

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | 10:30 AM – 12:00 PM

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The Risk-Need-Responsivity Principles also Apply to Diverse Clinical Forensic Populations in the Conceptualization and Management of Sexual Violence Risk

Symposium Chair: Mark E. Olver, PhD, RD Psych
University of Saskatchewan

People are complex and diversity—in mental health functioning, culture, sexuality, gender and so forth— is the rule rather than the exception. People who have committed sexual offenses are no less diverse, and this leads to several questions with ramifications for clinical practice. For instance, to what extent is sexual violence risk structured similarly across diverse populations? Do the same areas of risk and need have relevance? Are there common threads in treatment approaches and risk assessment practices? How might approaches be adapted and yet service integrity maintained, in an effort to be responsive and effective with diverse populations? This symposium contributes to the conference theme of shaping the future through a consideration of flexible application of the risk-need-responsivity principles to diverse clinical forensic samples of men who have sexually offended. The first presentation features a prospective longitudinal investigation of mental health and criminogenic variables, including within treatment change, in a correctional mental health sample of men convicted for sexual offenses. The second presentation examines the role and relevance of mental health symptomatology in terms of their intersection with the RNR principles in an inpatient sample of men treated for sexual offending. The final presentation features an examination of the latent structure of sexual violence risk and need in a large correctional sexual offense sample of Indigenous and non-Indigenous men, and the extent to which common areas of risk and need predict sexual violence and whether changes therein correspond to reductions in sexual violence.

Financial Interest: Mark Olver is co-developer of the Violence Risk Scale-Sexual Offense version (VRS-SO), featured in this symposium, and receives remuneration for training and consultation services with the tool.

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RNR Principles Applied to the Assessment and Treatment of Adult Men with a Serious Mental Illness Who Have Committed Sexual Aggression

Drew A. Kingston, PhD
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Interventions for individuals with mental health symptoms who have committed sexual aggression have often focused primarily on the former as the means with which to reduce sexual and criminal recidivism. This approach was based on the implicit assumption by some that untreated mental illness is a direct antecedent to sexual and non-sexually aggressive behavior. Based on recent evidence, however, some researchers and policy makers have suggested embedding principles of effective correctional intervention in addition to, or instead of, traditional mental health targets in treating these individuals.

Results from a series of prospective longitudinal studies will be presented which were formulated around pertinent hypotheses regarding reducing risk to re-offend. More specifically, the risk relevance of mental health variables as well as criminal attitudes and related constructs embedded within correctional theory are presented. Moreover, within-treatment change and the subsequent association with sexual, violent and general recidivism among such variables following a comprehensive treatment program are presented. Risk and need implications of psychometric assessments of treatment change are discussed as are overall best practices and specific interventions recommended for this population.

Learning Goals:

- To present the extant literature on the role of mental health as a precipitant to sexual aggression
- To provide information from recent longitudinal studies pertaining to current assessment and treatment change among men with serious mental health symptoms who have committed sexual aggression
- To summarize current knowledge pertaining to best practices in assessing and treating men with mental health symptoms who have committed sexual aggression

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Symptoms Matter: Major Mental Illness as a Responsivity Issue in the Treatment of Adult Men Who Have Committed Sexual Aggression

Heather M. Moulden, PhD, CPsych
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While symptoms of major mental illness or psychotic disorders account for only a small proportion of sex-related crimes, their impact on treatment delivery and engagement can be profound. Because mental illness is not a criminogenic need, it has at times been disregarded in the development of treatment services, even those provided in forensic psychiatric settings. However, from a responsivity perspective major mental illness may have far reaching effects on 1) how risk factors present, 2) how symptoms interact with risk, and 3) the ability to engage in treatment effectively.

This talk will provide an overview of how major mental illness impacts treatment and what strategies can help clinicians design and deliver responsive treatment programs. We will consider symptoms of major mental illness and their relevance for conceptualizing sexual aggression clinically (e.g. socio-sexual functioning), what treatment targets may be modified to reflect the unique issues in those with major mental illness (e.g. symptom management), and what techniques may be helpful to facilitate learning and change given the cognitive and emotional features of major mental illness (e.g. theory of mind).

