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- Healthy lives,
- Safe communities
AGENDA

• Review of risk, need, responsivity
• Approach versus avoidance goals
• Key considerations
• Case discussions
DON'T WORRY!

• I won't call on you for answers

• I won't ask you to role play

• I won't put too much research into each slide

• Maybe some lighthearted profanity, though...
WHAT'S OUR GOAL?

• Stopping the behavior?
• Justice for the victim?
• Preventing re-offense?
WHAT WE FEAR
REALITY
HOW DID WE GET HERE?

• Quick look backwards

• Retrospective bias

• Great respect for all involved

• Intent: Tough on issues, tender on people

– *People are not now as smart as they think; people used to be smarter than we now think they were*  
  (Quinsey, Harris, Rice, & Cormier, 2006)
MY CONCERN

During the past 30 years, the majority of our progress has been technological
Speech is a mirror of the soul: as a person speaks, so is s/he

- Publilius Syrus, 100 BC
“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”
MARTINSON, 1974

At the size and probable duration of this effect; as of now, we can only do not know.

Does nothing work?

Do all of these studies lead us irrevocably to the conclusion that nothing works, that we haven’t the faintest clue about how to rehabilitate offenders and reduce recidivism? And if so, what?
1979: EDWARD S. BORDIN

- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)

- Over 1,000 studies have emphasized the importance of the alliance in psychotherapy since (Miller, 2011)
(T)he process of treating child sex offenders is heavily weighted in the direction of confrontation. Treatment requires continual confrontation.

No I don’t trust you and you would be pretty foolish to trust yourself.

Give me a break. What do you mean one drink can’t do any harm?

However, later says that treatment should not be hostile. How do we reconcile this?
EARLY STUDIES OF TREATMENT...

• Furby, Weinrott, & Bradshaw (1989):
  – No significant treatment effect due to methodology variability.

• Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002).
  – 17% untreated
  – 10% treated
  -Equivalent to a 40% reduction
  -Youth do best with community treatment

  – Re-offense reduced by nearly 40%
1995: THERAPEUTIC ENGAGEMENT

- 1st book on topic for this population
- 55 pages of text (!)
- Not widely cited
- Observes: “Many... want to believe there is a right way and a wrong way to treat sex offenders... Many times our own investment in a treatment program fosters competitive jealousy toward practitioners who use a different model.” (p. 51)
THE CONTAINMENT APPROACH: 
An Aggressive Strategy for the Community Management of Adult Sex Offenders

Kim English
Colorado Division of Criminal Justice

Most convicted adult sex offenders remain or return to the community. This article presents a specific approach to community management of adult sex offenders.
ENGLISH, PULLEN, & JONES, 1999

- Five-part model containment process

- *In this approach to sex offender management, the client is the community. Under this philosophy, treatment and supervision modalities give priority to community protection and victim safety.*
And the importance of employment for sex offenders yields to public safety considerations when prospective jobs are high-risk because of the access they give offenders to potential victims.
HOPE THEORY, 1999

- C.R. “Rick” Snyder:

- Agency Thinking
  - Awareness that a goal is attainable

- Pathways Thinking
  - Awareness of how to do it

- “Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking.” (in Hubble, Duncan, & Miller, 1999)
2005: THE SOTEP RCT

- No overall differences between treated and untreated groups, but:

- Sex offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they “got it” (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).
MARSHALL, 2005 - 07

- Preparatory programs
- RCTs not final word (?)
- WERD
AUDIOPHILIA
MUSIC FOR MASOCHISTS...
2007-12

- Wilson, Cortoni, et al

- Collaborative risk management, RNR principles, & holistic community aftercare can contribute to reduced re-offense

- Motivation varied across subgroups

- Illustrates need for post-institution community follow-up
  - Goal of “balanced, self-determined lifestyle”
    - (Similar to NewStart program in Saskatchewan)
PARHAR, WORMITH, ET AL., 2008

- Meta-analysis of 129 studies

- In general, mandated treatment was found to be ineffective ... particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.
2011

- Attorney Larni Levi (SOMC-list)

- In Massachusetts, offenders are required to sign what’s called a Lamb Warning informing the individual that anything he says during treatment can be used against him.
• http://www.dshs.state.tx.us/csot/csot_tdifference.shtm

