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AN EVALUATION/PROPOSAL CONCERNING
SEXUAL OFFENDER TREATMENT PROGRAMS
IN THE PACIFIC REGION

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AN EVALUATION/PROPOSAL CONCERNING SEXUAL OFFENDER
TREATMENT PROGRAMS IN THE PACIFIC REGION

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Prepared for: The Correctional Service of Canada
Regional Headquarters (Pacific)
March, 1982

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EXECUTIVE SUMMARY

The objective of the present evaluation was: a) to review the existing treatment programs for sexual offenders in the C.S.C. Pacific Region; b) to make recommendations as to how the C.S.C. Pacific Region can program to provide better treatment services to sexual offenders; and, c) to outline an action plan for the implementation of these recommendations.

In reviewing the existing facilities (seven institutions were examined), it was found (using conservative criteria) that there were 149 inmates incarcerated for sexual crimes. The majority of these inmates (65%) were housed at Mountain Institution. It also became clear that very few sexual offenders in the Pacific Region were currently receiving treatment (approximately 12%); more importantly, there were strong indications, that the type of treatment would prove unsatisfactory and that a considerable proportion of these inmates would require additional treatment. The conclusion of this evaluation was that the current treatment facilities in the Pacific Region were outdated and ineffective.

Therefore, it was recommended that a new treatment program be instituted applying procedures which have been previously demonstrated to offer a high probability of success. It was pointed out that while there is currently no program which can provide a guaranteed solution to the problem of sexual deviance, there are a wide variety of intervention techniques which have already been shown to be remarkably effective or hold the promise of being maximally effective given the present state of knowledge.

Therefore, a proposal was outlined focussing on the physiological assessment and treatment of deviant sexual arousal combined with a behaviorally oriented skills training program.

The physiological assessment will enable us to isolate those offenders who are aroused by sexually deviant material. In addition, this assessment will allow a separation of: sexual behavior, violent sexual behavior, and purely assaultive behavior directed toward women and children (both male and female). The physiological treatment will be aimed at a reduction of any deviant arousal with a concomitant increase (if necessary) in heterosexual arousal.

The skills training program will center on the assessment of social competence (skill and anxiety), attitudes toward women and sex, sexual knowledge, assertive versus aggressive behavior, stress thresholds, anger management, and life skills. Treatment will be directed toward increasing these skills to a point of functional adequacy.

The main thesis of this approach is that it is the behavior of sexual offenders which has resulted in their offence, and as such, it is the behavior of these individuals which requires change. The prime advantage of this perspective is that it specifies, in advance, the expected results; these results are then evaluated on an individual basis such that changes in a particular individual will be clearly observable: anything less constitutes a waste of time and money and provides minimal utility to the individual, in particular, and society in general.

It was further proposed that this new treatment facility be located in the institution having the largest concentration of sexual offenders (Mountain Institution) to reduce inmate transfer and that the implementation of this program should be supervised on a personal

contract basis using a staff of professionals familiar with the intervention techniques proposed.

In addition, recommendations are made for utilizing a professional support system in various communities throughout British Columbia who are well versed in the proposed treatment strategies. Finally, it was suggested that the program be funded for three years with renewal at each year end contingent upon demonstrable effects in terms of inmate behavior and recidivism rates.

LETTERS OF RECOMMENDATION

In preparing this evaluation/proposal I have discussed the needs of the Pacific Region with a number of individuals involved directly with the sexual offender population. During these discussions I have taken the opportunity to outline the nature of the assessment and treatment proposed here. The reaction in all cases was positive. Therefore, I have included several letters and memos which should provide some indication of the support which will be lent to a project of this nature.

Programs such as the one presented here cannot be effectively established on the basis of financial support alone, nor the efforts of a handful of people. Rather, the problem is of sufficient complexity that we must begin to involve concerned groups on a variety of levels both within the C.S.C. and the community: treatment programs conducted within the narrow confines of a single institution will inevitably lead to narrow solutions.

Given a relatively short time in which to prepare this proposal my contact with a wide diversity of resource people was severely restricted; however, it was abundantly clear that there are a sufficient number of concerned individuals and agencies to initiate a collective effort toward an effective solution. The following letters were included to indicate that the resources are present -- we simply need to access them.

C. M. Earls
Department of Psychology
Queen's University
Kingston, Ontario



1982-03-25

Your file Votre référence

Our file Notre référence

1750-1

Dr. Chris Earls
Department of Psychology
Queen's University
Kingston, Ontario
K7L 3N6

Dear Dr. Earls:

RE: PROPOSED PROGRAM FOR SEXUAL OFFENDERS
MOUNTAIN INSTITUTION

For the past eighteen months, the staff at Mountain have been looking towards program alternatives for the sexual offenders under our charge. Our investigations have surrounded the needs analysis information recorded on our inmate files, along with discussions with staff at R.P.C., RHQ (O.P.), C.S.P. (Parole at Chilliwack) and N.P.B. (Pacific)

Last June I requested Bob WATKINS, Chief Psychologist, to come to Mountain and review with us the program requirements that are needed at Mountain specifically and within the Pacific Region generally. Two years this June at a Case Management Conference at the Delta Rivers Inn, I raised the issue of alternative programs for sexual offenders.

