

BLENDING VOICES. STRENGTHENING LIVES.

2020 ATSA Conference | Friday October 23 | 2:30 PM – 4:00 PM

FR-PM-02

Introducing... “Stand Strong, Walk Tall: Prehabilitation for a Better Future”

Symposium Chair: Sarah Christofferson, PhD, PGDipClinPsyc
University of Canterbury

Stand Strong, Walk Tall: Prehabilitation for a Better Future (Christofferson, Willis, Cording, & Waitoki, 2020) is a newly-developed secondary prevention initiative offering evidence-based assessment and treatment services to individuals who experience sexual attraction to children/minors, with pilot delivery commencing in 2020 across New Zealand and Norway. The design includes a focus on reducing barriers for the target population; as such, the service is accessible in the community on a self-referral basis, outside of the justice system. Individuals do not need to have a (known or unknown) history of sexually abusive behavior to seek or attain help, as the focus is on prevention. *Stand Strong, Walk Tall* has further been designed as a joint treatment and research initiative, to enable robust evaluation as well as contributions to the knowledge base regarding those who experience sexual interest in children, their treatment needs, and effective interventions.

Stand Strong, Walk Tall uses the term *prehabilitation*, to reflect its position as the bridging of services typically offered as *rehabilitation* (e.g., in a prison or other justice system context after the point of conviction), with an earlier *prevention* approach. Prehabilitation programs such as *Stand Strong, Walk Tall* may offer a missing link in the context of a behavior all would like to see eradicated (child sexual abuse), system responses typically geared up to prevent only a small proportion of this (i.e., recidivistic offending), and a minor-attracted population in need but often unable to access effective interventions unless they are in the justice system after having acted on their attractions and harmed a child.

This symposium will introduce and overview the *Stand Strong, Walk Tall* intervention, strategies to reach and appeal to the target population, and early outcomes. It should be of interest to clinicians and administrators seeking to provide similar services in their own jurisdictions, as well as researchers interested in prevention. The symposium will comprise four presentations: First, the *Stand Strong, Walk Tall* intervention framework, philosophy, and theoretical underpinnings will be introduced. The second presentation will outline the components of assessment and treatment in the *Stand Strong, Walk Tall* model. Third, preliminary pilot findings and staff perspectives from both the New Zealand and Norwegian contexts will be discussed. The fourth and final presentation offers a different angle, reporting on effective advertisement design in the prevention of online child sexual offending, and how these research findings have been applied to the Stand Strong, Walk Tall pilot service promotion.

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

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The Stand Strong, Walk Tall Intervention Framework for Effective Secondary Prevention of Child Sexual Abuse

Sarah Christofferson, PhD, PGDipClinPsyc
University of Canterbury

Stand Strong, Walk Tall is a secondary prevention or prehabilitative intervention, designed to provide access to effective services for individuals in the community who experience sexual interest in children. This presentation will describe the *Stand Strong, Walk Tall* intervention framework and philosophy. The intervention is evidence-based, with the framework informed by broad theoretical underpinnings and international empirical research on the target population (often referred to in the literature as minor-attracted persons or MAPs).

Stand Strong, Walk Tall draws on the principles of risk, need, and responsivity, grounded in a strengths-based Good Lives approach, and supported by the Hauora Māori Clinical Guide for effective bicultural practice. Content, targets, and delivery are further informed by etiological and process models of child sexual abuse, extant research regarding individuals with minor-attraction and their needs, along with the principles of feedback-informed treatment and trauma-informed care. The integration and synthesis of the above models into the framework, and their adaptation to the prehabilitative context, will be described. The intervention philosophy is the cornerstone of the *Stand Strong, Walk Tall* design, and this philosophy and its origins will also be described.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand how RNR and GLM guide the Stand Strong, Walk Tall secondary preventive intervention framework, along with additional theoretical underpinnings.
- Upon completion of this educational activity, learners should be better able to gain insight into the intervention philosophy behind Stand Strong, Walk Tall.
- Upon completion of this educational activity, learners should be better able to understand how research findings on the minor-attracted population have been incorporated into the design of this intervention.

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Components of Assessment and Treatment in the Stand Strong, Walk Tall Prehabilitation Initiative

Sarah Christofferson, PhD, PGDipClinPsyc
Jacinta Cording, PhD
University of Canterbury

Stand Strong, Walk Tall: Prehabilitation for a Better Future identifies 12 treatment targets representing common needs of individuals presenting for treatment in relation to minor-attraction. These needs are addressed across nine intervention modules, however, the program is designed to be flexible and responsive to individualized needs. Therefore, only those targets and modules assessed as personally relevant are incorporated into an individual's treatment plan. Given the primacy placed on the case formulation approach for individualized treatment planning, and the joint treatment and research goals of the initiative, the assessment protocols are another important aspect of the *Stand Strong, Walk Tall* design. This presentation will outline all of the key components of both the assessment protocols and the intervention that comprise *Stand Strong, Walk Tall*, including the evidence base that these components were derived from.

Learning Goals

- Upon completion of this educational activity, learners should be better able to learn what the key targets for treatment change are in the Stand Strong, Walk Tall secondary prevention intervention.
- Upon completion of this educational activity, learners should be better able to understand the list of modules and the basic contents of each in the program.
- Upon completion of this educational activity, learners should be better able to gain insight into the components of the Stand Strong, Walk Tall assessment protocols.

