programs. The learning styles, intellectual abilities and commitment to change greatly influence the success of offender treatment programs. The ICPM is a generalized, multi-target intervention that does not have room for flexibility in terms of modifying content to better suit offender comprehension. Although there are different streams and intensity levels of the program, the issue of individual abilities and disabilities are not directly addressed. Therefore, it is common for offenders to have completed the program without gaining any new skills because it was not delivered in a style relevant to their learning. The best-practice manual provides facilitators with information pertaining to sexual offenders, how to work with and provide treatment to them, and effective approaches to implement during treatment that will promote offender rehabilitation.

At the Organization Level

A challenge encountered at the organizational level was completing the research needed to develop the manual, while maintaining communication with relevant individuals outside of the institution. For security reasons, there is limited Internet access to staff within the institution. This created challenges in completing research, and checking emails sent to the placement student’s school email account. In contrast, reviewing CSC information received from the agency supervisor could only be completed while on site. Effective organization and time management was thus required from the placement student.
At the Societal Level

Much of society, as a whole, associates a certain stigma with offenders. Sexual offenders, specifically, are regarded in an extremely negative way by the community, as well as by other offenders within the institution. This stems from a common belief in society that criminals are unable to change and be rehabilitated. The question of why offenders receive so many services, such as correctional programming and mental health support, while some individuals in need, who have not committed crimes, receive so few is also posed. Providing such services to these individuals is empirically supported in decreasing recidivism rates; thus, these services, including the Facilitator Manual, increase the safety and security of society.

Contribution to the Field of Behavioural Psychology

Because research is constantly evolving it becomes crucial for CPOs to have access to up-to-date information to ensure effective and ethical practice. The spreading of knowledge to facilitators reading this topic may consequently have a positive impact on the treatment of sexual offenders. The research and development of this project thus, offers a beneficial contribution to the field of behavioural psychology. This is important for the effective delivery of treatment to incarcerated sexual offenders, which will, in the future, aid with successful community reintegration and demote recidivism. If facilitators are able to better understand the CBT-based principles and practices and deliver them in a way that is meaningful to offenders, offenders may then be able to generalize the prosocial skills to the community.

Recommendations for Future Research

As noted in the limitations, there are some identified areas to be addressed in future research. A future step should be to test the efficacy of the manual, potentially by measuring progress of offenders enrolled in interventions with CPOs who use the manual. This could include offender feedback and pre/post testing to evaluate offenders’ skill acquisition. A potential research design could be an experimental method using one control group and a treatment group. The treatment group could be assigned a facilitator who uses the best-practice manual and be compared with the control group. This could potentially identify the effectiveness of the manual. Testing of the manual could contribute to future best-practice delivery of correctional programs to the sexual offender population.
References


Appendix A

Consent to Participate in a Correctional Program

I understand that:

- I am being given an opportunity to participate in the following correctional program where I may be required to attend all program sessions, complete homework assignments, and be subject to other requirements.
- My participation will be evaluated and I may be held accountable for my actions.
- The information gathered through interviews and questionnaires will be used to evaluate my progress and performance.
- Copies of questionnaires will be kept for research and evaluation purposes.
- I may be required to provide personal identifiers such as social security numbers.
- I may be required to attend all program sessions.
- The evaluation will be based on my performance and progress.
- I understand that the information gathered will be used to inform the development of future programs.

I agree:

- That I understand that I, as a participant, am being asked to participate in the following correctional program.
- That I understand the benefits of participating in the program.
- That I understand the consequences of not participating.
- That I understand that I may be held accountable for my actions.

Program Description

I have had the opportunity to review the program description and discuss the benefits of participating in the program with the program facilitator. I believe that the program will help me to maintain and achieve personal goals.

Assessment and Reports

I understand that:

- I may be required to take part in interviews and provide feedback on my progress.
- The information collected will be used to evaluate my progress and performance.
- Copies of questionnaires will be kept for research and evaluation purposes.
- I may be required to provide personal identifiers such as social security numbers.
- I may be required to attend all program sessions.
- The evaluation will be based on my performance and progress.
- I understand that the information gathered will be used to inform the development of future programs.

Evaluation and Reports

I have reviewed the program description and discussed the benefits of participating in the program with the program facilitator. I believe that the program will help me to maintain and achieve personal goals.

Consent to Participate in a Correctional Program

I understand that:

- I am being given an opportunity to participate in the following correctional program where I may be required to attend all program sessions, complete homework assignments, and be subject to other requirements.
- My participation will be evaluated and I may be held accountable for my actions.
- The information gathered through interviews and questionnaires will be used to evaluate my progress and performance.
- Copies of questionnaires will be kept for research and evaluation purposes.
- I may be required to provide personal identifiers such as social security numbers.
- I may be required to attend all program sessions.
- The evaluation will be based on my performance and progress.
- I understand that the information gathered will be used to inform the development of future programs.

I agree:

- That I understand that I, as a participant, am being asked to participate in the following correctional program.
- That I understand the benefits of participating in the program.
- That I understand the consequences of not participating.
- That I understand that I may be held accountable for my actions.
ASSSESSMENT AND REPORTS (cont’d)

- I may be videotaped during some program exercises and that such videotaping is used solely as an instructional aid.
- Facilitator(s) may be videotaped and/or a quality assurance coordinator or other person may attend one or more program sessions to ensure the quality of programs and that the videotapes will be erased:
  - □ may be videotaped
  - □ may attend
  - □ both

CONFIDENTIALITY

I understand that information gathered during the program and interviews may be disclosed without my consent in the following circumstances:

- There is reason to believe that I constitute a serious or immediate threat to my own safety or the safety of others in the institution or the community.
- The information is required for a use to which it was initially obtained; and
- Disclosure is mandated or permitted by relevant legislation (e.g., the Corrections and Conditional Release Act, the Privacy Act, provincial legislation regulating the reporting of offences against a child, etc.).
- The assessment of risk may be done based on file review, observation of my behavior, and consideration of collateral information, without my consent.
- I must keep other personal information and disclosures confidential. A breach of confidentiality may result in legal, administrative, or disciplinary measures. The limitations of confidentiality have been shared with me.

FAMILY VIOLENCE PREVENTION PROGRAMS ONLY

I authorize the CCSC to obtain the following information:

- My partner will be informed that I am attending the program and will be offered information on safety planning and local counseling services. The information will also be held that program participation is not a condition that affects custody or access.
- At the end of the program, she will be contacted to confirm her satisfaction with the program. She will be offered information on safety planning and local counseling services.
- At a later date, as part of a research evaluation, my partner may be asked to participate in an anonymous follow-up interview.