Our considerations included additional person years for psychiatric and/or psychological staff, contractual arrangements with one psychiatrist/psychologist, or contractual arrangements with a number of resource people to fulfil a variety of needs. Our leanings for the past six months has been in the latter direction.

I have raised at several meetings the fact that we have more sexual offenders at Mountain in need of treatment than other facilities have in treatment, yet we have only one professional staff psychologist to deal with our varied problems. The work demand has for years been too excessive for just one staff, plus his liaison at R.P.C.

We have not been looking towards a program that would discourage inmates from entering into the sexual offender program at R.P.C. We have wanted the development of an overall regional strategy to best treat the sexual offenders under our charge. As we have close to one hundred such offenders, it is certainly reasonable for programs to be available at this institution.

I feel that the program you propose for Mountain is consistent with our inmate and staff wishes. Staff that I have spoken to are impressed by your perception of our inmate and staff need for programs, plus the staff are very supportive of your proposals as you discussed with them and as I interpreted to them from our discussions.

As you have seen, we are receptive to new programs. Tony PARLETT and I discussed the basis of his value oriented educational program and once we agreed on orientation and purpose, the course has resulted in some very interesting, open and honest dialogue between inmate and inmate, and between inmate and staff. The inmates willingness to directly discuss their sexual problems suggests that a good number would be very receptive to group oriented treatment, and individual treatment.

Supportive of this belief is the recent commencement of an inmate initiated group, known as the Intervention Group. Four inmates interested in developing program alternatives, or seeking alternatives for the Service, has received our endorsement. Our staff psychologist is the staff coordinator. This group has developed a strong following: on their own they are developing contacts through community professionals, university professionals, and interested lay people to formulate the basis for a treatment and interaction group for sexual offenders. Such motivation by inmates indicates to me the time is ripe for new programs.

RHQ and N.P.B. have gone on record recognizing our need for alternative programs. I trust you will receive support from these bodies as well.

The staff at Mountain feel very confident your proposal would go a long way to meet our program needs. We look forward to working with you on the development of your proposal, and to see it through to a reality. We are optimistic that your program will receive approval and RHQ and NHQ acceptance: the staff and inmates want it, the environment is ripe at Mountain for introduction, and I know we could make it work.



D. R. M. Black
Assistant Warden Offender Programs
Mountain Institution

Mountain Institution
P.O. Box 1200
Agassiz, B.C.
VOM 1A0



MEMORANDUM

NOTE DE SERVICE
REGIONAL HEADQUARTERS

MAR 25 1982

SECURITY - CLASSIFICATION - DE SÉCURITÉ
OUR FILE - NOTRE RÉFÉRENCE
YOUR FILE - VOTRE RÉFÉRENCE
DATE 1982.03.24

TO: Mr. Chris Earle
Consulting Psychologist

RECEIVED
REGIONAL HEADQUARTERS

To - A

J. Ferguson

FROM: Mr. J. Ferguson
Chief Psychiatric Social Worker
R.P.C. (Pac)

File No. - No. de l'original 1720-1

Ch'd. To - Transmis à _____

INTEGRATED SEX OFFENDER PROGRAM

This memo is to confirm that R.P.C.(Pac) supports the concept of an integrated Sex Offenders Program for the Pacific Region. We are willing to dialogue such a program completely with Regional Headquarters, as well as with staff from Mountain Institution, to assist in the planning and development of this anticipated program.

J. Ferguson
C.P.S.W.



TO: Dr. C. Earls

FROM: P.D. White and J. Scott
Regional Classification Board
Correctional Service of Canada
Regional Headquarters, Pacific

SECURITY CLASSIFICATION DE SÉCURITÉ
OUR FILE - NOTRE RÉFÉRENCE
YOUR FILE / VOTRE RÉFÉRENCE
DATE 1982-03-25

POSSIBLE TREATMENT PROGRAM FOR SEXUAL OFFENDERS AT MOUNTAIN INSTITUTION

The members of the Regional Classification Board of the Pacific Region support the concept of an integrated approach to sexual offenders admitted to the federal system including the development of a treatment program at Mountain Institution. Such a program acting in concert with the current Sex Offender Program at Regional Psychiatric Centre, would have the initial advantage of offering on-going treatment for offenders who wish to take advantage of opportunities at lower medium security. This could alleviate a current problem experienced by the Classification Board with the conflicting needs of treatment and security classification.

In addition, such a program would provide the possibility of fulfilling court recommendations for "psychiatric treatment" for inmates at Mountain who are unable to gain admittance to the R.P.C. program. From the point of view of classification and transfer, treatment at Mountain Institution would expedite decisions on inmates currently held in the Kent Holding Unit awaiting possible admission to R.P.C. Inmates who are assessed as in need of and willing to engage in treatment could be moved immediately into a program at Mountain Institution, providing they are candidates for that level of security (S3).