• The most prominent difference is that the primary client in sex offender treatment is the community and the goal of treatment is NO MORE VICTIMS. With sex offender treatment, community safety takes precedence over any conflicting consideration...
Sex offender treatment is different than traditional psychotherapy in that treatment is mandated structured, victim centered, and the treatment provider imposes values and limits. Providers cannot remain neutral because of the risk of colluding with, adding to, and/or contributing to the offender’s denial. In sex offender treatment, confidentiality is not maintained due to the enormous public safety issues.
NOW

• We know better
• We do worse
TREATMENT

- Stable, Occupied, Accountable, Plan (SOAP)
  - Cognitive-Behavioral Treatment
  - Risk Management
  - Plan for Building a Better Life
ANDREWS & BONTA (2010)
Three Principles:

• Risk
• Need
• Responsivity
HOPEFULLY, PROGRAMS...

- Consistent with literature on effective treatment programs
- Piloted before full implementation
- Values and goals are consistent with those of the community
- Meet specific needs
- Cost effective
EFFECTIVE PROGRAMS

• Pre-treatment assessment

• Assessment-driven treatment

• Specific foci:
  – What risks are there (e.g., violence, suicide)
  – What treatment needs exist that are related to these risks
  – What factors should we consider for tailoring treatment so our clients will “get it”
EFFECTIVE PROGRAMS

RISK Principle

- Effective programs match the level of treatment intensity to the level of risk posed by the client.
- High risk = high intensity.
- Mismatching can result in increased risk.
- Criminal history = predictive.
RISK: “THE BIG FOUR”

- Anti-social attitudes
- Anti-social associates
- History of antisocial behavior
- Anti-social personality pattern
  - psychopathy, impulsivity, restless aggressive energy, egocentrism, thrill-seeking, poor problem solving and poor self regulation skills
ALSO

• Problems at home (such as low levels of affection, caring and cohesiveness, poor parental supervision, neglect and abuse),

• Problems at school or work (low levels of education and achievement and unstable employment history), or with leisure (poor use of recreational time) and substance abuse.

• The ability to predict criminal behaviour increases with the number and variety of major risk factors assessed and with the number of different sources of information used.
NOT ASSOCIATED WITH RISK

- Denial/disclosure
- Empathy
- Psychological maladjustment
- Many personality features
- Most biographical features
  - David, I have this really challenging case. Actually, it’s quite interesting, he was adopted out a five, and wound up...
EMPATHY
• Hojat et al (2009)
  – empathy among doctors

• Empathy scores did not change significantly during the first two years of medical school.

• However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation.

• Patterns of decline in empathy scores were similar for men and women and across specialties.
Conclusions

It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential.
RISK ASSESSMENT

• Risk assessment is not comprehensive
  – Thinking skill: Be a master of exclusion
  – RRASOR = 4 items

• Risk assessment may/may not include threat assessment

• Risk as underlying, long-term propensity for violence, sexual violence, criminality

• HCR-20, VRAG, SARA, RSVP, Static-99r, LSI-R, etc.
CLOSER LOOK

• “proven” how?
• Satisfaction not the same as symptom reduction or risk factor management
DOSAGE

- High risk = twice moderate risk
- Moderate risk = twice low risk

- Problem: Dosage considerations are vital, but very little actual research has been done
RISK PRINCIPLE

• Forget morals
• Forget values
• Forget everything else...
• Risk is an underlying likelihood

• We can make people more dangerous as well as less
EFFECTIVE PROGRAMS

NEED Principle

- Effective programs target identified criminogenic needs
- People who have sexually or violently abused require sex/violent offender specific treatment programming
- Other programs may result in some ancillary gain, but risk for sexual re-offense likely will not be reduced
NEED PRINCIPLE

- Criminal interests
- Criminal attitudes/beliefs
- Criminal schemas
- Criminal associates/significant others
- Self-regulation/management
  - Problem-solving skills
  - Coping skills
  - Interoception
NEEDS ASSESSMENT

• Substance abuse screening
• Personality testing (?)
• HCR-20 (needs items)
• Self-report inventories for sexual abuse (e.g., MSI-II)
• Trauma (?)

• And ???
COGNITIVE-BEHAVIORAL THERAPY

• Addresses
• problematic emotions
• maladaptive behaviors
• Thoughts, attitudes, beliefs, and other cognitive processes

• Uses goal-oriented, explicit systematic procedures
MEICHENBAUM QUESTIONS

• So when this happens and you do that... what happens?