PARTICIPATION IN THE PROGRAM

I understand that:

- I can refuse to participate in the program, or can withdraw from the program at any time;
- I should not be refused to participate or withdraw from the program, a report summarizing my reason for refusal, my participation and/or reasons for withdrawal will be written and placed on my file in CMI; and
- Institutions, refusals and suspensions from the program will be subject to the policies outlined in Commissioner’s Directive 730 - Deny Program Assignment and Payments;
- If I withdraw from the program or refuse to participate in the program assessment, I am required to be re-considered for the program at a later time.

All of the above information has been explained to me.

SIGNATURES

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[Name]

Date:

CONFIDENTIALITY

Je comprends que les renseignements nouveaux dans le cadre du programme et des entrevues peuvent être communiqués sans mon consentement dans les circonstances suivantes:

- S’il y a lieu de craindre que j’entre en contact avec une autre personne dans l’organisation ou dans la collectivité;
- Si les renseignements sont communiqués à des fins qui consistent à protéger la vie de mon conjoint, de la vie et du bien-être de mes proches et de mes proches, selon la loi sur la protection des renseignements personnels, les règles qui contrôlent le signalement des infractions criminelles contre un enfant;
- L’évolution du risque que je présente peut être révélée à partir de l’étude de mon dossier, de l’observation de mon comportement et de mes progrès, éventuellement à d’autres personnes dans le but de protéger le bien-être de mon enfant et si je suis victime de violence conjugale ou de violence familiale.

Je sais que le renseignement des renseignements se divulgueront aux autres participants. Les mesures juridiques, administratives et disciplinaires peuvent être prises à mon endroit si je divulgue de tels renseignements confidentiels. On m’a mis au courant des limites de la confidentialité des renseignements produits.

PARTICIPE AU PROGRAMME

Je comprends :

- que je peux refuser de participer au programme ou que je peux abandonner à tout moment;
- que je suis privé de participer au programme ou si j’abandonne en cours de route, un rapport résumant le mode de mon refus, ma participation et le mode de mon abandon du programme sera rédigé et versé à mon dossier et au SIGC;
- que, dans les établissements, les refus de participer et les suspensions du programme sont assujettis aux dispositions de la Direction du service n° 726, Affectation aux programmes et pleins temps aux détenus;
- que si je refusais de participer au programme ou si j’abandonne à cours de route, je peux demander à y être admis de nouveau plus tard.

Tous les renseignements ci-dessus n’ont été expliqués.

PARTICIPATION AU PROGRAMME

Je comprends :

- que je peux refuser de participer au programme ou que je peux abandonner à tout moment;
- que, si je refuse de participer au programme ou si j’abandonne en cours de route, un rapport résumant le mode de mon refus, ma participation et le mode de mon abandon du programme sera rédigé et versé à mon dossier et au SIGC;
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- que si je refuse de participer au programme ou si j’abandonne à cours de route, je peux demander à y être admis de nouveau plus tard.

Tous les renseignements ci-dessus n’ont été expliqués.

[Space for signatures]

[Name]

Date:

CONFIDENTIALITY

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- S’il y a lieu de craindre que j’entre en contact avec une autre personne dans l’organisation ou dans la collectivité;
- Si les renseignements sont communiqués à des fins qui consistent à protéger la vie de mon conjoint, de la vie et du bien-être de mes proches et de mes proches, selon la loi sur la protection des renseignements personnels, les règles qui contrôlent le signalement des infractions criminelles contre un enfant;
- L’évolution du risque que je présente peut être révélée à partir de l’étude de mon dossier, de l’observation de mon comportement et de mes progrès, éventuellement à d’autres personnes dans le but de protéger le bien-être de mon enfant et si je suis victime de violence conjugale ou de violence familiale.

Je sais que le renseignement des renseignements se divulgueront aux autres participants. Les mesures juridiques, administratives et disciplinaires peuvent être prises à mon endroit si je divulgue de tels renseignements confidentiels. On m’a mis au courant des limites de la confidentialité des renseignements produits.

Je comprends :

- que je peux refuser de participer au programme ou que je peux abandonner à tout moment;
- que, si je refuse de participer au programme ou si j’abandonne en cours de route, un rapport résumant le mode de mon refus, ma participation et le mode de mon abandon du programme sera rédigé et versé à mon dossier et au SIGC;
- que, dans les établissements, les refus de participer et les suspensions du programme sont assujettis aux dispositions de la Direction du service n° 726, Affectation aux programmes et pleins temps aux détenus;
- que si je refuse de participer au programme ou si j’abandonne à cours de route, je peux demander à y être admis de nouveau plus tard.

Tous les renseignements ci-dessus n’ont été expliqués.

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[Name]

Date:
Appendix B
Agency Satisfaction Survey

Effective Treatment of Institutionalized Sexual Offenders: A Facilitator’s Manual for Best-Practice Procedures

Dear Agency Staff,
The following survey is designed to gather informal feedback regarding the Best-Practice to Treatment manual. Your feedback is confidential and will be used to make improvements to the manual to benefit staff that may use it in the future. Your feedback and time are greatly appreciated.

Sincerely,
Katie Belej

Directions: Please choose the response that accurately reflects your opinion of the manual.

1: Strongly Disagree, 2: Disagree, 3: Neither Agree nor Disagree, 4: Agree, 5: Strongly Agree

1. The manual was well organized and easy to navigate.

2. The manual was visually appealing.

3. The manual contained easy-to-read language.

4. The approaches and strategies provided in the manual were relevant and applicable.

5. The information provided in the manual was useful.

6. The manual matched the needs of agency staff.

7. Improvements should be made to treatment approaches and strategies suggested in the manual.

8. Improvements should be made to the assessment measures information in the manual.

9. Improvements should be made to the information regarding sexual offending in the manual.

10. Would recommend manual to other CPOs.

11. Have used tools similar to this manual in the past.
12. Would use this manual for populations other than sexual offenders.

13. Learned about information and/or strategies previously not aware of.

Overall Impression of the manual:

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Additional Comments/Recommendations:

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Effective Intervention with Incarcerated Sexual Offenders:

A Facilitator’s Manual for BEST-PRACTICE PROCEDURES
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Static-99R

STABLE-2007

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Appendix: A: PARAPHILIAS AND SOURCES OF SEXUAL AROUSAL

Appendix: B: STATIC-99R SCORING SHEET

Appendix: C: SCORING THE STABLE-2007
What Classifies Someone as a Sex Offender?

Sex offenders are those who engage in sexual activity or behaviour against non-consenting individuals or those who are unable to provide consent, such as children. Sex crimes include sexual assault, rape, bestiality, child sexual abuse/rape, incest, or sexual contact (i.e. the touching of another individual’s erogenous areas).