Yours truly,

[Signature]
P.D. White

[Signature]
J. Scott

P.D. White and J. Scott
Regional Classification Board
Correctional Service of Canada
Regional Headquarters, Pacific.



25 March 1982.

TO WHOM IT MAY CONCERN:

RE: A program regarding sex offenders as proposed by Dr. C. Earls.

After considerable discussion with Dr. Earls, we, the steering committee of the "Intervention" group at Mountain Prison, wish to express our support in his endeavours. As admitted sex offenders, we have personal knowledge of the needs possessed by this category of offenders. As such, we clearly see the rehabilitative benefits offered in his program. Presently, there leaves much to be desired in the way of research and treatment of sex offenders. Dr. Earls' program promises illumination in this area and we believe he should be given this opportunity.

We look forward to working with Dr. Earls. His knowledge and insight is to be considered an asset to any institution.

Sincerely:

A. Parent

Alina Wydra, Ph.D.
2131 West 46th Avenue
Vancouver, B.C.
V6M 2L2

Tel.: 261-6456

26 March 1982

TO WHOM IT MAY CONCERN:

I am pleased to endorse Dr. Chris Earls' proposal for a sex offenders' programme in British Columbia.

For the past four years I have been involved in clinical as well as research aspects of sexual deviance. On the basis of my experience in this field, Dr. Earls' proposal impresses me as a viable and effective means of dealing with pertinent issues in the treatment of sexual offenders. Given the obvious lack of treatment programmes available to this population, it is clear to me that the implementation of a programme such as that proposed by Dr. Earls is crucial at this time.

As I have indicated to Dr. Earls, I shall be pleased to act as a professional resource person and/or consultant in the community.

Alina Wydra, Ph.D.

AW:RT

INTRODUCTION

Over the past two decades it has become apparent that socially unacceptable sexual behavior is a wide spread problem. Current writers recognize that increased social awareness of this problem has, in itself, led to an increase in the number of reported incidences of sexual abuse toward both women (rape) and children (pedophilia). Yet these same writers also recognize that "reported incidences" still account for an extremely small proportion of actual occurrences. In British Columbia alone, the number of rapes reported to the police between October, 1980 and October, 1981 totalled 465.^{1, 2} Since it is generally acknowledged that only 10 to 40% of all rapes are reported to the police, it seems safe to assume that the actual occurrence of rape in British Columbia last year was between 1,163 and 4,650.³ These figures become even more frightening when one considers that sexual assault toward adult women is only one aspect of sexual aggression and does not include sexual involvement with children (pedophilia and incest), voyeurism, exhibitionism, and a variety of other sexual acts resulting in prosecution and incarceration.⁴

¹ R.C.M.P. Crime Prevention Statistics, Vancouver Officer

² By comparison, the Rape Crisis Centre in Vancouver reports receiving approximately 869 emergency calls during 1981.

³ The figures of 10 - 40% are considered by some to be too conservative and that only 1 in 20 rapes (5%) are ever actually reported to the police.

⁴ The R.C.M.P. Crime Prevention Statistics indicate that from October, 1980 to October, 1981 there were a total of 1,863 sex related crimes reported to the police in British Columbia. One need not bother to calculate the estimated actual incidents to be convinced that sexual aggression is a serious problem.

The social significance of deviant sexual behavior has not escaped the concern and interest of workers in a variety of scientific fields. Indeed, there is a growing body of literature from feminist writers, psychologists, psychiatrists, sociologists, and criminologists, which attempts to describe and understand behavior leading to or resulting in sexual acts which run contrary to societal norms and tolerance. Regardless of the orientation of a particular investigator, the main focus in all areas appears to be directed toward issues such as assessment, treatment, and prevention of deviant sexual behavior. However, the prevention aspect of sexual aggression/violence is dependant upon an expertise in both assessment and treatment. That is, it becomes difficult to take steps to prevent sexual abuse until we know which variables contribute to the commission of the act. To this end, researchers have tended to focus their attention upon groups of men who have been identified as "sexual offenders". The rationale underlying this focus has been to uncover those factors which serve to differentiate the sexual offender from other members of the general population. For example, statements like, "All men are potential rapists" may or may not be true from a philosophical view. From a scientific and practical perspective, such assertions have limited utility: we need to know what leads one individual to commit a sexual offence while another does not - - or to put it another way, what behaviors (motoric, cognitive, and physiological) lead to or result in the commission of a sexual offence? To answer this and similar questions considerable efforts have been directed toward the development of a technology which allows an accurate assessment of various aspects of the behavior of sexual offenders.

As a result of these efforts we are reasonably sophisticated in many aspects of both assessment and treatment. However, a review of the literature, in any of the above fields, indicates that not only is it necessary to begin a systematic application of the currently available technology but also to continue to direct research efforts toward a refinement of assessment and treatment tools.

Purpose of the Present Evaluation

In recognition of the problem posed by aberrant sexual behavior it was decided to conduct an evaluation of the sexual offender assessment and treatment programs currently available in the Pacific Region of the Correctional Services of Canada.