• So it’s like a vicious ___

• So when this vicious cycle/circle happens, what’s the price that you and others pay?

• If we work together, and I sincerely hope that we do, maybe we could work to find ways to...
MEICHERNBAUM QUESTIONS

• Comorbidity: What other kinds of things have been troubling you?

• Finding strengths:
  – Despite X, Y, and Z, you still

• And some of the ways others can support you include ____

• And some of the systems you can access include ___

• One last question: What would be some of the things that get in your way?
EFFECTIVE PROGRAMS

• Train clients to self-monitor
• Rehearse alternative responses
• Practice prosocial behavior in increasingly difficult situations
• Clients have peers to whom they can turn for help
THINKING REPORTS/COGNITIVE CHECK-IN

• Describe the facts of the situation
• Thoughts you had
• Feelings and emotions
• Factual description of how you behaved and what your goals were
• What other options did you have?
POSSIBLE THINKING ERRORS

• Personalizing
• Obscuring
• Minimizing significance of events
• Maximizing significance of events (e.g., catastrophizing, awfulizing)
• Labelling
• Mind-reading
• Confirmation bias
POSSIBLE THINKING ERRORS

• Dichotomous thinking
• Compartmentalizing
• Unreasonable demands
• Cut-off
• Lack of Time Perspective
• Believing no one is hurt
SO WHAT?

• How do people come to use these thinking errors?
• What problems can be caused by them?
• When are some times you might have used this?
• What can you do if you think you’re using this thinking error?
COMMON ISSUES

• Someone trying to control you
• Being criticized
• Being disrespected
• Being threatened
• Having a reputation
• Wanting things “fast and easy”
EFFECTIVE PROGRAMS

RESPONSIVITY principle

- effective programs are those which are responsive to client characteristics
  - cognitive abilities
  - maturity
  - motivation
  - mode of intervention
  - scheduling concerns
  - Neurological impact of trauma
RESPONSIVITY ASSESSMENT

- Big Question: What gets in the way of accessing the services we have to offer
- What can we do to keep them responsive?
- IQ testing
- Trauma (?)
- Stages of change
- Motivation
BUILDING RESPONSIVIVITY

• 4:1 rule
  – Negatives should be accompanied by provision of healthy alternatives
  – Be vigilant for negative consequences of negatives, such as avoidance of professionals, increased punitive attitudes of clients, etc.

• Journaling

• Use specific language (e.g., reject vague language like “inappropriate”)

• Adjunctive treatments
  – Yoga, meditation
RULE REMINDERS
And Consequence earners

• No glass or ceramics in room
• No food or drinks in room
• ONE water per day: SIGN OUT and INITIAL bottle
• MUST ask before entering kitchen
• NO SEXUAL BEHAVIORS
• NO REVEALING CLOTHES Triple B “NO butts, breasts, belly”
• NO inappropriate behaviors
• 20 minutes @ the dinner table
• NO entering staff office without permission
• NO talking or hanging out in Hallways
• Lying
• Name Calling: peers or staff
• Slamming Doors
• Staff Splitting
• Tattling
• CANNOT be in a room with other peers
  WITHOUT STAFF
• Caught in a room with another resident and NO staff
• Taking food without permission
• NO dating/seeing other residents or their family members

• How did this program wind up here?
FINALLY

- Personalize manuals before you manualize persons
- Maintain fidelity to your client as well as to the manual
UNDERSTANDING MOTIVATION

Versions 1.0, 2.0 & 3.0
THE PROBLEM

• Smith, Goggin, & Gendreau, 2002
• Meta-analysis
• 117 studies since 1958
• 442,471 criminal offenders, including juveniles
No form of punishment reduced re-offense.

Two other large-scale studies have since confirmed.
A REAL PROBLEM

- *Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior.*
  - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
  - Some indication of increased risk for low-risk criminals
  - www.ccoso.org
Intellectuals solve problems; geniuses prevent them.