Why Do They Reoffend?

- Sexual recidivism has been linked to an individual’s deviant sexual interests as well as an antisocial personality or an unstable/over sexualized lifestyle.
  - Deviant sexual interests: attractions to sexual behaviours that are illegal or highly unusual (exhibitionism, voyeurism, fetishes, or sexual arousal to children or violence against adults or children)
  - Antisocial orientation/lifestyle instability: characteristics/traits such as hostile or resentful attitude, impulsivity, substance abuse, excessive use of porn, unemployment, criminal history/rule violation, any pattern of behaviour that disregards/violates the rights of others. Antisocial individuals are either willing to hurt others, believe that they’re not actually harming their victim, or do not want to control/stop their deviant behaviour.
- Sex offenders often have problems identifying and expressing emotions and feelings, often resorting to offending as a means of coping (with their risky sexual interests).
- Sex offenders with co-occurring mental disorders, including substance abuse, are often less inclined to seek treatment or participate in correctional programming.
Definitions:

* See Appendix A for full list of paraphilias
* The DSM only provides classification criteria for 7 disorders in order for an individual to be diagnosed with a paraphilia:

**Sexual fantasies**
Sexual thoughts that prompt sexual arousal which may or may not be accompanied by masturbation. Sexual fantasies may or may not reflect the presence of problematic sexual preferences (e.g. children, coercive sex).

**Sexual self-regulation**
Poorly controlled expression of sexual impulses

**Paraphilia**
Unusual sexual interests characterized by recurrent, intensive, sexually arousing fantasies, urges, or recurrent behaviours involving nonhuman objects, suffering/humiliation of self/another individuals, children or non-consenting partners.

**Fetishism**
Arousal to objects that have been in physical contact with a desired individual.

**Exhibitionism**
Arousal to displaying one’s sexual organs in public

**Frotteurism**
Arousal to touching or rubbing against a non-consenting stranger surreptitiously in a crowded place.

**Sexual Masochism**
Recurrent intense fantasies, urges or behaviours involving being humiliated, beaten or otherwise made to suffer.

**Pedophilia**
Recurrent intense fantasies, urges, or behaviour involving sexual activities with a prepubescent child (younger than 13).

**Sexual Sadism**
Arousal to causing physical & psychological pain to another individual.

**Voyeurism**
watching an unsuspecting person who is naked, disrobing or engaging in sexual activity for sexual gratification.
It is important to note:

The difference between the DSM definition of sexual deviance and the act of engaging in illegal sexual behaviour; all sex offenders have engaged in some form of illegal sexual activity which may or may not meet the psychiatric definition of a paraphilia.

Only a small number of sex offenders actually suffer from a paraphilic disorder; the majority of individuals who engage in illegal sexual behaviour do not suffer from the ongoing sexual thoughts and/or fantasies that are typical among paraphilic disorders.

Working with Sex Offenders with...

Working with Sex Offenders with Anxiety & Depression:

- They often use drugs and alcohol to cope (self-medicate)
- May feel pressure to deny anxiety or use avoidance coping methods (self-medicate)
  → Using drugs/alcohol to cope worsens anxiety over time
- Those who are depressed more often show emotional rigidity, blunted affect & decreased libido.

Working with Sex Offenders with Schizophrenia:

- Age of onset in men is between 18-25 yrs.
- Men with schizophrenia experience a more severe loss in normal functions (i.e. emotional withdrawal, lack of spontaneity, blunted affect)
  - Don’t always respond well to medications and often have poorer treatment outcomes

Working with Gay/Bisexual Sex Offenders:

- Higher rates of substance abuse
- More likely to be homeless (before incarceration)
- More likely to seek treatment
- Often have negative/poor supports & associates
Concerns:

- Many sex offenders have problems both identifying and expressing feelings, each of which have negative consequences. Difficulty identifying emotions can increase the presence of anxiety.

- These men often don’t have an adequate vocabulary for expressing feelings; they express them nonverbally (e.g., through violent actions/withdrawal) or suppress them (e.g., self-medicating). This causes problems in motivating offenders to learn and apply appropriate prosocial skills.

- Men often feel they are supposed to take on a masculine role; expressing emotions, etc. does not count as “manly”, and is therefore not important to them.
Denial:

“To deny a crime is natural; to deny treatment to those who deny is a crime itself” - Maletzky

- Many individuals convicted of a sex offense will either deny or minimize various aspects of the crime.

Denial-

A process used by individuals to reduce emotional conflict and anxiety and to protect them from the realization that they have problem behaviours. It involves refusing thoughts, external feedback and other forms of awareness about a behaviour that if fully realized would be unacceptable to the offender.

Simple Denial-

Insists that the problem is not a problem despite the clear evidence to the contrary.

- The goal when treating deniers is to help offenders identify problems in their lives that put them in a position to be accused of sexual offending or that generated worry/concern about committing a sex offense.

- Cognitive restructuring, educational components, acceptance of the offender but not the offense, having a mix of admitters and deniers in the same programs (admitters helps the deniers to disclose & increasingly admit to further details of their offense/crime process), focus on learning about why people deny, and face-saving. Motivational Interviewing and motivation about change, reframing, metaconfrontation (a strategic process of challenging the offender to challenge himself), targeting the offenders criminogenic needs (same as admitters), using GLM and positive psychology.

- Victim empathy and relapse prevention training has been found to be effective in increasing accountability.

- It is crucial to get offenders “on side” and treated while simultaneously addressing issues relevant to risk (by facilitating the program in a general manner- not specific to a guy’s crime process- allows him to learn and acquire new skills without pressuring them to admit to their
offense). This approach is used for those who deny but are also interested in working towards a more favourable parole outcome and/or who express interest in dealing with general problems they may have encountered in life more productively.
INTEGRATED CORRECTIONAL PROGRAM MODEL (ICPM)

The ICPM is a comprehensive intervention that aims to reduce the impact of other risk factors that have been identified as playing a role in sexual offending.

- Programs aim to assist offenders in acquiring skills, beliefs and values and to provide support as they appropriately plan for their lives upon release.
- ICPM is future focused, optimistic, goal-oriented, and based on the idea that individuals are more likely to accept constructive change in order to achieve personal growth.

- The foundation of the ICPM is based on group process and emphasizes the importance of therapist characteristics
  - Encourage group cohesion & positive group setting
  - Approach is flexible/individualized to each offender
  - Development of trusting client-therapist relationship

- Positive therapist characteristics are related to treatment outcomes- those who displayed warmth, empathy, rewardingness, and directiveness achieved positive treatment change.

