

Facilitating Sexual Offenders in Making and Keeping Healthy Relationships

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Goals for the session

- Understanding of why it is important for those we treat/supervise to form and maintain healthy relationships (sexual and non-sexual)
- Understanding of treatment need areas that are related to or connected with success (or failure) in forming and maintaining healthy relationships.
- Understanding of the Sex Offender Treatment and Assessment Program's (SOTAP) current Adjunct Group curriculum for clients with high needs related to forming and maintaining healthy intimate/sexual relationships
- Identifying and overcoming challenges related to treatment and supervision in this need area

What do we mean by “Healthy”?

- We are not expecting perfection
- The friend/partner assists in the direction of making positive and healthy decisions which lead the client/supervisee to stay out of trouble.
- The friend/partner does not introduce risk to the client/supervisee (e.g. allowing contact with minors, ignoring high risk behaviors or otherwise supporting the violation of conditions.)
- “Healthy” relationships can also be referred to as prosocial relationships or positive relationships

Why are relationships so important among a Sex Offender Population?

- There is a body of research on static and dynamic risk factors that have been shown empirically to impact risk to reoffend sexually (as related to the ability to form and maintain healthy relationships)
- The research tells us that if we can target the Dynamic Risk Factors in treatment, risk to reoffend can be reduced

Why are relationships so important among a Sex Offender Population? (contd.)

- Static 99R item
 - Non-changeable
 - Generally Historical in nature
- Stable 2007 Dynamic Risk Factors: Significant Social Influences, Capacity for Relationship Stability, Hostility towards Women, Emotional Identification with Children, General Social Rejection/Loneliness, Lack of Care/Concern
 - Stable, yet dynamic/changeable factors (personality, skills, learned behavior)
 - Can be changed with an effortful intervention
 - Six of thirteen Stable 2007 Dynamic Risk Factors are associated with the ability to develop and maintain relationships

Assessing Dynamic Risk Needs

- Utilize the Stable 2007, an evidence-based assessment tool
- Interviewing questions
- File review
- Observation of themes as client participates in treatment

Significant Social Influences – Stable 2007

Dynamic Risk Factor

Assess

- This factor assesses who the client is spending his time with and who he is influenced by
- Talk to your client/person you supervise about each of their closest social influences to get a sense of the influence they are having on the client (positive, negative or neutral)

Treat

- Encourage the prosocial contacts (Approach)
- Discuss negative contacts challenging your client/person you supervise to consider how this person may help/hinder them in their personal goals.
- Utilize Role-plays/Skills Practice to limit contact with negative and increase contact with positive.

Capacity for Relationship Stability – Stable 2007 Dynamic Risk Factor

Assess

- This factor assesses the client's ability to engage in and maintain an intimate sexual relationship
- Examine patterns in sexual relationships

Treat

- If relationships have been avoided, address/discuss that
- Identify what defines a healthy relationship
- Role-plays/Skills practice – conflict resolution with partner, asking out a potential partner
- Therapeutic phone calls/meetings if the person is in a current relationship

Emotional Identification with Children – Stable 2007 Dynamic Risk Factor

Assess

- Assess/address only if there is a victim under threshold age
- This factor can include giving children more adult-like qualities or acting like children themselves
- Ask not only about who they hang with but also what media they are consuming (books, magazines, television)

Treat

- Use Motivational Interviewing (MI) and Decisional Balances to increase motivation to make changes based on client values
- Once motivation to make changes is established, skills practice is imperative (Role-plays)

Hostility Toward Women - Stable 2007

Dynamic Risk Factor

Assess

- This factor considers a client's negative beliefs about women as a class (sexist/misogynistic attitudes, hatred/mistrust of women in general)
- Consider patterns of past intimate/sexual relationships (utilitarian, Domestic Violence)

Treat

- Underlying attitudes would have to be addressed before moving on to form intimate sexual relationships
- Work towards viewing women as equals
- Eventually role-plays and skills practice to have positive interactions with a variety of women, from stranger at the grocery store to those with whom he already has some type of relationship