- Albert Einstein
THINK PREVENTION

Be prevention
You are prevention

We are all in the field of sexual abuse prevention
OBJECTION!!!
OBJECTION OVER-RULED

• These skills are not as “basic” as many people think
• Mastery can take 5-10 years
ESSENTIAL CONSTRUCT: GOALS

• Avoidance goals:
  – Associated with negative affect, psychological distress, impairment in psychological functioning, impairment of self-regulatory capacity in situations of stress
  – Require considerable cognitive resources to attain and maintain

• Approach goals:
  – Motivate individual to achieve desired states/outcomes
  – More easily attained than avoidance goals
  – Associated with positive affect, reduced cognitive load, less deterioration in self-regulatory ability, lower levels of psychological distress
APPROACH/AVOIDANCE (FROM PRESCOTT/WILSON)

• I don’t want any more victims.
• I don’t want to smoke anymore.
• I don’t want any more trouble with the law.
• I don’t want any more violence towards my partner.
• I don’t want to use drugs or alcohol to access any more.
• I don’t want to gamble any more.
• I have been ordered to stay away from the victim of my crime.
• I don’t want to be on probation.
• I don’t want to look stupid.
• I want people to be able to trust me.
• I want to be clean and sober.
• I want to get my health back.
• I want a respectful relationship with my partner.
• I want to save money.
• I want to complete all my obligations to the court.
• I want to be good at my job or good in school.
• I want to be able to keep myself calm.
• I want activities in my life that I’m good at (like hobbies).
TREATMENT PLANS

• Mr. X will reduce his risk

• Mr. X will take all his medications

• Mr. X will work on his sexual preoccupation

• Mr. X will pass his polygraph

• Mr. Y will manage all risks successfully

• Mr. Y will work with his psychiatrist to determine the most effective treatment

• Mr. Y will develop healthy sexual outlets

• Mr. Y will be honest with himself and others
STABLE - 2007 VS APPROACH

1. Significant Social Influences
2. Intimacy Deficits
3. General Self-regulation
4. Sexual Self-regulation
5. Co-operation with Supervision

1. Relationships with supportive people
2. Experience self as competent and relate empathically
3. Take excellent care of himself, particularly when angry or anxious
4. Find new ways to take excellent care of self
5. Successfully complete terms of probation
ACUTE 2007 VS APPROACH

1. Victim Access
2. Hostility
3. Sexual pre-occupation
4. Rejection of Supervision

1. Keep self safe at all times and prevent further allegations
2. Keep calm, gain peace of mind, check out his attitudes, etc.
3. Develop a fuller range of interests, work with psychiatrist to determine best course of treatment
4. Develop skills for cooperation with legal system
ACUTE 2007 VS APPROACH

• Emotional Collapse
  Manage emotions and behavior, gain peace of mind

• Collapse of Social Supports
  Take a meaningful role in his community; Use community resources effectively; develop a support group; invest in relationships, etc.

• Substance Abuse
  Work to remain clean and sober, etc.
WHEN YOU’RE WITH ME...
You always have options
Options Menu
ARE WE READY?

MOTIVATION = IMPORTANCE + CONFIDENCE
APPLICATION:
IDENTIFYING COMMON LIFE GOALS
COMMON LIFE GOALS (AKA PHGS)

- Life (including healthy living and functioning)
- Knowledge
- Excellence in play and work (mastery experiences)
- **Excellence in agency** (autonomy and self-directedness)
- **Inner peace** (freedom from emotional turmoil and stress)
- **Friendship/relatedness** (intimate, romantic, family relationships)
- Community
- Spirituality (meaning and purpose in life)
- **Happiness/Pleasure**
- Creativity
PRIMARY GOODS: APPLICATION

• Review case example
• What primary goods are important to the individual in his life?
• What are your indicators?
• What does he do to get these goods?
• What primary goods are related to sexual offending (by their presence or absence)?
CASE EXAMPLE: JIM

Jim is a 38-year-old offender convicted for three counts of sexual touching. The victim was a 10-year-old boy who was Jim’s neighbour whose family Jim knew very well. At the time of the offence, Jim was participating in sex offender maintenance treatment and, up to that time, had been doing very well. Jim had learned to accept his sexual attraction to males and to manage his risk and avoid boys. However, prior to the offence, Jim was rejected by a potential lover, was feeling lonely and depressed, and had not yet found a job following his conviction (he is trained and had worked as a personal homecare aide for 15 years). At the time of the offence, Jim was feeling worthless, and disconnected from his family and friends. He had been very involved in his community and church, but because of residency restrictions, Jim could no longer participate in many of these activities. When he realised he was in a high risk situation with his neighbour, he ignored his sexual and other feelings and shut himself off in his house. Jim is shocked and depressed that he committed another sexual offence.
CASE ANALYSIS: JIM