- These interventions aim to help offenders acquire different types of skills, and increase their capacity to develop healthy relationships involving satisfying sex with consenting adults.

- Sex offender programs that target dynamic factors that are known to contribute to the risk of recidivism are most effective; interventions that target criminogenic factors effectively reduce recidivism among sex offenders.

- Sex offenders have multiple criminogenic needs [intimacy deficits, antisocial attitude, self-regulation deficits (general & sexual)].
  - All these factors become targets for an intervention (correctional program).
Part III: BEST PRACTICES

Approaches that use effective treatment principles, such as targeting criminogenic needs and establishing collaborative and respectful working relationships with offenders, lead to decreased recidivism.

- Special attention should be paid to the development of appositive working relationship between the offender & the facilitator. Aiming to encourage a collaborative approach towards the establishment of prosocial goals and strengths of the offender.

- Don’t recommend a confrontational approach; encourage the use of positive language during interventions
  - “Problematic”, “inappropriate”, and “risky” are referred to as opposed to “deviant”.

- Correctional programs use behavioural theories to teach skills that help offenders modify or suppress problematic sexual interests using behavioural techniques; namely aversion therapy. Cognitive models are incorporated to teach masturbatory and verbal satiation, and arousal reconditioning using appropriate stimuli.
Risk-Need-Responsivity [RNR]

The RNR principle encompasses two models: general and specific responsivity. General responsivity applies CBT techniques to motivate an offender’s behaviour change through appropriate positive and negative reinforcement, prosocial modeling, and problem solving. Whereas specific responsivity acknowledges that non-criminogenic needs may help or hinder the provision of and response to treatment. Therefore, it is important to assess an individual’s strengths, learning style, personality, motivation, and demographic (e.g. race, gender, religion) characteristics and adapt the treatment program to best suit the offender for optimal success.

The Risk principle is focused around the idea that there is a way to predict criminal behaviour. Higher to moderate risk offenders should be prioritized for more structured intervention and require higher intensity correctional programs to maximize outcomes; lower-risk offenders should be prioritized when they have high criminogenic needs, but otherwise may require low levels of intervention or no intervention.

The Need principle refers to the appropriate areas that are chosen as the focus of an offender’s correctional programming. Programs are most effective when they focus on problems or deficits that are related to an individual’s criminal behaviour. There are two types of needs that can influence an offender’s behaviour: criminogenic and non-criminogenic. Criminogenic needs have a direct impact on an offender’s possibility of future recidivism and are the factors that directly relate to the likelihood of re-offense. They are the internal and external barriers that hinder the development of the individual, while preventing him from satisfying his needs and establishing a balanced lifestyle. There are two types of criminogenic needs: static and dynamic. Static factors are those that cannot be modified through intervention, such as criminal history or history of abuse as a child. Dynamic needs are potentially changeable factors that can influence an offender’s future risk to reoffend, like substance abuse or negative associates. Non-criminogenic needs do not have any impact on an offender’s likelihood to re-offend in the future. These include self-esteem, anxiety, depression, physical health, alienation, or resolution of childhood trauma.

Offender needs are assessed prior to program enrolment in order to determine what problem areas, deficits, or circumstances the offender will need to work on in order to reduce his likelihood of future offending. The targets within a correctional program should correspond with the dynamic factors of the offender, in order to allow for the greatest behaviour change.

There are seven dynamic risk factors that when addressed in an intervention can yield reductions in sexual, violent, and general recidivism: deviant sexual interest, sexual preoccupations, antisocial personality disorder, general self-regulation problems, employment stability, and hostility.
The *Responsivity* principle refers to the way interventions are delivered. Programs should be delivered in a way that allows for maximum offender comprehension; the learning style and ability of the offender should be reflected in the materials and presentation of the intervention. Motivation is a key element of responsivity and a predictor of whether an offender will successfully complete his correctional program. When motivation is not present, it is the facilitator’s job to encourage and motivate the offender to engage in prosocial change. If offenders are unable to understand, relate to or grasp the material being presented in the program, it will be less likely that they will benefit from the program and use the skills learned upon their release. The responsivity principle can be addressed by offering programs that engage interest of the offender while facilitating a learning environment conducive to the acquisition of new pro-social skills and goals.
The Good Lives Model (GLM)

The GLM focuses on building therapeutic rapport and encouraging offender motivation while taking into consideration the risks, needs and responsivity issues of offenders.

The goal of the GLM is to increase one’s ability to live a productive and fulfilling life in order to avoid recidivism.

- The GLM is based on the principle that understanding the crime process of the offender helps when delivering intervention.
- The GLM uses RNR principles in combination with the strong therapeutic rapport to motivate offenders’ change.
- The GLM is based on the offender’s personal values and goals, making offenders more likely to view programming as being relevant to their lives post-incarceration.

The GLM is based on the belief that there are two goals each individual strives to achieve:

- **Primary goals**: actions, circumstances, personal characteristics, experiences, etc. that are intrinsically beneficial to individuals. The more primary goals one achieves, the happier/more satisfied one will be with his life.

- **Secondary goals**: provide individuals with a means of achieving primary goals.

Why are goals so important?

- Goals help offenders plan and implement behaviour change.

- Goals are beneficial to individuals’ lives and deliver a sense of accomplishment once achieved.

- Therefore, by teaching offenders the skills that will help them to reach their goals without crime will help to reduce and eliminate recidivism.
• The GLM focuses on using the individual goals of participants and teaching the necessary skills for him to individually achieve his goal. Allowing each offender to maintain what is important to him and helping him to achieve his goals through the teaching of prosocial skills will thus reduce the likelihood of recidivism.

• By striving for the “Good Life”, offenders’ abilities or necessity to make prosocial choices ultimately becomes a part of the process when attempting to achieve goals. The GLM uses goals to motivate offenders to engage in behaviour change; although each individual’s desire to achieve his goal differs. Therefore, focusing on criminogenic needs and how they affect an offender’s motivation to reach his goal will impact his success in achieving a crime-free life.

• The GLM has evolved since its development, and its popularity of application in treatment programs has greatly increased as a result of its effectiveness. The GLM enhances engagement in treatment and reduces program dropouts, both of which are factors associated with increased recidivism rates.
The Stages of Change

The goal of this model is to identify and change patterns of behaviour that are maladaptive, destructive or health-injuring; or to restore appropriate levels of physical, psychological, or social functioning. Offenders move through various motivational stages when they are attempting to adjust their behaviour:

During the **Precontemplation** stage, offenders are either unaware that they need to change their behaviour or they are resistant, and do not intend to change their behaviour in the foreseeable future. Oftentimes offenders are unaware of their problems and that a change needs to occur. Individuals who are stuck in this stage may exhibit forms of denial; simple denial, minimizing their actions or blaming others, defensiveness, a lack of awareness, avoidance, or they may appear uncommitted to their correctional programming. Individuals in this stage may have not experienced adverse consequences or crises due to their negative behaviours and often are not convinced that their patterns of behaviour are problematic or risky.

