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THE FORUM NEWSLETTER

Association for the Treatment of Sexual Abusers

"I'll change if you guys change." Adapting systems to maximize treatment readiness among men who sexually offend.

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Treatment for sexual offending often involves the careful examination of very personal and potentially shameful aspects of one's behavior, an introspective process that elicits significant psychological barriers to change. For meaningful personal growth to take place,these barriers must be successfully managed throughout the course of treatment. As treatment providers, our efforts to accomplish this are typically focused on factors within our clients that determine if they are ready for treatment. In fact,treatment readiness refers to the presence of characteristics within either the client *or the therapeutic situation* that are likely to promote engagement in therapy and thus are likely to enhance therapeutic change (Howells & Day, 2003).

Most treatment providers pay attention to and work on cultivating an effective therapeutic alliance. This aspect of treatment can reassure clinicians that there is at least one thing over which we have some control (our style of interacting with our clients). The empirical evidence connecting therapeutic alliance and treatment outcome for men who sexually abuse however, is mixed. Some researchers have found support for a relationship between the therapeutic alliance and treatment outcome in specific contexts (Blasko & Jeglic, 2016; Watson, Thomas & Daffern,2015), while other studies report no detected relationship between the two (Kozar & Day, 2012; Beyko and Wong, 2005). However, researchers have yet to specifically examine the relationship between therapeutic alliance and treatment readiness. Despite this, we know from the work of Marshall and his colleagues (Marshall, Serran, Fernandez, Mulloy, Mann &Thornton, 2010) among others that characteristics typically associated with a strong therapeutic alliance are important factors in the treatment of men who sexually offend.

There are more things we can attend to beyond the therapeutic alliance to bolster our client's readiness to change. Adapting the contextual and systemic factors where the change process begins can foster a treatment culture based on collaboration, trust and empowerment. This in turn can help create a therapeutic environment that nurtures the intense degree of self-examination we ask our clients to engage in throughout treatment.

The Multi-Factoral Offender Readiness Model or "MORM" (Ward, Day, Howells, & Birgden, 2004) is based on the notion that offender treatment readiness is a function of the dynamic

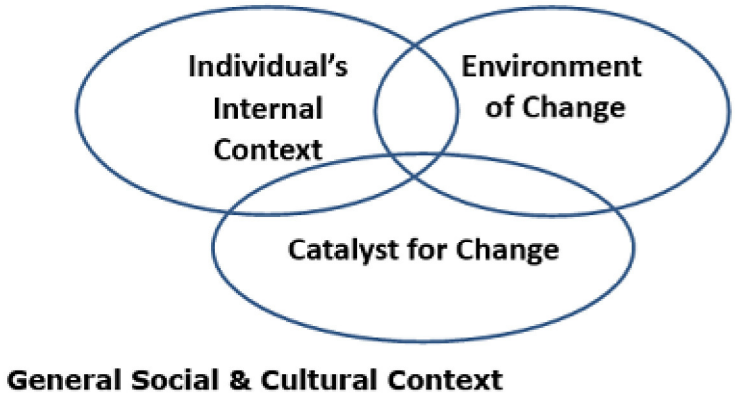
interaction between both internal (personal) and external (contextual) factors. MORM also assumes that clients are resistant to treatment, and therefore a collaborative therapeutic relationship is critical in reducing the risk for reoffending. By including the importance of contextual factors such as the location, availability and quality of treatment and a participant's level of interpersonal support in their model, Ward and his colleagues began to identify ways in which clinicians can focus efforts on creating environments conducive to treatment readiness beyond helping clients address their own internal issues in this area.

Along these lines, I have found the Readiness to Change Framework (RCF) (Burrows & Needs, 2009) to be an extremely helpful guide for conceptualizing the change process and identifying numerous ways that treatment agencies can make systemic modifications independent of their clients. These changes can pointedly influence an individual's willingness to engage in and ultimately succeed in treatment. Though not a theory, RCF is similar to MORM in viewing treatment readiness as an interaction between personal and contextual factors. There are four assumptions of the RCF conceptual framework:

1. Readiness to change is a non-linear, dynamic, fluctuating state.
2. Readiness to change is influenced by internal and external factors.
3. Behavior change involves the lowering of barriers. If the barriers are lowered then change will occur.
4. The barriers to change are common for all behaviors.

There are two components to RCF: 1) The Context of Change Model, which suggests how to conceptualize change and its relation to the first two assumptions above, and 2) the Barriers to Change Model, which serves as a guide to the assessment and treatment of barriers to change and relates to the Individual's Internal Context. It is within the Context of Change Model (Figure 1) that we find direction for systemic change geared towards enhancing treatment readiness in our clients.

Figure 1: The Context of Change Model (Burrows &Needs, 2009)



The Individual's Internal Context includes factors such as expectations, self-concept, social norms, attachment style, schemata, coping styles,emotional regulation, rigidity and goals. It also includes demographic factors such as age, gender, culture, education, etc. Anyone or a combination of these factors may impinge upon a client's readiness to change. Many clinicians focus exclusively on the Individual's Internal Context when examining a client's treatment readiness. Doing so restricts opportunities to intervene to those issues within the client's direct control. This can be extremely frustrating given the context in which most of us begin our work with men who sexually offend.

