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2020 ATSA Conference | Thursday October 22 | 12:45 PM – 2:15 PM

TH-MID-01

The Integrated Risk Assessment and Treatment System (IRATS) Model: An Empirically Validated Model of Treatment Change

Symposium Chair: Kristina Shatokhina, BA, MSc Candidate
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Dispositional characteristics and adverse life experiences likely combine to drive sexually violent behaviour and explanatory models, such as the Integrated Risk Assessment and Treatment System (IRATS; Abracen & Looman, 2016), can help improve the understanding of how these factors can influence offending behaviour and guide treatment. The IRATS consists of three components that lead individuals to turn to sexual offending. One component is sexual deviance, which refers to an individual's failure to self-regulate sexual urges and demonstration of deviant phallometric preferences or paraphilias. A second component is psychological vulnerability, which involves a history of abuse and rejection, attachment issues, and chronic issues with negative emotions such as anger, depression, and loneliness. The last component is criminality, which includes the persistence and range of offending, psychosocial problems, offense-supportive cognitions, and antisocial personality patterns. Together, these components can elucidate what drives the occurrence and maintenance of criminal behaviour, as well as one's response to intervention.

The aim of this symposium is to discuss the way in which the IRATS Model of Sexual Offending can provide an explanatory framework for understanding people who have committed sexual offenses. The first presentation will discuss the theoretical underpinnings of the model and the way in which it can facilitate the management of sexual offenders in the community. The second presentation will discuss the degree to which the three components of the IRATS collectively predict criminal recidivism and treatment dropout. The third presentation will discuss the application of the IRATS to the treatment of substance abuse.

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

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Community Management of Sexual Offenders Presenting with Mental Illness

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Central District (Ontario) Parole
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Forensic Behaviour Services
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The present paper will focus on the assessment and treatment of sexual offenders in community settings. Outcome research related to success with community and institutionally based treatment using Cognitive Behavioural Strategies (CBT) will be discussed. The available research suggests that treatment provided by registered mental health professionals appears most successful. As well, treatment programs that address issues with deviant arousal directly also appear to be more effective. Further, programs that employ polygraphy appear to be less successful. These findings were recently published in a comprehensive meta-analysis produced by Gannon, Olver, Mallion & James (2019) and will be discussed in some detail.

We will then present the Integrated Risk Assessment and Treatment System (IRATS) Model, developed by the first two authors. We believe that this model helps contextualize the findings produced by Gannon et al. (2019) and also suggests why some recent data related to large scale programs delivered without much involvement by mental health professionals have produced disappointing results (e.g., Mews, Bella & Purver, 2017).

Last, we will present some recent data by our team comparing a group of treated sexual offenders in the community to a comparison group of untreated sexual offenders. The approach that we have adopted is based on the IRATS Model. Our outcome data demonstrate extremely low rates of sexual offence recidivism with community based interventions geared towards sexual offenders treated using the IRATS Model. This model addresses issues associated with so called criminogenic needs (e.g., Andrews & Bonta, 1998, 2010) as well as directly addressing issues associated with serious mental illness and deviant arousal. The model is designed to be used by qualified mental health professionals or staff under the direct supervision of qualified mental health professionals and who have relevant training and educational backgrounds.

Learning Goals

- Upon completion of this educational activity, learners should be able to understand the relevant research on community treatment of sexual offenders.
- Upon completion of this educational activity, learners should be able to understand the elements of the community based program offered for moderate to high-risk sex offenders in the Greater Toronto Area (GTA) offered by the authors. This program is based on the Integrated Risk Assessment and Treatment System (IRATS) Model developed by the authors and has been employed in both institutional and community settings.
- Upon completion of this educational activity, learners should be able to understand the long-term outcome data that was collected by our team comparing clients attending our community program with a comparison group of untreated sexual offenders from the same region as the treated subjects. Data will be presented that, with appropriate

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treatment, community based approaches can result in near zero rates of sexual offence recidivism, even when clients are followed for long periods of time.

