

Compassion, Sexual Aggression,
and the Good Lives Model

David S. Prescott, LICSW

Welcome!*

Welcome



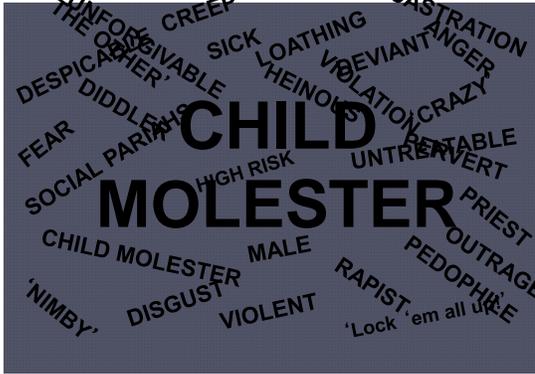
Gratitude

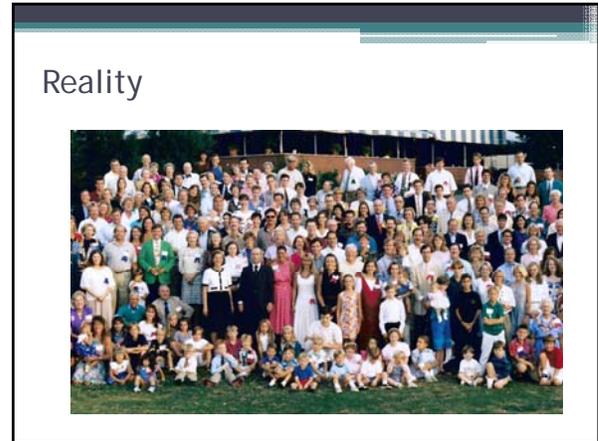
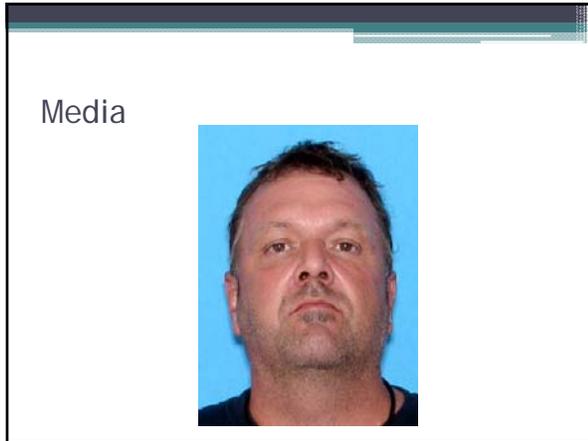


Steve Berg-Smith



Thomas Szasz (1920-2012)

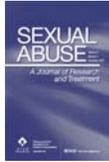




Messaging



- James Cantor
 - Scientist and scholarly journal editor
- “*The science of pedophilia and the prevention of child molestation*”




Do pedophiles deserve sympathy?

By James Cantor

Updated 10:32 PM EDT, The June 21, 2010

3,033 people recommend this.

STORY HIGHLIGHTS

- James Cantor is a leading expert on a central question that has been unresolved in scientific research: How to control those who are violent and dangerous.
- **Editor's note:** James Cantor, an associate professor of psychiatry at the University of Toronto, is a psychologist and senior scientist at the Sexual Behavior Clinic of the Center for Addiction and Mental Health, who is editor in chief of "Sexual Abuse: A Journal of Research and Treatment" and blogs at [Sewingly Today](#).

“Pedophiles”

- Labels people instead of behavior
- Connotes evil
- Often in same sentence as “predator”, “prey”
- Paradoxical: *You need to be less dangerous, yet dangerousness is central to who you are.*
- *How do you release somebody after billing them up as monsters?* -- civil commitment program administrator

“deserve”

- Do some people deserve more than others?
- Does anyone deserve anything?
 - From a community meeting with a civilly committed person who has sexually abused:
- Q: *Tell us why you deserve to be free after all the harm you've done*
- A: *I don't know if I deserve anything, but I'm grateful for the opportunity*

“Sympathy”

- Implies emotional congruence
- Usage:
 - Fathers-to-be and “sympathy pains”
 - Parental sympathetic arousal
 - Tea and Sympathy
 - “Sympathy for the Devil”



Ask yourself

Under what conditions would you say that pedophiles deserve our sympathy?

On the other hand...

- Do we want them to re-offend or not?
- What should we do?
- Who should we be?



Whatever we think or feel

- Imagine the person who isn't abused because of successful treatment:
- Does s/he deserve our best efforts at preventing further abuse?

Language

“Do pedophiles deserve sympathy?”

≠

Can we remain compassionate... even towards our most harmful citizens?

Bottom line

Values and beliefs

≠

Good science, practice, or public policy

A brief history of treatment...