The Catalyst for Change outlined in the Context of Change model, in this case the treatment program itself, provides the momentum for change. Relevant features include therapist style, length of the program, goals of the program, and style of delivery.

The Environment of Change refers to the external context in which attempting to change will take place. The treatment setting - prison, residential, outpatient, the building itself, the staff,

and other clients - all make up the Environment of Change and can affect an individual's readiness to change. More distal factors, such as family and friends at home, can also affect readiness to change (e.g., dysfunctional or enmeshed, enabling vs. supportive family relationships, etc.).

The General Social and Cultural Context refers to the influence of society, politics, economics and the wider cultural environment. As one of the most vilified groups of individuals in society, men who sexually harm others are frequently subject to impeaching influences from the world around them. For many of our clients struggling to recover, these pressures can be debilitating and should be addressed early (and often) in treatment.

The different components of the Context of Change model can also interact to affect a client's readiness to change. For example, environmental factors can interact with an Individual's Internal Context in ways that are unique to him,thereby affecting his readiness to engage in the change process. By the same token, the Environment of Change needs to reinforce the skills and lessons promoted by the catalyst (treatment program) and the degree to which this occurs can also affect an individual's readiness for change.

The second component of the RCF is the Barriers to Change Model. The Barriers to Change Model presents potential barriers to change that serve as a framework for assessment and intervention. The barriers deal with:

- a client's willingness to change and the perceived importance of change in comparison to conflicting goals
- the client's perceived need for change and sense of personal responsibility for change
- the perceived cost-benefit analysis of change
- the sense of urgency to change now
- the client's self-efficacy to both make and sustain meaningful change

Additional barriers deal with perceptions related to the "means" of change (treatment program). This is the individual's willingness to use a specific means to change. These include the perceived cost and the suitability and efficacy of the means to change. The final barrier refers to the realities of change, as opposed to the client's perceptions.

The benefit of applying this framework is its ability to highlight the available options for modifying the way that we approach treatment for sexually harmful behaviors. For example, one way to enhance the Environment of Change is to include the use of staff-friendly policies. If you can make your employees' jobs easier and more rewarding, then they are likely to be more satisfied and engaged in their work and more pleasant and professional in their interactions with clients. Staff and stakeholder education can be helpful in making sure that everyone understands the mission of the organization and their role in achieving this, thus increasing their investment in the program's outcomes. In residential settings, educating staff and facilitating better communication between clinical and custody professionals can help ensure that the living environment reinforces the messages learned in treatment.

Experimenting with different housing options to maximize treatment benefit is also helpful in residential programs. Re-shaping the institutional culture as needed in order to continue moving away from an atmosphere of coercion towards one of collaboration can have significant benefits for helping clients meaningfully prepare for change.

Adopting a Trauma-Informed Care approach in your institution or treatment program can make a powerful impression. This can affect both the Environment of Change and the Catalyst for Change. As treatment providers, the Catalyst for Change offers a host of options for us to do things differently and improve our ability to engage our clients in the change process. Increasing approach-oriented treatment targets by incorporating strategies such as the Good Lives Model and Motivational Interviewing can be very effective in helping clients invest in treatment.

Utilizing the value and power of the group process in sex offense treatment, as outlined by Marshall and Burton (2010) and Sawyer and Jennings (2016), offers many potential benefits for treatment programs regardless of the setting. The RCF provides refreshing options for expanding our approach early in treatment, which is a critical point in the change process for

our clients. One example is the implementation of an Interpersonal process group which can be offered at this juncture, where clients aren't expected to directly discuss their sexual offending behaviors, but rather focus on reducing treatment barriers as outlined in the RCF/ Barriers to Change Model. Such groups also allow our clients to process the social and cultural context of sexual harm early in the change process in addition to addressing treatment barriers. Offering interpersonal process groups to residents who become 'stuck' later in treatment in lieu of regular programming can also be beneficial. When these men come up against seemingly insurmountable obstacles, these process groups provide a different forum for addressing barriers that surface in treatment.

Paying careful attention to important staff variables also has the potential to positively impact our clients' readiness to change. The demands of working with this population have been described extensively in the professional literature and most of us have experienced some personal struggle related to doing the work about which we feel so passionate. Helping our peers and colleagues to successfully navigate the demands of this important work can also benefit our clients in many ways. Enhancing factors such as therapist resilience (Clarke, 2013), employee engagement and job satisfaction while minimizing compassion fatigue and burnout can help reduce staff turnover and increase clinicians' ability to be helpful in ways that our clients find meaningful and compassionate.

In our facility, we have used the RCF as a conceptual map to redesign our inpatient residential treatment program for high risk offenders. As a result, our participation in treatment increased by more than 50% in just a few short months. Expanding our focus on treatment readiness and engagement early in the change process was extremely helpful in overcoming the inherently adversarial treatment, and making our approach to treatment more welcoming and inclusive. Engaging your entire program staff in evaluating ways your system can change to improve treatment readiness in your clients can be an empowering experience and when your clients begin to see the changes your system is making, you will hopefully notice a difference in how they approach their treatment experience.

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