*Common Characteristics of Individuals in this Stage:*

- Denial
- Minimizing
- Blaming
- Rationalizing
- Intellectualizing
- Diversion
- Hostility
- Defensiveness
- Resistant to the suggestion that there may be problems associated with their behaviour
- Uncommitted to/uninterested in programming
- Avoids steps to change
- Lacks awareness
- Pressured by others to attend programming
- Coerced by significant individuals in their lives

The **Contemplation** stage encompasses offenders who have become aware that a problem exists and they begin to believe that there may be valid reasons to change. During this stage, offenders may weigh the pros and cons, and be ambivalent about engaging in change, unable to make a definite decision. It is not uncommon for individuals to remain in this stage for extended periods of time, hovering between wanting to change and not. Offenders in this stage are often seriously thinking about changing their behaviour, which is a reflection of their
own realization of the negative effects that their continued risky behaviour will have on themselves and others.

*Common Characteristics of Individuals in this Stage:*

- Distress
- Desire to exert control over their behaviour
- Attempting to understand their behaviour
- Evaluating the positives and negatives of their current behaviour
- Thinking about making change
- Have yet to take action & are not prepared to do so yet
- Have made attempts to change in the past

The *Preparation* stage describes those who are planning to initiate change in the near future, and can envision the advantages of change (Swain et al., 2014; Correctional Service Canada, 2009). This stage represents the time that the offender finalizes his plan for change and mentally prepares to implement the plan during the action stage (Derisley & Reynolds, 2000). These individuals may have attempted change in the past and may have learned lessons from those failed attempts that they can apply to modify their current efforts. Individuals in the preparation stage intend to change their behaviour, have adjusted their attitude and behaviour to accommodate change, and are prepared to make the commitments and sacrifices to follow through with their action plan (Swain et al., 2014); however, the plan has not yet been implemented. This is the time offenders will mentally prepare to implement change during the action stage.

*Common Characteristics of Offenders in this Stage:*

- Intends to change behaviour
- Attitude is positive towards engaging in change
- Ready to take action
- Prepared to make firm commitments to follow through on the action option they choose
- Engaged in the change process

Individuals in the *Action* stage are ready to choose an appropriate strategy to engage in behaviour change and begin to pursue it (Correctional Service Canada, 2009). The action stage is marked by the offender exhibiting a commitment to change. Offenders may modify their behaviours, environments, experiences, and thought patterns in order to fully overcome their negative behaviours (Swain et al., 2014). This is where the most overt progress is made; although offenders
have begun to effectively change their behaviours, they have not yet achieved the desired level of change. Unfortunately, not all offenders who are enrolled in programming are necessarily in the action phase as they may be participating to please others.

*Common Characteristics of Offenders in this Stage:*

- Decided to make change
- Verbalized or demonstrated a firm commitment to making change
- Taking efforts to modify their behaviour/environment
- Motivated and involved in the change process
- Willing to follow suggested strategies & activities to change

The final stage, **Maintenance**, aims to prevent relapse or to reinforce previous changes that offenders have made through past programs (Derisley & Reynolds, 2000). Efforts are made to sustain the gains achieved during the action stage, and extra precautions are taken to ensure offenders do not revert back to their problematic behaviour (Correctional Service Canada, 2009). Offenders in this stage will have achieved at least a minimal amount of change as a result of successful efforts during the action stage. Offenders are working to sustain and incorporate further changes to their behaviour.

*Common Characteristics of Offenders in this Stage:*

- Working to sustain changes achieved to date
- Avoids high risk situations
- May experience fear & anxiety regarding facing high risk situations
- May experience (varied frequency) temptations to engage in high-risk activities or reoffend

**How to Motivate Offenders in the Maintenance Stage:**

- Help identify and sample prosocial sources of leisure satisfaction.
- Support lifestyle changes.
- Affirm offender’s self-efficacy.
- Help offender practice & apply new coping strategies.
- Maintain supportive contact when needed.
Motivational Interviewing [MI]

Motivational Interviewing (MI) is a counseling approach that resolves ambivalence and motivates behaviour change in a way that helps clients to explore self-actualization and address past, current and future problems. The strategies of MI use a more persuasive and supportive approach, and avoid coerciveness and argumentativeness. The clinician’s role is to elicit self-efficacy and motivation from the client to create positive behaviour change. There are five strategies practiced within MI to address offenders’ needs and increase motivation: express empathy, develop discrepancy, roll with resistance, avoid arguments, and support self-efficacy. By asking questions and teaching problem solving skills, clinicians are able to guide clients to effective solutions without imposing on their perspectives. Although the client is responsible for choosing to engage in personal change, the clinician should support and have faith in the client’s capability of change. Increasing the client’s self-efficacy is essential in order to carry out the process of change. Supporting the client’s perceptions of their ability to cope with problems and succeed in change is a core principle of the MI approach.

MI uses many stage-appropriate (similar to the stages of change model) strategies that focus on helping the client create specific goals and teaching them the appropriate skills needed to attain those goals.

The concept of stage-appropriate interventions is effective because it incorporates the RNR principle; addressing the human factors that influence the impact of the program being implemented.

Expressing empathy and accepting the offender is fundamental in facilitating behaviour change. Reflective listening and understanding the individual’s perspective without criticism is important for initiating a positive rapport with the client; this helps to build the client’s self-esteem and create a trusting client-therapist relationship. Awareness of consequences, and developing discrepancies between current behaviours and broader goals motivates change in clients and amplify their desires to engage in change. It is important for the clinician to explore the consequences of the problem behaviour with the client in order to reflect on the conflict with achieving their positive goals; it is far more effective for an individual to come to their own realization for the need to change, than be told to change. Clients’ statements can be shifted and reframed to create new momentum for change. Avoiding arguments and directly rolling with resistance can help provide new perspectives to clients without imposing them.

Although the client is responsible for choosing to engage in personal change, the clinician should support and have faith in the client’s capability of change. Increasing the client’s self-efficacy is essential in order to carry out the process of change.
Being able to accurately predict an offender’s risk is vital to ensure public safety. If we are able to predict that an individual is likely to commit another crime, we are better able to protect society until that individual’s risk can be reduced. If it is believed that an offender’s risk cannot be successfully managed, the criminal justice system must be aware in order to implement statutory public protective measures, such as dangerous offender statuses or long-term supervision orders. Actuarial assessments help CSC to manage offenders in the least restrictive environment, and influence their security classification, correctional program intensity, and community supervision intensity. The most popular approach for measuring dynamic risk factors and determining responsivity issues in relation to programming is through the use of fourth generation measurement tools. The RNR principle has influenced the development of offender risk assessment instruments and offender rehabilitation programs.