• Primary Goods Important to Jim:
  – Relationships & Friendships
  – Community: Being Part of a Group
  – Happiness
  – Spirituality: Having Meaning in Life
  – ? Being Good at Work

• Primary Goods Implicated in Offending:
  – Relationships & Friendships
  – Community: Being Part of a Group
  – Happiness
  – Peace of Mind
  – Spirituality: Having Meaning in Life
  – ? Being Good at Work
CASE EXAMPLE: CHARLES

Charles is a 43-year-old successful businessman who has been convicted for one count of rape. He admits to a similar previous offence for which he was not charged. Prior to the offence, Charles was negotiating a large contract for his company, which fell through and went to another company. Although his company director was understanding, Charles felt that he had under-performed and that, if he had worked harder, he could have gained the contract. He also was not going to receive his commission, which he was going to use to buy his son a used car for his 16th birthday. Charles was disappointed and also felt that it was unfair that he had lost the bid, and that the other company that received the contract would not do as good a job because they were not reputable. It was particularly unfair that his son would not get the car and Charles did not know how he would break the news to his son. As he often did when he was feeling angry or stressed, Charles went home and had a few glasses of wine, after which he masturbated in order to suppress his angry thoughts. However, he was still unable to relax and decided to go for a walk. It was then that he met a woman he knew from his company, made sexual advances toward her, and raped her when she resisted. Charles has vowed to “get a handle” on his “sexual problem” and not rape a woman again.
CASE ANALYSIS: CHARLES

• Primary Goods Important to Charles:
  – Being Good at Work
  – Relationships & Friendships (family)
  – ? Life: Living & Surviving
  – ? Personal Choice & Independence

• Primary Goods Implicated in Offending:
  – Relationships & Friendships
  – Peace of Mind
  – ? Knowledge
CASE EXAMPLE: RYAN
Ryan is a 29-year-old offender who has been convicted for rape on two occasions. Both of these offences occurred after he had been drinking heavily at one of the local bars and were identical in terms of progression: Ryan drank heavily, approached a woman at first to dance and then to have sex, at which point both of the women rejected his advances. When they left the bar, he followed them into the parking lot in order to “convince” them to go home with them and, when they reiterated that they did not want to, he began to yell at them and then raped them. When asked about the offences, Ryan suggested that he had only gone to the bar to drink and only got interested in sex when the women approached him. Furthermore, he stated that each of the women had “brought it on themselves” by being in the bar alone, and that they were “just like his ex-wife”, who was only interested in getting his money and used him to get pregnant and then left him once she got what she wanted. Ryan reports that he has had a problem with alcohol, but not other drugs, since he was 12 years old, when he finally left home once he had “had enough” of his mother’s abuse of him. He described his mother as a “tyrant” and his home life as generally chaotic.
CASE ANALYSIS: RYAN

• Primary Goods Important to Ryan:
  – Happiness (pleasure)
  – Personal Choice & Independence
  – ? Peace of Mind

• Primary Goods Implicated in Offending:
  – Happiness (pleasure)
  – Personal Choice & Independence
  – Peace of Mind
  – ? Knowledge
CASE EXAMPLE: GEORGE

George is a 51-year-old offender with a long history of sexual abuse of teenaged girls. George has worked as a health board inspector after obtaining his diploma in quality control and being assigned to inspect school cafeterias due to his expertise in this area. Although he takes significant pride in his work, George admits that his work provided him with the opportunity to meet “lots of hot young girls” who, he said, were easy to befriend because they were in the throes of adolescent crises. The ones who had broken up with their boyfriends were easy to identify, according to George, particularly those who wanted to “get back” at their boyfriends by being seen with an attractive older man. George made friends with these girls, gave them money to go shopping, and bought them presents. He reports that, in each instance, they were more than happy to “thank him properly”. George has never been married and states that he is completely fulfilled by his current “activity” – he gets a lot of sex from attractive young women, he is able to “teach them about the harsh realities of life”, and they are not assertive and “demanding” as older women can be.
CASE ANALYSIS: GEORGE

• Primary Goods Important to George:
  – Happiness (pleasure)
  – ? Being Good at Work