The logic underlying the treatment of sexual offenders is to provide procedures and methods to assess those procedures which will: a) provide a means whereby inmates can return to the street as a productive member of society, and b) reduce the alarmingly high probability that a particular individual will re-offend.

Therefore, the focus of this evaluation was to: a) review the existing programs designed to treat sexual offenders, b) evaluate the effectiveness of these programs, c) to devise recommendations based on the "effectiveness" evaluation, and d) recommend an action plan if the existing programs require an update, revision, or supplementation.

In the preparation of this evaluation three assumptions were made. First, the problem of sexual violence is not going to "go away". In fact, the reported incidence of sexual abuse is on the increase. The Vancouver Rape Crisis Centre reports that over the four years preceding 1981, emergency calls have increased by a factor of 4.5 to 5. Second, incarceration of the sexual offender only temporarily reduces the threat of that particular individual. Recidivism rates for sexual offenders seem to hover around 30 to 45%. Unless we have a successful treatment program for these offenders, public outcry will continue to match the increase in sexual violence. Third, given the current judicial system, the convicted sexual offender will be released. If steps are taken to minimize the probability of a re-offence we have to face the fact that prisons will continue to swell and provide no relief from growing social and financial pressures.

With these objectives in mind, then, the first specific area of concern, was to make some determination of the number and distribution of sexual offenders currently incarcerated in the Pacific Region and to examine the ongoing treatment facilities for sex offenders in this area.

Distribution of Sexual Offenders in the Pacific Region

A total of seven corrective institutions in the Pacific Region were examined in an effort to approximate the distribution of sexual offenders in the B.C. region, (Mountain, Regional Psychiatric Centre, Kent, Mission, Matsqui, Elbow Lake and Ferndale). Two, Elbow Lake and Ferndale, are minimum security institutions having no sexual offender population; the remaining five constituted the main focus of this report and each will be considered in turn.

Mountain Institution. The capacity of Mountain Institution is listed as 180. As of March 1981 there were 177 inmates at this facility: of these 96 were serving sentences for a sexual offence. The breakdown of inmate by offence, as of March, was as follows:

Dangerous Sexual Offenders (D.S.O.)	.	.	.	14
Rape	.	.	.	39
Child Molestation (Pedophilia)	.	.	.	17
Indecent Assault	.	.	.	26
				<hr/>
Total				96

The total listed above constitutes 54% of Mountain Institution's inmate population.

Regional Psychiatric Centre. R.P.C. has a maximum capacity of 138, and currently holds 96: of these 29 are now serving sentences for sex related crimes:

Rape	.	.	.	16
Indecent Assault	.	.	.	7
Incest	.	.	.	4
Other	.	.	.	2
				<hr/>
Total				29

Kent, Mission and Matsqui Institutions. These three institutions were grouped since the number of sexual offenders confined in each was relatively small:

	<u>Number of Sexual Offenders</u>
Kent Institution	9
Mission Institution	12
Matsqui Institution	3
Total	<u>24</u>

In summary, then, there are a total of 149 inmates incarcerated for sexual offences in Mountain, Kent, Mission, Matsqui and Regional Psychiatric Centre:

	<u>Number of Sexual Offenders</u>	<u>Percentage of Total</u>
Kent Institution	9	6%
Mission Institution	12	8%
Matsqui Institution	3	2%
Mountain Institution	96	65%
R.P.C.	29	19%
Total	<u>149</u>	<u>100%</u>

These 149 individuals account for approximately 17% of the inmate population incarcerated at the above listed institutions.^{5,6}

⁵ It should be pointed out that this is an extremely conservative estimate. It does not take into consideration manslaughter and murder cases in which there was some element of sexual abuse. Nor does this figure represent inmates serving sentences for parole violations in which the original crime was sex related. Finally, it makes no consideration of inmates with previous sexual offences, now serving sentences for non-sexual crimes.

⁶ It is also important to note that in 1981, 15 sexual offenders transferred to institutions in other provinces (chiefly Saskatchewan Pen and Regional Psychiatric Centre in Saskatchewan and Ontario).

Existing Sexual Offender Treatment Programs in the Pacific Region

At present, there are two forms of treatment offered for sexual offenders in the Pacific Region. The primary treatment location is at the Regional Psychiatric Center, Abbotsford, British Columbia. This unit has the capacity to provide treatment for up to 30 sex offenders at any given time. The unit serves two distinct functions: assessment and treatment. Assessment consists of a variety of psychometric procedures aimed at determining the level of mental functioning. Treatment, as offered by the staff at R.P.C., is primarily psychodynamic group therapy in which the inmates are encouraged to "deal" with various aspects of their lives including the commission of their offence. Ignoring the specific aspects involved, it would be fair to say that the focus of this form of treatment is on "conflict resolution" and "insight". One of the more unfortunate aspects to this treatment approach is that it is suitable only for a small proportion of individuals. This issue of "suitability" is, perhaps, best reflected in the selection criteria used at R.P.C. Specifically, inmates are accepted into treatment only if they are reasonably intelligent, have admitted they have a sexual problem related to their offence, and are "motivated". Given this situation, it is not surprising that Dr. Glancy, Director of the sexual offenders treatment program at R.P.C., feels that these criteria exclude a large majority of the sexual offender population in the Pacific Region.

