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2020 ATSA Conference | Friday October 23 | 10:15 AM – 11:45 AM

FR-AM-04

Developing Protective Factors Responsive to Criminogenic Need Profiles

Symposium Chair: David Thornton, PhD
FAsTR LLC

Recent developments in clinical practice in sex offense specific treatment emphasize engagement and responsiveness, along with building strengths and developing protective factors. At the same time research has continued to emphasize the connection between criminogenic needs and sexual recidivism. There is a danger that a gap will develop between these two bodies of work with treatment practices developing that engage and build strengths but fail to address criminogenic needs. What is needed is a way of building strengths that is responsive to criminogenic needs. This symposium is a progress report on work designed to build such a bridge.

The first presentation will report empirical work within the SRA framework that identifies the more common varieties of criminogenic need profile to be found in different samples including a regular DOC sample and two high risk samples (one consisting of men with a history of sexual offending who also have a major mental illness (Bipolar 1 or Psychosis) and the other consisting of men who present similarly high risk but have not been diagnosed a major mental illness). The second presentation will consider protective processes and protective factors in relation to the criminogenic need profiles identified in the first presentation and suggest ways they can be connected. The third presentation will describe the achievements and challenges experienced by clinicians when integrating a protective factor approach within an SVP treatment program.

This symposium is rated: Adult | Intermediate | Clinical & Research

Empirically Identified Criminogenic Need Profiles

David Thornton, PhD
FAsTR LLC
Sharon Kelley, PsyD
Sand Ridge Evaluation Unit

Although clinicians commonly develop a sense of clients' criminogenic needs during treatment the way these needs are identified may not be sufficient to distinguish presentations that are actually related to recidivism. Empirically developed measures of criminogenic need may be better at reliably identifying need presentations that are important to treat. We have used criminogenic need ratings from SRA-FV-2 and then applied exploratory factor analysis together with determining the frequency of different combinations of criminogenic needs to identify common criminogenic need profiles. Samples included in the analysis comprise an average risk sample of 339 adult males

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imprisoned for sexual offenses, a high risk sample drawn from two sites providing treatment to individuals with a history of sexual offending and major mental illness with a combined N of 80, and another high risk sample drawn from one site of adult males diagnosed with mental disorders but without a history major mental illness (N=65). The frequency of different need profiles is shown within each of these samples and for the sample with a major mental illness need profile frequency is shown separately for those for whom their major mental illness exacerbated their criminogenic needs. Implications for the design of treatment programs, the development of treatment plans, and ways clinicians might focus treatment activity will be discussed.

Learning Goals

- Upon completion of this educational activity, learners should be better able to describe the factor structure of criminogenic needs as measured by SRA-FV-2.
- Upon completion of this educational activity, learners should be better able to describe the frequency of different combinations of sexual criminogenic needs.
- Upon completion of this educational activity, learners should be better able to describe the frequency of different combinations of non-sexual criminogenic needs.

Developing Protective Factors Responsive to Different Criminogenic Need Profiles

David Thornton, PhD
FAsTR LLC
Sharon Kelley, PsyD
Sand Ridge Evaluation Unit

This presentation will start from the Criminogenic Need Profiles more commonly identified in the first presentation and explore two models for connecting the protective factors defined by the SAPROF-SO to criminogenic needs. The first model is based on protective factors sometimes constituting the opposite pole to risk factors so that the presence of a given criminogenic need will imply a goal of developing protective factors that represent opposite functioning. A table of correspondences will be included to facilitate this. Correspondence may occur at the level of broader risk and protective dimensions or groups of complementary protective factors that work together. The second model uses a case formulation to make the linkage. The formulation seeks to understand why, in the period leading up to an offense, offending was a more attractive way of attaining valued outcomes than non-offending means, as well as what normally restrains the individual from offending and why these processes failed at the time the offense was committed. Criminogenic Needs are understood in terms of their role in this process and potential protective factors are evaluated in terms of how they might modify the relative attractiveness of offending vs. non-offending behaviors, and how they might strengthen control processes. Clinical processes required to build protective factors and to strengthen their application will also be discussed.

Learning Goals

- Upon completion of this educational activity, learners should be better able to describe protective factors that are more relevant to specifically sexual criminogenic needs.

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- Upon completion of this educational activity, learners should be better able to describe protective factors that are more relevant to non-sexual criminogenic needs.
- Upon completion of this educational activity, learners should be better able to describe the advantages and disadvantages of a case formulation approach in the identification of relevant protective factors.

Integrating Criminogenic Needs and Protective Factors in a SVP Treatment Program

Jason Smith, PsyD
Sand Ridge Secure Treatment Center

This presentation will focus on an applied method of integrating criminogenic needs and protective factors within an SVP treatment program. Participants will be provided a framework to identify and organize a client's treatment needs so that a case formulation can be developed and progress in treatment can be measured. Case examples will be described to demonstrate the utility of this approach, lessons learned, and future directions.

Learning Goals

- Upon completion of this educational activity, learners should be better able to describe the framework for integrating criminogenic needs and protective factors.
- Upon completion of this educational activity, learners should be better able to explain how the framework can be used for case formulation.
- Upon completion of this educational activity, learners should be better able to apply framework to a case example.

David Thornton, PhD, is a psychologist in private practice in Wisconsin and holds a part time position as a professor in the department of clinical psychology at the University of Bergen in Norway. He was research director for Wisconsin's program for sexually violent persons for three years and previously was the treatment director for that program for over a decade. He has published on evidence-based standards for effective correctional programs and on the importance of therapist style in the provision of treatment designed to reduce sexual recidivism. He has been involved in the development of static actuarial instruments to assess sexual recidivism risk, contributing to the development of such scales as Static-99, Static-2002, Static-99R, Static-2002R and Risk Matrix 2000. He has been involved in the development of psychological risk assessment, creating the Structured Risk Assessment (SRA) framework. David Thornton has published three books, over 15 chapters in edited books, and over 75 papers in peer-reviewed scientific journals.

Sharon Kelley, PsyD is employed as an SVP evaluator with the Sand Ridge Evaluation Unit in Madison, Wisconsin, and she is the current President of the Wisconsin Chapter of ATSA. She is licensed to practice psychology in Wisconsin, Minnesota, and California. Both within her practical work and research projects, she is interested in empirically based risk assessments and understanding evaluator decision-making. She is a co-developer of the Structured Assessment of Protective Factors – Sex Offense version (SAPROF-SO). She has authored and co-authored ten

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journal publications, one book chapter, and two ATSA Forum articles. Her current research projects involve the SAPROF-SO, the rate of undetected sexual offending, and sexual risk assessment of individuals with major mental illness.

Jason Smith, PsyD is a licensed clinical psychologist. Currently, he is the Treatment Director at Sand Ridge Secure Treatment Center in Wisconsin. Previously he served as a Superintendent of an SVP program and mental health institution in Iowa. He maintains a small outpatient sex offender treatment program. He was recognized as Leader of the Year for the Department of Human Services in 2006. Dr. Smith has served in many different clinical and administrative capacities in non-profit organizations serving individuals with intellectual disabilities and mental illness. He has also worked in community-based corrections, private practice, and held adjunct faculty positions at various colleges. He has been active in statewide initiatives in policy development, treatment provision, and risk assessment for sex offenders. Dr. Smith currently serves in a treatment advisory capacity for several civil commitment programs throughout the country.