• Primary Goods Implicated in Offending:
  – Happiness (pleasure)
  – Personal Choice & Independence
  – Knowledge
SELF-REGULATION MODEL OF OFFENCE PROCESS – FOUR PATHWAYS
FOUR PATHWAYS OF SELF-REGULATION MODEL

**Avoidant-Passive**
- Under-regulation or disinhibition pathway
- Individual desires to avoid offending
- Individual lacks ability/skills to avoid offending
- Individual experiences loss of control when desire to offend emerges
- Individual may attempt distraction, or simply ignores problems/urges
- Involves covert, rather than overt, planning of offense behavior
FOUR PATHWAYS OF SELF-REGULATION MODEL

Avoidant-Active

• Mis-regulation pathway
• Individual desires to avoid offending
• Individual actively attempts to avoid offending, but strategies are ineffective
• Strategies may actually increase risk/probability of offending (e.g., substance use, pornography)
• Individual possesses ability to monitor and evaluate behavior, but lacks knowledge that strategies are unlikely to be effective
• Associated predominantly with negative affect
FOUR PATHWAYS OF SELF-REGULATION MODEL

Approach-Automatic

• Under-regulation or disinhibition pathway
• Individual does not desire or attempt to avoid offending
• Offending is activated by situational cues
• Individual acts based on entrenched cognitive and behavioral scripts, in response to situational cues
• Individual may be unaware of offense-related goals, strategies
• Offending tends to be impulsive
• Offending associated with negative or positive affect
FOUR PATHWAYS OF SELF-REGULATION MODEL

Approach-Explicit

- Intact self-regulation
- Individual desires to offend
- Goal is inappropriate, harmful, supportive of offending
- Individual implements conscious, explicitly planned strategies
- Offending associated with positive affect and positive evaluation of behavior
Mr. Guilt committed the current offence against his marital partner, whom he believed was cheating on him. Although he did not want to assault her, he became very angry as he ruminated on thoughts of her cheating. Mr. Guilt’s typical response is to control these thoughts and his anger by using alcohol and other substances. He admits that alcohol is a precursor to his offending behaviour. When he committed the current offence, he tried to control his thoughts and jealously by drinking in order to “relax”. However, this was not effective and, in fact, increased his feelings of jealousy, leading to the sexual assault of his partner. He felt considerable guilt after the offence.
MR. NASTY

Mr. Nasty was 35 years old when he committed the current offence. During this offence, he entered his mother’s apartment building with the intention of killing her. He had snorted cocaine and ingested alcohol throughout the day, and pornographic (bondage) magazines were later found in his apartment. Mr. Nasty indicates that he hates women in general, that his mother is the cause of his problems because of the abuse she inflicted on him when he was younger, and that he intended to kill her. However, while taking the stairs to his mother’s apartment, Mr. Nasty encountered the victim of the current offence, an unknown female. When she asked him why he was in the stairwell, he grabbed her and forced her into the basement of the building with a knife. He sexually assaulted her and, when she resisted, he became enraged and stabbed her 12 times and killed her.
MR. REMORSE

Mr. Remorse was convicted for offences against his 6-year-old daughter, which involved fondling and forcing her to perform oral sex. He states that he did not create opportunities to offend, that his actions were impulsive, and that he did not want to offend against his daughter. Mr. Remorse was not under the influence of alcohol or drugs when he committed the offence. He attributes his offending behaviour to not having his sexual needs met by his wife, who is very ill. When he became aware of his sexual arousal toward his daughter, he made attempts to be busy and tried to ignore his sexual urges. However, he would eventually fail and offend again. He experienced extreme remorse and guilt following the offence.
Mr. Mean worked as a driver of a transportation service for individuals with physical disabilities. He committed the current offence against one of the clients of this service. He noticed that the victim was having particular difficulty, and offered to help her into her apartment after dropping her off. He carried her into her apartment, threw her on the bed, and sexually assaulted her. She was unable to move due to physical disability (quadriplegia). Mr. Mean was also suspected of having committed a similar offence on a previous occasion, during which he tried to force fellatio with the victim, but these charges were dropped. There were other similar cases involving complaints by the clients of the transportation services for which he works.
HOW DO PEOPLE CHANGE?
HOW DO PEOPLE CHANGE?

• Challenging “distorted cognitions”?
• Completing assignments?
• Following the manual?
• Through their experiences and discoveries?
• Or via a relationship experience where hope and possibility are renewed... or born.