General Social Rejection and/or Loneliness - Stable 2007 Dynamic Risk Factor

Assess

- This factor considers the client who feels lonely and has weak connections with others and expresses that he is unhappy with this

Treat

- Consider with the client what lead to this belief system and what propels it
- Distress tolerance, along with Mindfulness techniques need to be taught and practiced
- Social skills role-plays
- Join clubs and increase relationships within the group
- Those with high needs in this area will need to be encouraged to get out of their comfort zone

Lack of Concern for Others- Stable 2007

Dynamic Risk Factor

Assess

- This factor considers the extent to which a person considers the feelings of others across life-domains
- This is not about victim empathy (a feeling), but about the client's ability to consider or care about the rights and wellbeing of others (a thought process)

Treat

- Work with client to consider if increasing concern for others could actually be of benefit to him
- Skills practice/role-plays

Considerations for Treating Dynamic Risk Factors Related to Intimacy Deficits and Social Functioning

- Emphasize approach goals, rather than avoidance goals only
- Client's personal motivation – utilize Motivational Interviewing
- Unique barriers for the individual client (shame, lack of self-esteem, anxiety, negative attitude, depression)

What is an Approach vs. Avoidance Goal

- Approach – seek out...
- Approach – get involved in...
- Approach – be part of...
- Approach – join in....
- Avoidance – stay away from...
- Avoidance – don't go...
- Avoidance – get away/escape...

* There is a need, time and place for Avoidance. But look for ways to approach; if you are going to avoid something (negative) it needs to be replaced with something (positive).

Client Motivation

- Not everyone will be motivated to the same degree
- Assess if your client/person you supervise is motivated to form healthy relationships
- If they are not, explore this
- Utilize Motivational Interviewing

Unique barriers for the individual client

- What is standing in the way of or hindering healthy relationships
 - Anxiety (therefore avoidance)
 - Negative attitudes/beliefs about others or about connecting with others (possibly leading to avoidance)
 - Depression (lack of energy to connect with others)
 - Lack of skill (when approach is made, it is unsuccessful)

Healthy Relationships Adjunct Group

- Clients are referred to the group roughly midway through their core treatment group when many of the barriers have started to be addressed.
- Clients have worked in their core group to identify some of their past patterns in relationships.
- Clients have done some work on values, motivation (to have relationships) and goals.

Building Relationships – Romantic/Intimate Relationships

- Addressing the components of romantic/intimate relationships
 - Discuss who an appropriate, healthy partner is.
 - Discuss what a healthy relationship looks like.
 - This can involve looking at past patterns and leads into assessing personal wants and needs.
 - Discuss boundaries as they are related to romantic relationships.
 - This again involves looking at past patterns and can include wrapping in discussions on hostility towards women, self-worth/rejection, and empathy towards others.
- Identifying personal needs and wants within relationships
 - Discuss priorities, deal breakers, risks factors, as well as past patterns.
 - Needs and wants should be chosen by the client.

Building Relationships – Romantic/Intimate Relationships

- Addressing the components of forming a romantic relationship
 - Discuss approved healthy/pro-social places to meet people (potential partners or friends).
 - Discuss and practice how to approach people, how to start conversations, and how to get to know someone.
 - Discuss dating.
 - This includes discussing setting up a date, maintaining boundaries, dealing with rejection, and leads into disclosing their sex offender status.
 - In addressing forming a relationship, the focus is on establishing mutual connections and friendships and being aware of attitudes or behaviors that support sexual preoccupation, using sex to cope, sexual entitlement, or lead to the misattribution of social or sexual cues.

