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What’s on in Milan: The successes and challenges of a program in Italy

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In 2002, Jos Frenken (apparently now retired) gave a presentation to the International Association for the Treatment of Sexual Offenders (IATSO) in Vienna. His mission was to find out what kinds of treatment options were available to people who sexually abused in various corners of the world. During the presentation, he put up a map of Europe showing how few options in Europe there actually were. While this situation has improved considerably during the past 14 years, often there is still too little communication between programs in different countries.

Across the past decade or so, two professionals in Italy, Carla Xella and Paolo Giuliani, Centro Italiano per la Promozione della Mediazione, along with their colleagues, have been actively involved in bringing high-quality treatment efforts to Italy. They have authored a book as well as white papers and book chapters, have traveled the world, and overcome remarkable financial challenges in a country that has recognized their pioneering efforts. I had the opportunity to visit them, work with their staff, and meet with many of their clients in April as they intensify their efforts with the Good Lives model.

In some ways, building treatment programs in the prisons around Milan and Rome has presented Xella and Giuliani with challenges that will be familiar to many professionals elsewhere. Examples include siting a program safely within a single unit in a larger prison so that the program can develop its own culture and provide safety to inmates who have committed sex crimes. This has been an ongoing challenge in both Rome and Milan. Likewise, while the program in Milan is able to provide individual cells for inmates to live in, the program in Rome houses an average of six inmates per cell. This is very far from ideal, but still better than having no rehabilitation program at all.

Other logistical concerns include the fact that there are only these two programs; many inmates must make difficult decisions about transferring to a prison that may be much farther away from the families with whom they strive to maintain contact. Once they are
there, program completion is not guaranteed. Further, every prisoner there can find strong disincentives not to participate in treatment. Many facilities offer employment and educational activities that create scheduling conflicts with treatment sessions, and no centralized scheduling system exists to resolve this issue.

Perhaps most remarkable are the challenges around funding. Xella, Guilini, and their teams have managed to negotiate with complex funding streams and often rely on client self-pay. The staff and clients who take personal risks to attend the programs routinely experience uncertainty as to whether their program will be funded four months down the road.

The structure of the programs will not be surprising. There is an assessment period followed by an introduction to treatment and disclosure of past offending, then a focus on managing risk factors in the here and now. Each program uses art and/or movement therapy, with a strong emphasis on meditation and yoga. The clients have created excellent art, which recently received its own display in a gallery in Milan. As is often the case, much of the clients’ artwork shows remarkable capability and in some cases tragic self-expression. In an era when many professionals interpret the principles of risk, need, and responsivity as being exclusive of adjunctive therapies, the Milan clients’ creations clearly show how therapeutic aspects of treatment participation can be enhanced by these experiences. It seems that this use of adjunctive treatment is at the center of the responsivity principle.

As one might infer from their actions, the clients themselves believe the treatment they receive is important to their continued success. This is not surprising to this author, who assisted in an environmental scan in the republic of Namibia, where inmates who had committed sexual crimes were very clear that they would like to have the opportunity to participate in treatment in order to prevent future crimes. Likewise, Jill Levenson and I found that clients in outpatient treatment and civil commitment programs alike felt that treatment is important.

Meanwhile, the clients themselves were clear that they like working with the Good Lives Model and that their primary wish would be for more individual as well as group therapy. Their greatest concern is the difficulty involved as they reintegrate into a society that largely does not want them back and offers little or no help in managing the transition back into the community. To that end, it was clear that these men wish for more contact with their families. Unfortunately, many of these clients were immigrants to Italy and had left their families far away.

Importantly, the staff of these programs were clear on their mission and the best ways to accomplish it. They value both the work and the clients themselves. Every staff member wants the very best for both their clients and the communities to which their clients will return.

In the end, the heroes of the story are the professionals working incredibly hard behind the scenes, with no glory and little recognition, except from Xella and Giulini. The moral for all of us comes back to the simple question that each society has to ask itself: Do we want these people to re-offend or not? If the answer is no, isn’t it time to provide support so that these and other programs can continue to exist? With all of the research pointing to the contribution of treatment programs to public safety, it seems unconscionable that there are still so many areas of the world where establishing a credible treatment program should be so difficult. The message from these inmates, and those in other parts of the world, is clear: far more often than not, they want to prevent further sexual violence and need help to do so.