- Furby, Weinrott, & Bradshaw (1989):
 - No significant treatment effect due to methodology variability.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
 - 17% untreated
 - 10% treated
 - Equivalent to a 40% reduction
 - Youth do best with community treatment
- Losel, F., & Schmucker, M. (2005).
 - Re-offense reduced by nearly 40%

2005: The SOTEP RCT

- No overall differences between treated and untreated groups, but:
- Clients who **successfully completed** the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they “got it” (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

1979: Edward S. Bordin



- **Therapeutic alliance:**
 - Agreement on relationship
 - Agreement on goals
 - Agreement on tasks
 - (Norcross, 2002, would add client preferences)
- Over 1,000 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)

Salter, 1988 (p. 93)



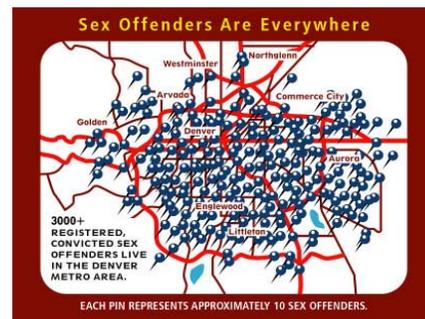
- The process of treating child sex offenders heavily weighted in the direction of confrontation. Treatment requires continual confrontation.
- *No I don't trust you and you would be pretty foolish to trust yourself.*
- *Give me a break. What do you mean one drink can't do any harm?*
- However, later says that treatment should not be hostile. How do we reconcile this?

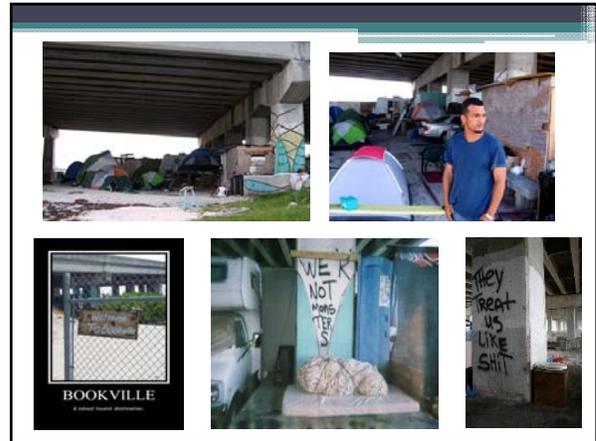
Iowa, 2006

- Residence restrictions = sexual offenders living in highway rest areas



Colorado, 2007





2011

- Attorney Larni Levi (SOMC-list)
- *In Massachusetts, offenders are required to sign what's called a Lamb Warning informing the individual that anything he says during treatment can be used against him.*

2012



- http://www.dshs.state.tx.us/csot/csot_tdifference.shtm
- The most prominent difference is that the primary client in sex offender treatment is the community and the goal of treatment is **NO MORE VICTIMS**. With sex offender treatment, community safety takes precedence over any conflicting consideration...

2012 continued



- Sex offender treatment is different than traditional psychotherapy in that treatment is mandated structured, victim centered, and the treatment provider imposes values and limits. Providers cannot remain neutral because of the risk of colluding with, adding to, and/or contributing to the offender's denial. In sex offender treatment, confidentiality is not maintained due to the enormous public safety issues.

These days

- We know better
- We do worse
- Our treatments can cause harm

2007-12



- Wilson, Cortoni, et al.
- Collaborative risk management, RNR principles, & holistic community aftercare can contribute to reduced re-offense
- Motivation varied across subgroups
- Illustrates need for post-institution community follow-up
 - Goal of “balanced, self-determined lifestyle”
 - (Similar to NewStart program in Saskatchewan)

The safest sex offender

- Someone who has a place to live
- connected to support people to which he or she is accountable,
- has work
- has everything to lose by repeating a sexual assault.

• Gwenda Willis, personal communication, August 2012

Treatment

- Typically a blend of CBT and relapse prevention
- Problems:
 - What is CBT?
 - What is RP?
 - Did my field stop returning Alan Marlatt’s phone calls?

Worse...