The Integrated Risk Assessment and Treatment System (IRATS) Model and its Application to Recidivism and Treatment Engagement among Sexual Offenders

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Leigh Harkins, PhD
Ontario Tech University
Jeffrey Abracen, PhD, CPsych
Central District (Ontario) Parole

The aim of this project was to investigate whether the IRATS Model of Sexual Offending – sexual deviance, attachment difficulties, and criminality – can be applied to the prediction of recidivism and treatment dropout. Study 1 investigated whether the IRATS components predict the likelihood that an incarcerated sample of offenders will engage in sexual, violent, or general recidivism. This sample consisted of convicted sexual offenders who were assessed at the Regional Treatment Centre High Intensity Sex Offender Treatment Program (RTCSOTP), provided by the Correctional Service of Canada (CSC). Preliminary results of Study 1 indicated that the three components, together, significantly predicted recidivism. Study 2 investigated whether the IRATS components predict the likelihood that a community sample of offenders will terminate their treatment prematurely. This sample consisted of sexual offenders who were treated at the Sexual Behaviours Clinic at the Centre for Addiction and Mental Health (CAMH). Preliminary results of Study 2 indicated that the three components, together, significantly predicted voluntary treatment engagement.

Learning Goals

- Upon completion of this educational activity, learners should be better able to discuss the utility of the IRATS Model of Sexual Offending in predicting criminal recidivism (general, violent, sexual).
- Upon completion of this educational activity, learners should be better able to discuss the utility of the IRATS Model of Sexual Offending in predicting dropout from psychotherapy
- Upon completion of this educational activity, learners should be better able to distinguish between the way in which the IRATS Model of Sexual Offending can be applied to correctional and forensic populations.

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Substance Abuse in Sexual Offenders: A Primer

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Jeffrey Abracen, PhD, CPsych
Central District (Ontario) Parole

The presentation will discuss both research and practical matters related to the assessment and treatment of substance abuse in sexual offenders. We will first describe a number of studies completed by our team that have demonstrated differential patterns of substance abuse in sexual and non-sexual violent offenders. In a series of studies comparing sexual offenders treated at the Regional Treatment Centre (Ontario) to differing groups of violent non-sexual offenders we have shown that sexual offenders have significantly more difficulties with lifetime history of alcohol abuse as measured by the Michigan Alcohol Screening Test (MAST). With reference to drug abuse, however, we have shown that violent non-sexual offenders present either with more difficulties in this regard as measured by the Drug Abuse Screening Test (DAST) or that there are no differences between groups. These findings are discussed in terms of the Integrated Risk Assessment and Treatment System (IRATS) Model. In particular, the extensive literature linking negative emotionality and alcohol abuse is presented.

We will then discuss why, in our view, these differing patterns are important from a treatment perspective. We will argue that comprehensive treatment programs that address both traditional sex offender treatment targets (e.g., cognitive distortions related to sexual offending) as well as other relevant domains (e.g., substance abuse) should be provided to clients. Issues associated with therapist training and background will be discussed in this regard. Last, we will offer some practical suggestions regarding how to incorporate substance abuse treatment into integrated sex offender treatment programs.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand and articulate the relationship between substance abuse and sexual offending.
- Upon completion of this educational activity, learners should be better able to differentiate the role of alcohol abuse from other drug abuse in sexual offending.
- Upon completion of this educational activity, learners should be better able to understand the importance of alcohol use disorder in risk assessment for sexual offenders.

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Kristina Shatokhina received her B.A. in Psychology (Specialized Honours) from York University in 2015 and is currently completing her M.Sc. in Forensic Psychology at Ontario Tech University, supervised by Dr. Leigh Harkins and Dr. Jeffrey Abracen. Over the last eight years, Kristina has conducted research in a variety of settings, including the Correctional Service of Canada (CSC) and the Centre for Addiction and Mental Health (CAMH) – Forensics Division. She also currently collaborates with licensed clinical psychologists to provide supervised psychotherapeutic services to correctional populations at CSC and is employed by The Salvation Army – Correctional and Justice Services.

Dr. Jeffrey Abracen graduated with his Ph.D. in counselling psychology from McGill University on 1995. He has worked for Correctional Service of Canada (CSC) since 1995. Dr. Abracen has held a number of roles within CSC including having worked at the High Intensity Sex Offender Treatment Program at the Regional Treatment Centre (Ontario) and having been the Program Director of community based sex offender treatment programs in Central District (Ontario). Dr. Abracen's current role is as the Chief Psychologist for CSC in Central District (Ontario) Parole. Dr. Abracen has published extensively in the area of sex offender assessment and treatment.

Dr. Jan Looman completed his PhD in Clinical/Forensic psychology at Queen's University in Kingston Ontario in 2000. He has been involved in the assessment and treatment of sexual offenders since 1987. Dr. Looman was the Program Director of the High intensity Sexual Offender Treatment Program at the Regional Treatment Centre (Ontario), and was responsible for that program's accreditation in 2002. Dr. Looman has also been employed as the Clinical Manager for the Regional Treatment Centre (Ontario), a hospital operated by Correctional Service of Canada. Dr. Looman currently works in private practice.