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Stand Strong, Walk Tall
Preliminary Findings and Reflections From the New Zealand and Norwegian Pilot Sites

Jacinta Cording, PhD
University of Canterbury
Christine Friestad, PhD
Oslo University Hospital

Pilot delivery of the *Stand Strong, Walk Tall: Prehabilitation for a Better Future* intervention commenced in both New Zealand and Norway in the first half of 2020. In this paper, preliminary data from the two sites regarding the demand for and uptake of services, features of the client group and their treatment needs will be presented, along with selected anonymized example case descriptions. Emerging themes in terms of the barriers and enablers of effective clinical engagement with this population (including initial publicity strategies to appeal to the target client population) will also be outlined. Clinician experiences and reflections will be drawn upon and discussed, including experiences and strategies for understanding and managing risk for this client group.

Learning Goals

- Upon completion of this education activity, learners should be better able to gain insight into the preliminary findings of the Stand Strong, Walk Tall New Zealand and Norwegian pilots in terms of client demand and uptake.
- Upon completion of this education activity, learners should be better able to gain insight into the preliminary findings of the Stand Strong, Walk Tall pilots in terms of the characteristics and treatment needs of the client group.
- Upon completion of this education activity, learners should be better able to gain awareness of the experiences and reflections of staff involved with a new prehabilitation intervention model.

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Designing Effective Digital Advertisements to Divert Individuals Searching for Child Sexual Exploitation Material Online

Claire Henry, PhD
Massey University

Alongside the vital provision of helpline services and preventative therapeutic treatment, digital media interventions can be utilized as a primary prevention tool to reduce consumption of child sexual exploitation material (CSEM) and divert individuals who are at the point of onset or potential onset of harmful sexual behavior into appropriate therapy. Considering the rapid increase of CSEM material available online (observed by organizations such as Internet Watch Foundation and National Centre for Missing and Exploited Children), as well as the challenges for law enforcement in the face of such escalation, the necessity of developing effective and innovative primary prevention strategies is a pressing objective in stemming the problem.

This paper reports on a study that worked to establish an evidence base for developing effective online advertisements to nudge individuals away from CSEM and toward seeking therapeutic intervention. It will outline the principles developed by creating a set of test advertisements and discussing these in focus groups and interviews with staff and clients of therapeutic services specializing in harmful sexual behavior within Aotearoa New Zealand. By foregrounding the voices of those with lived experience—and those who treat them—the research generated insight into the mindset and emotions of onset CSEM users and their barriers to reaching out to helplines and therapeutic services. This paper reports on this creative and qualitative investigation of effective helpline advertisements—what imagery, text, and design features are most likely to succeed in diverting people away from seeking CSEM and encouraging them to reach out to a helpline?

Finally, this presentation will report on initial consultation and development of the Stand Strong, Walk Tall advertising campaign.

Learning Goals:

- Upon completion of this education activity, learners should be better able develop an understanding of effective advertisement design in primary prevention of CSEM offending.
- Upon completion of this education activity, learners should be better able to gain insight into the mindset and emotions of onset offenders and their barriers reaching out for helpline or therapeutic service support.
- Upon completion of this education activity, learners should be better able understand how creative processes and interview and focus group methodologies operated to develop these insights.

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Sarah Christofferson, PhD, is a Senior Lecturer in Clinical Psychology at the University of Canterbury, New Zealand, and a Registered Clinical Psychologist. Her research interests include the therapeutic and systemic prevention of sexual abuse, assessment and treatment approaches for people who have sexually offended, strategies for measuring therapeutic change, and the valid integration of change into risk evaluations. Dr Christofferson has a special interest in ethical and legal matters as they pertain to clinical practice and research, and serves on the Human Ethics Committee of the University of Canterbury. She is also an active committee member and former Chair of the Institute of Criminal Justice and Forensic Psychology, and maintains a clinical practice consulting to various agencies.

Jacinta Cording, PhD, is a Lecturer in Forensic Psychology in the School of Psychology, Speech and Hearing at the University of Canterbury, New Zealand. Her research interests include understanding dynamic risk and needs (including assessment), the impact of trauma or disadvantage on offending and broader wellbeing, and treatment and support for minor-attracted persons. Dr Cording is primarily a quantitative researcher, but dabbles in mixed-methods research, and has a special interest in the use of administrative data to inform research on individual change, needs and wellbeing.

Christine Friestad, PhD, is a researcher at Oslo University Hospital, Centre for Research and Education in Forensic Psychiatry, Associate Professor at the University College of Norwegian Correctional Service, and a registered psychologist. Her research interests concern the relationship between social adversity, marginalization and crime. Her research has focused on the social correlates of crime (covering both violent and sexual crimes), as well as gender differences in health among prison inmates. She has been a member of the national accreditation panel for correctional programs, and is currently involved in developing mental health services to persons convicted of sexual crimes.

Claire Henry, PhD, is a Lecturer in Digital Media Production at Massey University, Wellington, Aotearoa New Zealand. As a screen studies scholar, her research has had an overarching focus on the cultural politics and ethics of screen violence (particularly sexual violence), which has expanded to investigate the practical potential of digital media interventions in violence and social harm. She is currently working on applied media-based projects with policy impact in the context of Aotearoa New Zealand.