The first generation of risk assessment was based on the professional judgement of correctional staff and clinical professionals (i.e. psychologists, psychiatrists, and social workers). Based on their professional training and experience, staff assessed and made recommendations as to which offenders required enhanced security and supervision. In the 1970s it became evident that to assess offender risk, actuarial and evidence-based measures should be employed, and the reliance on professional opinions should be limited. Second-generation actuarial risk assessment instruments consider individual items that have been found to increase the risk of recidivism, and based on these items a score is assigned. The higher the score, the higher the risk of recidivism.

The second generation risk assessment tools incorporate the ‘Risk’ of the RNR principle. It became clear that these second generation instruments were better at predicting re-offending behaviour, but were unable to account for offenders’ positively changing their behaviour. Because these tools were unable to assess an offender’s diminished risk, the third generation assessment tools aimed to incorporate dynamic risk factors. Third generation risk instruments were developed to be more sensitive to changes in an offender’s circumstances, while also outlining the areas and needs that should be targeted in interventions. The third generation risk-need instruments offered correctional staff a way of monitoring the effectiveness of correctional programs and supervision strategies.

The third generation tools evolved from the second generation to incorporate the ‘Risk’ and the ‘Need’ components of the RNR principle. The current use of the fourth generation risk assessment tools integrate systematic intervention and monitoring with the assessment of offender risk factors, while also considering personal factors that could influence treatment success. The fourth generation
tools encompass the Risk, Need and Responsivity principles. The development of the third and fourth generation risk assessment instruments would not have been possible without the development of the RNR model, and its implementation when treating sex offenders.
Custody Rating Scale [CRS]

The Custody Rating Scale (CRS) assists CSC in fulfilling its legal duty to provide all federal offenders with a security classification of minimum, medium or maximum. The CRS uses two subscales: Institutional Adjustment (IA) and Security Risk (SR).

By ensuring offenders are rated with the appropriate security classification, it not only allows CSC to better guarantee public safety, but the CRS is also a critical instrument in determining the intensity of treatment required when the offender is enrolled in his correctional programming.

The IA consists of five items: history of institutional incidents, escape history, street stability, alcohol/drug use, and age at sentencing, and the SR is composed of seven items: number of previous convictions, seriousness of charges, offence severity, length of sentence, lifestyle stability, prior release(s), and age of first crime. Scores can range from zero to 186 on the AI scale, and 17 to 190 on the SR scale; higher scores are indicative of a higher security level. If there are differences between the two subscales, the scale with the higher rating is used to determine security classification. The case management team has the opportunity to override the CRS score in the case that other relevant factors were not considered by the measure.

Static-99R

The Static-99R is an actuarial risk measure that is designed to accurately predict risk for sexual and violent re-offending in adult sex offenders presently or previously convicted of at least one sexual offense. The Static-99R is composed of 10 items that assess demographics, criminal history, and victim characteristics, and scores each item based on whether its criterion is present or absent. The scores were initially categorized into the following risk categories: Low, Moderate, Moderate-High, and High; recently the authors changed this tool to a Level system, ranging from Level I to Level IV. Level I is equivalent to very low risk, Level II below average risk, Level III average risk, Level IVa above average risk, and Level IVb well above average risk. The offender’s Static-99R score is then combined with his STABLE-2007 score to produce percentage estimates of sexual recidivism.

* See Appendix B for Static-99R Scoring Sheet
STABLE - 2007

To determine the presence of problematic sexual interests, several sources of information should be used. A clinical interview and a review of the offender’s criminal history must be completed to determine whether the problematic sexual interests contributed to his offense. These sources of information also help to determine the presence of other risk factors and personal target areas for intervention.

The STABLE-2007 is an actuarial tool that measures sex offender dynamic risk factors that can change over time. Assessing 13 stable risk factors that have been found to correlate with future sexual offending, assigning each item a score. Higher scores correlate with higher risk and more intense treatment. Knowing these dynamic risk factors allows the formulation of a correctional plan and the identification of treatment targets. This assessment tool allows program facilitators to determine if the offenders on their caseload are making change in specific need areas becoming less or more, and making progress in terms of program success. This assessment allows staff to make informed decisions regarding the best way to prioritize offenders and correctional resources.

Risk Factors:

- Significant Social Influences
- Capacity for Relationship Stability
- Emotional Identification with Children
- Hostility Toward Women
- General Social Rejection
- Lack of Concern for Others
- Impulsivity
- Poor Problem-Solving Skills
- Negative Emotionality
- Sex Drive and Preoccupations
- Sex as Coping
- Deviant Sexual Preference
- Cooperation with Supervision


**Scoring:**

Each of these 13 items are scored on a 3-point scale (0 = no problem evident, 1 = some problem evident, and 2 = significant problem evident) for a total of 26 possible points. Emotional identification with children is not scored for those offenders who do not have a child victim, and the scale is subsequently scored out of 24 points for that group. The offender’s STATIC-99 score is then combined with his STABLE-2007 score to produce percentage estimates of sexual recidivism, sexual recidivism plus sexual breaches, violent recidivism, any criminal recidivism (breaches excluded), and any criminal recidivism including breaches at 1, 3, and 5 years.

*See Appendix C for further scoring information.*
REFERENCES


Appendix: A

Paraphilias and Sources of Sexual Arousal

**Acrotomophilia**
Arousal to amputees

**Actirasty**
Arousal to the sun’s rays

**Agalmatophilia**
Arousal to statues

**Anasteemaphilia**
Arousal to a person of extreme stature, either giant or dwarf

**Apotemnophilia**
Arousal to oneself as an amputee

**Autogynephilia**
Arousal to oneself [male only] in the form of a woman

**Autoplushophilia**
Arousal to oneself dressed as a giant cartoon-like stuffed animal

**Chasmophilia**
Arousal to caverns, crevices, and valleys

**Climacophilia**
Arousal to falling down stairs

**Coprophilia**
Arousal to feces

**Ephebophilia**
Arousal to older adolescents, approx. 15-19

**Exhibitionism**
Arousal to displaying one’s sexual organs in public

**Fetishism**
Arousal to objects that have been in physical contact with desired person
Formicophilia
Arousal to insects

Frotteurism
Arousal to touching a stranger surreptitiously in a crowded place

Gerontophilia
Arousal to the elderly

Hebephilia
Arousal to pubescent aged children, approx. 11-14

Katoptronophilia
Arousal to sex in front of mirrors

Knismolagnia
Arousal to being tickled

Lithophilia
Arousal to stone and gravel

Masochism
Arousal to experiencing physical and psychological pain

Melissaphilia
Arousal to bees and wasps

Nasolingus
Arousal to sucking on a person’s nose

Nebulophilia
Arousal to fog

Necrophilia
Arousal to corpses

Objectophilia
Arousal to a particular object, distinct from fetishism

Partialism
Arousal to a body part other than the reproductive organs, e.g., calves

