

BETTER TOGETHER

2018 ATSA Conference | Friday October 19 | 10:30 AM – 12:00 PM

F-06

Institution Based Programs

Implementing Risk-Need-Responsivity Principles in a Provincial Correctional Treatment Centre

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The Risk-Need-Responsivity (RNR) principles are considered best practice in guiding treatment of individuals convicted of sexual offences. RNR principles underscore the notion that the intensity of services clients receive should be matched to their likelihood of reoffending, services should target factors empirically associated with future offending, and service delivery should be sensitive to clients' learning styles and abilities. In practice, treatment programs vary widely in their adherence to RNR principles (Hanson et al., 2009). A challenge in evaluating RNR adherence is the lack of standardization in risk interpretation and recommendations. The U.S. Council of State Governments' Justice Center proposed that the information contained in risk tools should be matched to a broadly applicable classification of "riskiness" that is independent of any particular risk scale, creating five non-arbitrary risk levels. The use of standardized risk levels provides a means to evaluate and compare adherence to RNR principles across treatment settings.

The purpose of this presentation is to examine how staff at a large treatment center implement and adhere to the RNR principles. The Secure Treatment Unit (STU) of the St. Lawrence Valley Correctional & Treatment Centre is a 100-bed correctional treatment centre for males with serious mental health conditions in Ontario, Canada. The facility provides comprehensive mental health and correctional/criminogenic assessment and treatment. This study will include data from all individuals convicted of sexual offences admitted between November 2013 to the December 2017 with Static-99R scores ($n = 200$). Using the standardized risk levels from Static-99R, group differences will be examined on indicators of RNR principles collected from clinical files (e.g., hours of service delivery, treatment targets, programs attended). Staff engaged with these patients were also interviewed to determine their understanding of RNR principles and their influence on service delivery ($n = 12$). Implications for future practice delivering treatment recommendations following RNR principles will be discussed.

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Learning Goals:

After attending this presentation, audience members will be able to:

- Understand the principles of Risk-Need-Responsivity
- Understand the 5 standardized risk levels proposed by the Justice Centre, US Council of State Governments
- Comment upon adherence to RNR principles within a high-risk treatment centre
- Identify factors which influence adherence to RNR principles
- Discuss impact of standardized risk levels on service delivery recommendations

Andrew E. Brankley, MA, is a doctoral student in the Clinical Psychology program at Ryerson University, Toronto. His research focuses on the structural modeling of psychological constructs relevant to sexual and violent offending. Mr. Brankley currently holds the prestigious Vanier Canada Graduate Scholarship for his work improving our understanding of sexual offending through the integration of police investigation and risk assessment strategies. He continues his multi-method examination of risk-relevant constructs under the supervision of Drs. Alasdair Goodwill and Karl Hanson. Mr. Brankley's clinical interests include the evidence-based assessment and treatment of individuals in the criminal justice system; he has completed several clinical practicum placements, including Correctional Service Canada and Forensic Services, St. Joseph's Healthcare Hamilton. He is currently completing his clinical residency at the Royal Ottawa Health Care Group.

Drew Kingston, PhD, CPsych, received his doctorate in clinical psychology at the University of Ottawa and completed his residency at the Royal Ottawa Health Care Group. He is a registered psychologist in the province of Ontario and is currently the senior psychologist and the Director of Groups and Program Evaluation at the St. Lawrence Valley Correctional and Treatment Centre, a secure treatment unit for incarcerated mentally disordered offenders. Dr. Kingston is on the editorial boards of the *Archives of Sexual Behavior* and *Sexual Abuse: A Journal of Research and Treatment* and serves as an ad-hoc reviewer for several journals. He has published a number of articles and book chapters in the areas of hypersexuality, exhibitionism, pedophilia, and sexual sadism, the impact of pornography on sexual aggression, and the sexual offence cycle.

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Scientific Support for Treatment and Prediction of Recidivism

Gene G. Abel, MD
Abel Screening, Inc.

Converging scientific studies indicate that inappropriate sexual interest is the best predictor of recidivism, and other anticipated factors were not predictive of recidivism. Results of treatment that mainly focused to reduce deviant interest showed three groups of clients, the first group responded exceedingly well, a second group responded fairly well and third group responded poorly to cognitive behavioral treatment and needed further intervention.

Learning Goals:

- Be able to identify the best predictors of sex offender recidivism.
- Be able to identify the variables that do not predict sexual recidivism.
- To understand a scientific method of predicting sexual recidivism.

Gene G. Abel, M.D. is the Director of Research at Abel Screening, Inc. A board-certified psychiatrist and a distinguished fellow of the American Psychiatric Association. Dr. Abel has been a Clinical Professor of Psychiatry at Columbia University School of Medicine, Morehouse School of Medicine and at Emory University School of Medicine. He has directed six federal National Institute of Mental Health research projects to find new ways to protect children from sexual abuse, and has published over 150 medical articles in scientific journals. He has recently completed a preventive screen to identify individuals who should not be hired to work with children.