There are several inherent problems for the type of assessment and treatment unit located at R.P.C. First, it is extremely difficult to provide an ongoing evaluation of its efficacy. R.P.C. is primarily a psychiatric hospital and therefore cannot afford the luxury of systematic program evaluation.

Second, insight based therapies are typically very difficult to evaluate. Insight is a mental state and therefore theoretical formulations of the effects of insight and conflict resolution have difficulty in specifying the nature of behavioral change which could be expected to occur with increases in insight. Finally, the general utility of insight as a treatment model has not fared well from an empirical perspective. To illustrate, it is not uncommon to find alcoholics who can clearly identify why they drink without being able to successfully reduce the amount they drink, i.e., they remain alcoholics: insight has historically exerted minimal effects on behavior.⁷

This is not to say that R.P.C. does not offer a useful treatment alternative; rather, it is simply that the orientation is useful to only a very select group of individuals under very select conditions.

The second treatment alternative is offered by Dr. T.A.A. Parlett, Regional Head of Education and Training, RIHQ (P). Dr. Parlett offers a course within a moral education framework. In his class, inmates are exposed to a variety of materials. Each item of study is selected for analysis from a literary or mythological perspective. However, the hidden, or perhaps, the not-so-hidden agenda is to superimpose a moral perspective which is generally considered congruent with society's norms and expectations. Dr. Parlett makes an extraordinarily innovative use of every opportunity to provide his class with a new outlook on their behavior and cognitions with emphasis on how these behaviors and cognitions effect their lives.

⁷ Of course, an advocate of insight based therapies would argue that if the alcoholic has not stopped drinking then he or she has not accurately identified the "why". Such a perspective introduces a tautological argument which is scientifically impossible to test, e.g., How do I know I have gained insight? Because I've stopped drinking. Why did I stop drinking? Because I gained insight.

In fact, Parlett (1974) was able to demonstrate that a moral education program administered to a group of 29 inmates led to strong suggestions of positive change, in moral development. The unfortunate drawback to this approach is that "moral development" does not necessarily train performance skills, reduce anxiety, allow practice of appropriate heterosexual behavior, teach life skills or reduce deviant sexual fantasies. Since it is precisely these areas which have been shown to need attention in the treatment of sexual offenders, the applicability of a moral education approach is open to serious question.

To illustrate, I refer you to Appendix A, in which there is a copy of a memorandum from N. Tsui (Classification Officer, Mountain Institution, dated July 17, 1981). In this memorandum Mr. Tsui outlines the distribution of sexual offenders at Mountain Institution. He also states that of the 92 sexual offenders at Mountain, 43 (47%) had attended R.P.C. for treatment. It is noteworthy that Tsui also states that, "Although 47% of the sex offenders have had treatment experiences at R.P.C., 87% of the total sex offenders still require psychological/psychiatric intervention". In fairness, it is not at all clear how Tsui was able to arrive at the figure of 87%; nevertheless; it becomes abundantly clear from the following Table that current treatment facilities in the Pacific Region are sadly lacking.⁸

⁸ In the following Table no entry has been made for Mountain Institution in terms of current treatment. As mentioned above, the only ongoing "treatment" at Mountain is Dr. Parlett's class. Since the number in this class changes on a weekly basis and since Dr. Parlett is employing no specific measurement strategy, his class was not listed as treatment.

	No. of Sexual Offenders in the Pacific Region	Percentage of Total	No. Currently Receiving Treatment	% of Total Currently Receiving Treatment
Kent	9	6%	0	0
Mission	12	8%	0	0
Matsqui	3	2%	0	0
Mountain	96	65%	-	-
R.P.C.	29	19%	18	12%
Total	149	100%	-	-

Insight, conflict resolution, and moral education have an indisputable place in treatment. Unfortunately, the ability of these strategies to produce an observable change in overt behavior is far from clear. It is the sexual behavior of these inmates which led to their incarceration. They may require insight into their problem; they may have to resolve some conflicts; and they may require an alternate moral perspective. However, they must first and foremost, change their sexual and social behavior. To date, there are no programs available in the Pacific Region which provide an environment in which to train, and evaluate the skills required in sexual offenders.

There is one additional treatment alteration which has not yet been recognized or initiated but should nevertheless be considered. There are a group of inmates (sexual offenders) at Mountain Institution, who, recognizing that their needs were not being met within the present system, banded together, and wrote a proposal for a treatment program. Their proposal is included in Appendix B. These inmates have participated in the treatment programs listed above; and, while they praise both R.P.C.'s

treatment program and that of Dr. Parlett, they also express considerable dissatisfaction of the ability of these programs to effectively address several major treatment areas. It is interesting to note that the areas of most concern to these inmates (communication, assertiveness training, dealing with stress, sex education and social skills) are also the main focus of current empirical treatment formulations.