Pedophilia
Arousal to prepubescent children
Podophilia
Arousal to feet

Psellismophilia
Arousal to stuttering

Psychrophilia
Arousal to being cold and watching others who are cold

Pteronophilia
Arousal to being tickled by feathers

Pubephilia
Arousal to pubic hair

Pygophilia
Arousal to buttocks

Sadism
Arousal to causing physical and psychological pain

Savantophilia
Arousal to the cognitively impaired or developmentally delayed

Stygiophilia
Arousal to the thought of hellfire and damnation

Teleiophilia
Arousal to reproductive-aged adults

Teratophilia
Arousal to the congenitally deformed

Titillagnia
Arousal to tickling other people

Transvestic Fetishism
Arousal to female garments touching the male’s skin

Urophilia
Arousal to urine or urinating others

Vorarephilia
Arousal to eating another person’s body parts
**Voyeurism**
Arousal to spying on others for sexual gratification

**Xylophilia**
Arousal to wood

**Zoophilia**
Arousal to nonhuman animals
### Static-99R - TALLY SHEET

**Assessment date:**

**Date of release from index sex offence:**

<table>
<thead>
<tr>
<th>Item #</th>
<th>Risk Factor</th>
<th>Codes</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age at release from index sex offence</td>
<td>Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 -1 -3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Ever lived with a lover</td>
<td>Ever lived with lover for at least two years?</td>
<td>0 1</td>
</tr>
<tr>
<td>3</td>
<td>Index non-sexual violence - Any convictions</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td>4</td>
<td>Prior non-sexual violence - Any convictions</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td>5</td>
<td>Prior sex offences</td>
<td>Charges 0 1,2 3-5 6+</td>
<td>0 1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Convictions 0 1 2,3 4+</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Four or more prior sentencing dates (excluding index)</td>
<td>3 or less 4 or more</td>
<td>0 1</td>
</tr>
<tr>
<td>7</td>
<td>Any convictions for non-contact sex offences</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td>8</td>
<td>Any unrelated</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td></td>
<td>victims</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
<td>---------------</td>
<td>---</td>
</tr>
<tr>
<td>9</td>
<td>Any stranger</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td></td>
<td>victims</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Any male</td>
<td>No Yes</td>
<td>0 1</td>
</tr>
<tr>
<td></td>
<td>victims</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Score</td>
<td>Add up scores from individual risk factors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nominal Risk Levels (2016 version)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Risk Level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-3, -2,</td>
<td>I - Very Low Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-1, 0,</td>
<td>II - Below Average Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1, 2, 3</td>
<td>III - Average Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4, 5</td>
<td>IVa - Above Average Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 and higher</td>
<td>IVb - Well Above Average Risk</td>
<td></td>
</tr>
</tbody>
</table>

*There [was, was not] sufficient information available to complete the Static-99R score following the coding manual (2016 version). I believe that this score [fairly represents, does not fairly represent] the risk presented by Mr. XXXX at this time.*

*Comments/Explanations: ____________  ____________  ____________*

_______________________  ___________________________  ____________
(Evaluator name)  (Evaluator signature)  (Date)
Scoring the STABLE - 2007

- When scoring the STABLE, it is important to use:
  - All available information
  - Historical and recent
  - Interview with the offender
  - Collateral contacts

- STABLE interview takes about 1.5 hours

- The quality of the data is dependent on the cooperation of the offender, so interviewing technique is important

- Only scored after evaluator has completed the entire interview and collateral contacts – which includes input from the supervising officer

**Items:**

**Significant Social Influences**

This item addresses the extent to which the offender has criminal associates and pro-social supports in his life.

- **Positive Social Influences:**
  - Promote pro-social values
  - Encourage self-control strategies
  - Are positive role models
  - Provide material support (e.g. shelter, food, financial)
  - Provide moral support and pro-social guidance
  - Are aware of sexual offending history
  - Challenge high risk behaviours
  - Are willing to work with authorities (police, probation)

- **Negative Social Influences:**
  - Support for pro-criminal attitudes and activities
  - Lead the offender astray (e.g. substance abuse, “shady” activities)
  - Weaken offender’s self-control strategies
  - Facilitate victim access
Generative conflict in the offender’s life
Collude in denial and minimization
Work against authorities

Neutral Social Influences:
- Have little influence on the offender
- May be a mixture of positive and negative features
- Offender may not have known the person for very long.
- Score neutral if you are unsure if person is a positive or negative influence

Intimacy Deficits

Intimacy deficits are common among sexual offenders, but not all offenders necessarily have the same type of intimacy deficits.

- Capacity for relationship stability
- Emotional identification with children
- Hostility toward women
- Social rejection/loneliness
- Lack of concern for others

Capacity for Relationship Stability

This item is broken into two parts:
- Part I: Ever lived with a lover for 2+ yrs. (same as S-99R Item)
- Part II: Tenor of Current Relationship

- Assess the nature and interactions of current relationship (Frequent fights? Affairs? Contentious interactions?)
- Part II looks at the level of emotional attachment and commitment within the relationship being assessed

Emotional Identification with Children

The more an offender identifies with children, the higher his risk. This item is scored only for child molesters with at least one victim age 13 or less.

- Use the victim’s age at the time of the first sexual assault
- He feels emotionally close to or intimate with children.
- He sees children as peers or equals.
• He relates more easily to children than to adults.
• He has few or no adult friends.
• His attitudes and values as well as leisure and work activities are suggestive of a child-oriented lifestyle.
• He is involved in children’s activities.

• Note: • This is not a parent-child relationship.
  • Boy-victim child molesters tend to be childlike themselves.
  • Incest offenders often ascribe adult qualities to children.

Hostility Toward Women

• Having a prejudice against women that makes women into a different “class” unworthy of trust or respect makes it easier to offend against them.
• He is unable to form warm, constructive relationships with women.
• Believes or endorses sexist attitudes.
• Does not consider women as people worthy of trust and/or respect.
• May have sexual or personal relationships with women, but these relationships are adversarial and conflicted.
• Conflict can be overt or covert.