- Most people who sexually abuse want to prevent relapse



- Some don't



Another problem

- Different pathways to 1st and subsequent crimes
- Approach versus Avoidance goals
- Trying not to let things bother me
≠
- Being able to relax/experience peace

Good Lives Model

- Augments and challenges relapse prevention
- Anchored in principles of effective correctional practice (risk, need, responsivity)

Good Lives

- Strengths-based, positive approach
- Collaborative
- Two goals:
 - Attaining a fulfilling life, psychological well-being
 - Managing risk
- Focuses on how treatment will benefit client/what client will gain from treatment

GLM Approach

- Rehabilitation framework:
 - Understanding what is important and helping obtain these goals
 - Risk managed by helping attain what is important in life
 - Risk managed by changing and monitoring known risk factors, self-regulation
 - Both attained by overcoming obstacles and developing capacity

GLM Approach

- Sexual abuse = pursuit of legitimate goals via inappropriate means
- People who abuse, like all human beings, are goal-directed and are predisposed to seek *primary human goods*: actions, experiences, circumstances, states of being, etc. that all humans seek for their own sake

GLM Approach

- Secondary goods = concrete ways (means) to secure primary goods
- Re-offense risk factors = internal or external obstacles that block achieving goods

Good Lives Model “Primary Goods”

Also known as
“common life goals”

Primary Human Goods

- GLM proposes 10 primary human goods – things individuals seek to obtain for their own sake
- Value or importance placed on various goods determines **good life plan**
- Good life plan = individual roadmap to fulfilling, well-balanced life
 - Pro-social & offense-free!

Primary Human Goods

- Goods may be important to an individual to have in his life in general
- Goods may also be related to sexual aggression (presence or absence)

Primary Human Goods

- Life (including healthy living and functioning)
- Knowledge
- Excellence in play and work (mastery experiences)
- **Excellence in agency** (autonomy and self-directedness)
- **Inner peace** (freedom from emotional turmoil and stress)
- **Friendship/relatedness** (intimate, romantic, family relationships)
- Community
- Spirituality (meaning and purpose in life)
- **Happiness**
- Creativity

Primary Human Goods: New Names

Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in play and work*	→	Being good at play and work*
Excellence in agency	→	Personal choice and independence
Inner peace	→	Peace of Mind
Friendship/relatedness	→	Relationships and friendships
Community	→	Community: Being part of a group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

* Recent change to two individual primary goods

Good Life Plan Flaws

- Sexual violence, life problems, result from flaws implementing good life plan
- Goal of treatment is to identify and resolve flaws, develop capacity to attain goods
- Four types of problems:
 - Means
 - Lack of scope
 - Conflict among goals/goods sought
 - Lack of capacity (internal and external)

Let's get that righting reflex going

Case Example: Jim

Jim is a 38-year-old offender convicted for three counts of sexual touching. The victim was a 10-year-old boy -- Jim's neighbor -- whose family Jim knew very well. At the time of the offense, Jim was participating in sex offender maintenance treatment and, up to that time, had been doing very well. Jim had learned to accept his sexual attraction to males and to manage his risk and avoid boys. However, prior to the offense, Jim was rejected by a potential lover, was feeling lonely and depressed, and had not yet found a job following his conviction (he is trained and had worked as a personal homecare aide for 15 years).

Jim

- At the time of the offense, Jim was feeling worthless, and disconnected from his family and friends. He had been very involved in his community and church, but because of residency restrictions, Jim could no longer participate in many of these activities. When he realized he was in a high risk situation with his neighbor, he ignored his sexual and other feelings and shut himself off in his house. Jim is shocked and depressed that he committed another sexual offense.

Case Analysis: Jim

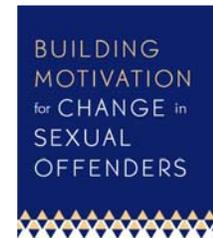
- **Primary Goods Important to Jim:**
 - Relationships & Friendships
 - Community: Being Part of a Group
 - Happiness
 - Spirituality: Having Meaning in Life
 - ? Being Good at Work
- **Primary Goods Implicated in abuse:**
 - Relationships & Friendships
 - Community: Being Part of a Group
 - Happiness
 - Peace of Mind
 - Spirituality: Having Meaning in Life
 - ? Being Good at Work

Good/not-so-good

- Therapists and clients alike prefer GLM to older, more confrontational approaches
- Fewer dropouts, more “welcome”
- Outcome research is needed
- Fidelity/innovation trade-off

Should it interest...

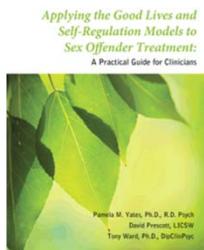
- 2009
- Very few resources on topic
- Chapters by Ward, Marshall, Marshall, Mann, Serran, Wilson, Yates, etc.



David S. Prescott, LICSW
Editor and Contributor

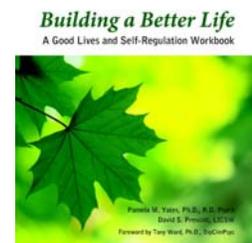
Also...

- Yates, Prescott, & Ward, 2010
- Practical guide for clinicians on good lives and self-regulation models
- Contains case examples with motivational enhancement



And this one, too...

- Yates & Prescott, 2011
- Foreword by Tony Ward
- A good lives/self-regulation workbook
- Over 400 pages



Core Message

- We can make our communities safer by building healthier lives for all

The key

- Treatment means building willing partners in change.