SUMMARY

It is clear that there is a large concentration of inmates convicted of sexual crimes in the Pacific Region; (the concentration would be even higher if it were not necessary to transfer sex offenders to other Regions). It is also clear that there are insufficient treatment facilities for these individuals. It is a commentary in itself when only 12% of the current population of sex offenders are receiving treatment at any given time (see report by N. Tsui, Appendix A). It is further revealing that of the 92 sexual offenders at Mountain Institution, 87% were classified as requiring treatment - - particularly after 47% of these had already attended R.P.C. It also appears to be the case that the treatment format used at R.P.C. is not only outdated but has received no empirical support in controlled outcome studies (references and documentation available). As pointed out earlier, sexual crime is a serious problem, and, as such, requires no less than an up-to-date "state-of-the-art" approach to treatment.

Any treatment program that claims to provide a service must be able to specify behavior changes in advance and also to be able to specify not only which behaviors should change, how each behavior should change, but also the logical basis as to why the behavior should change. Therefore, we must begin to make directed efforts to isolate the behaviors which are most likely to lead to a sexual offence and then work toward changing these behaviors. Also, each behavior change strategy must, itself, be subjected to constant evaluation. For a treatment program to be effective it should be flexible enough and responsive enough to change or drop components which prove ineffective and add components that the experimental literature shows to be relevant.

It is the behavior of sexual offenders which offends and it is the behavior of these individuals which requires change. We cannot afford to persist with treatments which sound good on paper, but have virtually no validity.

ACTION PLAN

I. A Proposed Treatment Program

As shown in the previous sections, there is a reasonably large number of sex offenders in the Pacific Region who are not presently receiving any treatment. Therefore, the purpose of this section is to propose the initiation of a new treatment program in the Pacific Region. At present, there is no "established" effective program for the modification of sexually aggressive behavior. Mental Health professionals who claim that there is, are either deluding themselves or dabbling in the "snake oil" business. However, what can be claimed is that there is evidence which strongly suggests the value of certain procedures for changing sexually deviant behavior.

a) Current Treatment Perspectives.

It is generally understood that treatment for sexual aggressives must alter both deviant sexual interests and social functioning. Sexual offenders generally prefer their deviant sexual activities (i.e., they are sexually aroused by these acts), and are not attracted to (i.e., they show little sexual arousal to) consenting sex with an adult female.⁹

⁹ Various procedures have been shown to be effective in altering patterns of deviant sexual arousal, and should be chosen based on the one that seems best for each individual client.

The keynote here is individualization. It is not reasonable to expect that all clients will benefit equally from a given treatment format. In all cases, treatment should be structured according to the needs of the individual. For example, it would be a waste of the time and energy of all concerned to insist that a particular client participate in a "sex education" class when, in fact, he already possesses the requisite knowledge.

Furthermore, sex offenders are typically socially unskilled, socially anxious, and lack self-confidence. They know little about sexual matters and have prudish views and inappropriate attitudes toward women. Procedures have been developed to modify these behaviors so that they are more in line with those of normal well-adjusted males.

Finally, it has been shown that in addition to these factors, that sex offenders have difficulty controlling anger and their use of alcohol, both of which appear to increase the likelihood that these men will sexually attack women and children.

It would seem that even to begin an effective treatment strategy, we must aim to modify sexual preferences, increase social competence (skill, anxiety and confidence), change attitudes toward women and sex, increase sexual knowledge, and give these offenders greater control over their behavior when they are angered or intoxicated.

What follows, therefore, is a description of the procedures which should be considered a minimum standard in the assessment and treatment of sexual deviance. There are two major categories which will be covered: 1) the physiological assessment and treatment of deviant sexual arousal; and 2) the assessment and treatment of skills deficits.

These two areas represent two distinct technologies. With respect to the treatment of sexual offenders the first is highly developed allowing some very definitive statement regarding the probability of success; the second, is an area which has not been systematically applied to sexual offenders. That is, a number of treatment components proposed to treat "skills deficits" have been used in isolation or various combinations.

However, to date, the current literature carries no account of the overall treatment package proposed here. When reading the proposed outline it will be worth bearing in mind that each procedure will be subjected to a constant evaluation to determine its effectiveness. Some of the proposed procedures have yet to be developed for a sex offender population. In each case then, an effort has been made to point out the areas of uncertainty. The "bottom line" is that there is no magic cure, no final answer; rather, what is proposed is an empirically based treatment program anchored solidly within a behavior therapy framework. In this way, we force ourselves to make precise specification of expected outcome for every procedure. Since the outcome is in behavioural terms, the outcome results, in either direction, will be observable.

b) Physiological Assessment and Treatment of Sexual Preferences

Much of the available research concerning the behavior of sexual offenders stems from an assumption that since these individuals have committed a sexual offence, it will be possible to identify them on the basis of their sexual behavior in the clinic or laboratory. While it seems clear that sexual crimes are not motivated simply by a sexual component (i.e., the image of the hyper-sexed deviate), it remains the case that various subgroups of offenders can be reliably identified on the basis of a pattern of sexual responses (documentation available).