Social Rejection/Loneliness

This is the one item that is scored predominately by offender self-report.

• Is the offender able to make friends and feel close to others?
• Does he have secure adult attachments?
• Is he lonely, prone to feeling socially rejected?
• Is he emotionally close to friends and family?
• How does he feel over the intermediate term?
• What is his impression of the world?
• How does he feel over the intermediate term?
• What is his impression of the world?

Lack of Concern for Others

The person’s “self-concept is too narrow and self absorbed” ... lacking the “awareness of the interconnectedness of human beings” A person whose “best self” is focused almost exclusively on his or her own self-interest will neither notice nor care that others have been harmed”

• This item assesses the capacity to have empathy for others.
• It does not reflect solely their treatment of their victims but rather looks at how the person operates in day-to-day life.

• Consider if he:
  o Has an “in-group”
  o Has little consideration for the feelings of others
  o Acts according to his own self-interest o Feigns shallow displays of regret, little or no remorse
  o Is unfeeling, ruthless, or indifferent towards everyone
  o Possibly has friends/associates/acquaintances, but no STABLE, caring relationships

• Quite significant pathology must be present as this condition is fairly unusual.

General Self-Regulation

This category is more related to general offending.
Three areas of life skills related to the change process are assessed:

• Impulsive Acts
• Poor Cognitive Problem Solving Skills
• Negative Emotionality/Hostility

Impulsive Acts

The more impulsive the person, the harder it is for them to make and maintain changes.
• Includes not only impulsive acts but also impulsive thinking and impulsive emotions.
• Consider if he is:
  o Easily swayed by opportunistic circumstances
  o Has behaviour with a high likelihood of negative consequences
  o Easily bored, seeks thrills and has little regard for personal safety or the safety of others

• Impulsivity across several settings is assessed - not just represented by his history of sexual offending

Examples of Impulsive Acts
• Reckless driving
• Substance abuse
• “Getting into” partying
• Accepting bets and dares
• Overly aggressive at sports
• Quitting jobs with no other job in sight
• Changing residences frequently
• Unsafe work practices
• Starting fights with men much bigger than himself

Poor Cognitive Problem Solving

Offenders are higher risk if they are unable to accurately identify and address problems.

Areas assessed:
• Problem identification
• Generating alternatives
• Evaluating alternatives

Consider if he:
• Has difficulty accurately identifying and solving problems
• Proposes unrealistic solutions or none at all
• Is unable to choose appropriately between competing options.
• Always takes the easiest solution or the one with the most immediate “pay-off”
• Lacks long-term plans
• Fails to recognize the consequences of his actions
**Negative Emotionality/Hostility**

Negative emotionality is a tendency towards feeling hostile, victimized and resentful which makes him vulnerable to emotional collapse when stressed.

- Always sees the world as “out to get him”
- Frequently feels overwhelmed and unable to cope
- Has a pervasive feeling of grievance
- Is prone to feeling hostile, victimized and resentful
- Sees the glass as always “half empty”.
- Vulnerable to emotional collapse when stressed
- Although possibly linked to real grievances, the offender’s emotional response is excessive
- Rather than attempting to cope constructively, the offender ruminates on the negative events and feelings and may appear to be “getting into it”

→ This is not the “blue” guy but the guy with “a chip on his shoulder” and a grudge against the world

**Sex Drive/Pre-occupations**

This item concerns the frequency of sexual thoughts and behaviour.

Consider:

- Recurrent sexual thoughts and behaviour that are not directed to a current romantic partner
- The amount of casual or impersonal sexual activity
- How much sexual thoughts and behaviour are interfering with other pro-social goals
- If offender perceives his sexual thoughts and behaviour as intrusive or excessive
- If behaviour is just plain excessive

**Frequency of Orgasm**

- 20 year olds 3-4 times/week
- 30-40 year olds 2-3 times/week
- 50 year olds 1-2 times/week
- 60 + Less than once/week
Sex Drive/Pre-occupations

- Masturbation most days (15+ times a month)
- Regular use of prostitutes, strip bars, massage parlours, phone-sex and phone sex bills
- Sex-oriented internet use such as sexually explicit sites, chat rooms
- Spends large amounts of time “surfing the web” for pornography sites
- Pornography collection (videos, magazines; parent/baby magazines; etc.)
- Cruising for impersonal sex
- A history of multiple sexual partners (e.g. 30 or more)
- Excessive sexual content in typical conversations
- Pre-occupation with own/other’s sex crimes
- Self-report of difficulty controlling sexual impulses
- Any disturbing sexual thoughts

Sex as Coping

When experiencing life stress and negative emotions uses sexual thoughts or behaviour to cope.

- Content may be normal or deviant
- This coping behaviour is seen in multiple life domains such as in response to work stress, family stress, interpersonal stress, etc.
- Uses sexual expression to dissipate anger, humiliation, or frustration

Deviant Sexual Interests

- Although all sexual offenders have engaged in deviant sexual behaviour, not all have “deviant interests.”
- An “interest” is something that the offender would do if he had complete choice over his sexual activity.
- Is the offender sexually aroused by or sexually interested in people, objects, or activities that are illegal, inappropriate or highly unusual?
- Examples: children, non-consenting adults, voyeurism, exhibitionism, cross-dressing, coprophilia, fetishism, etc.

Assessed by:

- Behavioural history
- Self-report of deviant history or preferences
- Official criminal record
- Results of specialized testing (e.g. phallometrics)
**Scoring:**
- Number of sex offence victims
- Number of deviant preference victims
- Self report
- Specialized testing results

**Cooperation with Supervision**

If the person is not working with you, then it is hard to determine their compliance and/or the quality of the information they are providing.

- Do you feel that the offender is working with you or against you?
- Does he see himself as at no risk to reoffend and place himself in high-risk situations?
- Does he take the conditions of supervision seriously or is he trying to manipulate?

*Types of Non-Cooperation

- Disengagement:
  o Just going through the motions, silent/non-disclosing, keeps secrets, not invested in supervision or treatment

- Manipulation:
  o Tries to “play the system”; tries to be “buddy-buddy” with you; lies to you and tries to deceive you; asks for special favours; engages in the manipulation of helpers (e.g., playing one off against another)

- No Show:
  o Often shows up late or at the wrong times; fails to attend scheduled appointments with you and others; disappears
STABLE - 2007 Total Score

- 12 items for non-child molesters
- 13 items for child molesters
- Each item worth 2 points
- Sum the 13 items

*Interpretative Ranges:
  0 - 3 Low
  4 - 11 Moderate
  12 + High