Learning Goals:

- To review the ways in which major mental illness impacts on sexual offence treatment engagement and delivery
- To summarize clinical approaches to working with different symptom dimensions of major mental illness in those who have committed sexual aggression
- To summarize current knowledge pertaining to best practices in assessing and treating men with major mental illness who have committed sexual aggression

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Latent Constructs of Dynamic Sexual Violence Risk and Need among Indigenous Men who have Sexually Offended

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Canada's Indigenous people comprise only 3% of the general population yet make up nearly one quarter of its federal correctional population. Discussion and debate are ongoing regarding the equivalence of the psychometric properties of standardized forensic measures to persons of Indigenous ancestry in the justice system, including men convicted for sexual offenses. While much of the debate has focused on the equivalence of predictive accuracy of these measures for sexual violence among Indigenous populations, a further pressing, but less examined, issue is the extent to which the same or similar constructs that underpin sexual violence risk emerge for both Indigenous and non-Indigenous men.

The present study examined latent constructs of dynamic sexual violence risk and need as a function of Indigenous ancestry, featuring the Violence Risk Scale-Sexual Offense version (VRS-SO), on a Canadian federal sample of 1,063 treated men convicted for a sexual offense. Multigroup confirmatory factor analyses of VRS-SO dynamic items ratings supported a correlated three-factor model across Indigenous (n = 393) and non-Indigenous (n = 670) groups, corresponding broadly to the domains of sexual deviance, criminality, and treatment responsiveness. Associations examined between pre and post-treatment rated factor scores and sexual and violent recidivism were moderated less by Indigenous ancestry than by victim profile. Change scores on each of the three factors were significantly associated with decreased sexual and violent recidivism, regardless of ancestry and victim profile. The findings support a common latent structure of sexual violence risk among Indigenous and non-Indigenous men and the predictive accuracy of risk and change scores on these domains for future sexual violence.

Learning Goals:

- To review psychometric and psycholegal issues in the assessment of sexual violence risk and need with justice involved Indigenous persons.
- To present rigorous and defensible approaches to examine the structural and predictive properties of sexual violence risk measures with persons of Indigenous ancestry.
- To summarize current data on the latent structure of sexual violence risk among Indigenous men who have sexually offended and discuss the implications this has for sexual violence risk assessment, intervention planning, and risk management.

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Drew A. Kingston, PhD 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 licensed psychologist in the State of California and is currently the Senior Clinical Director of the HOPE program and is a research scientist at the Institute of Mental Health Research in Ottawa, Ontario, Canada. 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.

Mark E. Oliver PhD is Professor and Registered Doctoral Psychologist (Saskatchewan) at the University of Saskatchewan, where he is involved in program administration, graduate and undergraduate teaching, research, and clinical training. Prior to his academic appointment, Mark worked as a clinical psychologist in various capacities, including providing assessment, treatment, and consultation services to young offenders in the Saskatoon Health Region and with adult federal offenders in the Correctional Service of Canada. Mark's research interests include offender risk assessment and treatment, young offenders, psychopathy, and the evaluation of therapeutic change. He is the co-developer of the Violence Risk Scale-Sexual Offense version (VRS-SO) and he provides training and consultation services internationally in the assessment and treatment of sexual, violent, and psychopathic persons.

Shannon Smith, LCSW received her master's in clinical social work from the University of Michigan and has dedicated over 17 years specializing in assessment and treatment of individuals who have engaged in sexually abusive behaviors. She has provided consultation and trainings on assessments, treatment and risk management to state and county stakeholders. Ms. Smith is the founder and CEO of The HOPE Program, a forensic outpatient CASOMB Certified treatment program that utilizes evidenced based practice and the latest research to provide services to individuals and families in order to reduce risk of reoffending and enhancing community safety. Ms. Smith is a Certified Trainer for the state of California for the STABLE-2007, LS/CMI and JSORRAT-II. She is an active clinical member of Association for the Treatment of Sexual Abusers (ATSA).

Heather M. Moulden, PhD is a Clinical and Forensic Psychologist in the Forensic Psychiatry Program at St. Joseph's Healthcare Hamilton, an Associate Clinical Professor in the Department of Psychiatry and Behavioural Neuroscience, and Associate Member in the Department of Psychology, Neuroscience and Behaviour at McMaster University. Heather has provided sexual offence assessment and treatment in both inpatient and outpatient forensic settings, as well as federal correctional institutions. Her research interests include effective forensic rehabilitation, the intersection between mental illness and sexual offending, and risk and psychodiagnostic assessment. Heather has provided teaching, training and consultation internationally on effective treatment for sexual offending, as well as its relationship to psychiatric comorbidity specifically.