"Sexual behavior" in the laboratory has been defined as physiological or sexual arousal and, as such, its measurement focuses on those aspects of human physiology which are correlated with sexual arousal. Not surprisingly, a vast body of research has clearly indicated that the single, and perhaps only, reliable indication of male sexual arousal is penile tumescence.

The procedures used to measure penile tumescence are relatively straight forward. Clients are asked to retire to a private cubicle and to fit a mercury-in-rubber strain gauge on their penis. This gauge is simply a hollow band of very thin Sylastic tubing filled with mercury and formed into a closed loop of various sizes. When the tubing is stretched during an erection, the mercury contained in the tube is stretched and thinned. The change in the cross-section diameter of the mercury results in an electrical conductance change which can be expressed as a voltage output. These gauges are extremely sensitive, having an accuracy of approximately one-tenth of one percent of maximal penile tumescence.¹⁰ In addition they cause no physical discomfort and in over 20 years of use have never resulted in any reported case of either physical trauma or the transmission of venereal disease. The actual assessment (described in more detail below) consists of exposing the client to a variety of explicit sexual stimuli and measuring the degree of erection attained: It has been repeatedly demonstrated that sub-groups of offenders, do, indeed, respond, at a penile level, significantly greater to the class of stimuli which resulted in their arrest, conviction, and incarceration.

¹⁰ The data of interest here are generally expressed as a percentage of full erection (0% represents penile flaccidity; 100% is a full erection). In this way, we can compare reactions between different stimuli and different individuals. For example, a photographic slide which elicits 75% of a full erection is said to be more sexually arousing than one which elicits 25% of a full erection. Therefore, if a person consistently shows high arousal to a class of photographic slides, say female children in the age range of 12 to 14 years of age, and low arousal to adult female, we can say that he shows a preference for female children (12 - 14). Preference, defined in this way, has been repeatedly validated in the clinical and experimental literature.

It therefore becomes extremely important to ensure that an assessment and treatment unit be equipped with a wide variety of stimulus material depicting not only consenting adult heterosexual behavior but also the full range of behaviors which are generally associated with sexual deviance. There is currently a collection of such material for use in a variety of clinical and research settings. In addition, this assessment material is constantly being updated, revised, and analyzed by researchers in Canada, in the United States, and England. What follows is a description of the physiological assessment material and the manner in which assessments are currently conducted.

- i) Slide assessment. In this procedure the client views 40 slides of males and females in the age groups 1-7, 8-12, 13-17, and 18+. There are five slides per group. Each slide is presented for two minutes. The peak arousal level per slide is extracted, a mean computed, and a profile plotted showing the average percent of full erection to each of the eight age groups. This procedure is most useful with pedophiles.
- ii) Audiotaped assessment of pedophiles. These tapes are primarily used to separate pedophiles attracted to violent sex from nonviolent pedophiles. There are six tapes in the series, five of which describe an escalating level of involvement in and use of violence to effect a sexual relationship with a child. The categories are: fondling, mutually consenting intercourse with a child, verbal coercion to accomplish intercourse; rape; and sadism.

The sixth tape describes mutually consenting intercourse with an adult partner. There are a heterosexual and a homosexual series.

- iii) Videotaped assessment of rapists. Clients view two minute videotaped segments in which a male and female simulate mutually consenting intercourse, a rape attack, and a physical assault. The client views these tapes under conditions where he is requested to become sexually aroused and to suppress his arousal, the latter condition providing information on his ability to exert self-control. With this procedure data are obtained on the client's differential arousal to the three types of scenes. There are series for both caucasian and black clients.

This is an extremely powerful evaluation procedure and Dr. R. Laws (Atascadero State Hospital, Ca.) reports that over 90% of rapists referred to be responsive to it. Normals tested with this technique have been shown to be responsive to scenes of rape and aggression but at a level lower than rapists.

- iv) Audiotaped assessment of rapists. This is virtually identical to (iii) above except that the three varieties of scenes are presented as audiotaped descriptions. This exact procedure has been shown to differentiate normals from rapists. The former were led to believe that sexual response to deviant themes was common in normal men.

- v) Specifically tailored audiotapes. Often clients are seen who have highly idiosyncratic sexual interests, e.g., sadism, masochism, fetishism, frottage, etc. In these cases tapes are constructed to specifically reflect the interests of the client.