Building Relationships – Romantic/Intimate Relationships

- Skills practice for establishing and maintaining romantic relationships
 - Identifying personal needs and wants
 - Creating scripts
 - How to ask someone on a date, how to disclose, etc..
 - Role-playing/acting out scenarios
 - Approaching someone, disclosing, bringing up an issue, ending a relationship, etc..
 - Discussing/thinking through situations and scenarios

Building Relationships – Social Supports

- Addressing components of healthy, stable relationships
 - Discuss impact of anti-social vs. pro-social peers and family have.
 - This can involve past patterns and lead into identifying high risks.
 - Discuss boundaries as they relate to close relationships.
 - This can also involved past patterns and should then lead into plans and goals for establishing healthier boundaries going forward.
- Identifying what supports and relationships are needed
 - Discuss benefits of supports.
 - Identify what supports are already present.

Building Relationships – Social Supports

- Addressing the components of building a support system
 - Discuss realistic expectations of supports, family, or friends.
 - Discuss approved healthy/pro-social places to meet or connect with people.
 - Discuss and practice how to start conversations, how to get to know someone, how to ask for help, or how to disclose.
 - In addressing forming and maintaining relationships, the focus is on mutual connections; being open and vulnerable with others; and being aware of attitudes or behaviors that support an anti-social lifestyle or low self-worth

Building Relationships – Social Supports

- Skills practice for establishing and maintaining social supports
 - Identifying personal needs and wants
 - Creating scripts
 - How to ask for help, how to set boundaries, how to disclose, etc..
 - Role playing/acting out scenarios
 - Disclosing, bringing up an issue, asking for help, set a boundary, etc..

Maintaining Relationships

- For the client with the basic skills and in a committed relationship –
 - Authors: John and Julie Gottman
 - Author: David Burns
- Skill practice – Awareness Wheel, I statements, Setting Boundaries, Communication Styles, Conflict Resolution Practice, Relationship Evaluations

What do we want them to practice (in a nut-shell)

- Initiating contact with potential friends/partners
- Asking for a date or to spend time socially
- Appropriate level of disclosure
- Setting boundaries
- Listening Skills
- Empathy
- Problem-Solving
- Conflict Resolution

Guidelines for skill-building (McGrath, Cummings & Williams, 2014)

- 1) Identify the new skill to teach
- 2) Help the client identify the usefulness of the skill
- 3) Model the skill, as in a demonstration role-play
- 4) Have the client practice the skill in treatment session
- 5) Provide corrective feedback
- 6) Assign skill practice outside of treatment sessions
- 7) Provide opportunities and encouragement to enhance the skill

Role-play examples

- Approaching someone you are interested in
- Asking someone on a date
- Getting to know someone
- Bringing up an issue within your relationship
- Listening to an issue your partner brings up
- Talking about a need you have
- Validating/listening to a partner's need
- Ending a relationship
- Setting a boundary with a partner/support person
- Accepting a “no” or rejection

Role-play examples (contd.)

- Accepting someone wants to end a relationship
- Asking for help
- Supporting someone else asking for help
- Disclosing to a new potential partner
- Disclosing to a new potential friend
- Disclosing to a friend you have known
- Disclosing to a support person
- Accepting when someone ends a relationship after you disclose

Role-play Demonstrations

- Approaching someone you are interested in
- Bringing up an issue and listen to an issue (existing relationship)
- Disclosure with Support person

How is this best supported in an institutional or treatment setting?

- Psychoeducational information on forming and maintaining relationships
- Regular discussion in group setting during group process
- Plenty of practice through role-plays or in-vivo practice as available

How is this best supported in a community setting?

- Have discussions or time for skill practice regularly in group session
- Allow successful clients to share their successes with forming relationships
- Allow opportunities to be in social settings while managing risk
 - Safety plans
 - Chaperones
- Communicate with supervision team

What barriers exist that may limit opportunities for developing healthy relationships?

- Client resistance
- Lack of client confidence
- Conditions that prevent going certain places

How can these barriers be overcome?

- Discussion/your ideas

Some ways to overcome barriers

- Allow opportunities for real-world skills practice
- Motivational Interviewing
- Building confidence