Using the above procedures, it is possible to construct an individualized sexual interest profile. The problem then becomes one of how to treat persons evidencing profiles which indicate a pattern of deviant sexual arousal. Given that the clinical and empirical literature shows a close relationship between deviant sexual arousal in the testing situation and deviant sexual behavior on the street (i.e., incarcerated offenders generally show a markedly different sexual interest profile than normal men) this problem is not at all trivial.

c) Physiological Treatment Outline

Each of the procedures below have been developed in a laboratory setting and tested with an offender population and all have been empirically documented as having an effect on the sexual arousal of sex offenders. Treatments have been chosen to be most likely to reduce deviant sexual arousal and simultaneously increase or not affect non-deviant sexual arousal. Regardless of the specific treatment used, the criteria for success during treatment will be 8 measurement periods (approximately two months) with deviant arousal less than 10% of a full erection and non-deviant arousal averaging just over 50% of a full erection. In all cases treatment will be conducted within a single case experimental design and will be conducted within one or a combination of several of the following procedures:

- 1) Aversion therapy¹¹
 - (a) electrical (Rachman & Teasdale, 1969)
 - (b) olfactory (Malatzsky, 1973; Laws, Meyer & Holman, 1978)
- 2) Masturbatory Reconditioning (Marquis, 1970, Vandeventer & Laws, 1980; Laws & O'Neil, 1981)
- 3) Masturbatory Satiation (Marshall, 1979; Marshall & Barbaree, 1978).
- 4) Verbal Satiation (O'Neil, Laws & Avery-Clark, Note)
- 5) Biofeedback
 - (a) enhancement (Laws & Pawlowski, 1973; Pawloski & Laws, 1974)
 - (b) suppression (Rosen, 1973; Laws, 1980)¹²

¹¹ It should be noted at this point that the introduction and use of aversive techniques is a controversial issue from both a moral and ethical perspective. However, these techniques have been repeatedly demonstrated to offer an effective alternative to what could otherwise be an intractable case. However, an important point is that in no case should aversive procedures be used without the informed consent of the client wherein the client is appraised of the alternatives, the rationale for choosing aversion techniques, and the result he can expect to see as a result of these procedures.

¹² A description of the procedures for each treatment strategy is beyond the scope of the present proposal; therefore, a reference has been supplied in each case to enable concerned readers to familiarize themselves with theoretical and operational details of each procedure.

d) Treatment references for the reduction of deviant sexual arousal.

- Laws, D. R. Treatment of bisexual pedophilia by a biofeedback assisted self-control procedure. Behavior Research and Therapy, 1980, 18, 207-211.
- Laws, D. R. Meyer, J. and Homen, M.L. Reduction of sadistic sexual arousal by olfactory aversion: a case study. Behavior Research and Therapy, 1978, 16, 281-285.
- Laws, D. R. and O'Neil, J. A. Variations on masturbatory conditioning. Behavioural Psychotherapy, 1981, 9, 111-136.
- Laws, D. R. and Pawlowski, A.V. A multi-purpose biofeedback device for penile plethysmography. Journal of Behavior Therapy and Experimental Psychiatry, 1973, 4, 339-341.
- Maletzky, B. M. "Assisted" covert sensitization: A preliminary report. Behavior Therapy, 1973, 4, 117-119.
- Marqui, J. Orgasmic reconditioning: Changing sexual object choice through controlling masturbation fantasies. Journal of Behavior Therapy and Experimental Psychiatry, 1970, 1, 263-271.
- Marshall, W. L. Satiation therapy: A procedure for reducing, deviant sexual arousal, Journal of Applied Behavior Analysis, 1979, 12, 377-389
- Marshall, W. L. and Barbaree, H. E. The reduction of deviant arousal: Satiation treatment for sexual aggressors. Criminal Justice and Behavior, 1978, 5, 294-303.
- O'Neil, J. A., Laws, D. R. and Avery-Clark, C. A. A verbal satiation procedure to alter sexual arousal in sexual deviates. Manuscript in preparation, 1981. Contact R. Laws, Atascadero State Hospital, Drawer A, Atascadero, California 93422
- Pawlowski, A. V. and Laws, D. R. A multipurpose voltage controlled oscillator. Behavior Research Methods and Instrumentation, 1974, 6, 27-28
- Rachman, S. & Teasdale, J. Aversion therapy and behavioral disorders: An analysis. Coral Gables, Florida: University of Miami Press, 1969
- Rosen, R. C. Suppression of penile tumescence by instrumental conditioning. Psychosomatic Medicine, 1973, 35, 509-514.
- VanDeventer, A. D. and Laws, D. R. Orgasmic reconditioning to redirect sexual arousal in pedophiles. Behavior Therapy, 1978, 9, 748-765.

e) An example of a typical assessment and treatment sequence.

With minor variations any unit concerned with the treatment of deviant sexual arousal should be structured roughly within the following framework.

- (1) Intake interview. Initially each client will be interviewed at which time a social and sexual history is obtained, informed consent procedures will be completed, and an explanation of procedures provided. Most paper and pencil measures will be completed following this interview.
- (2) Familiarization. In this first session new clients will introduced to the physical layout of the unit, receive an explanation of the procedures of stimulus presentation, and will be shown a diagram explaining how to use the penile transducer. Sample erotic stimuli will then be presented and the equipment will be calibrated to measure the client's sexual response.
- (3) Assessment. The various assessment procedures were described above.
- (4) Treatment. The various behavior therapy treatments currently used will be briefly outlined below. Clients are generally seen for treatment sessions two or three times per week.
- (5) Reassessment. Following completion of treatment the original assessment stimuli - - slides, audiotapes, videotapes - - will be re-presented. These data provide a broad look at overall changes at the termination of treatment.

(6) Follow-up. Post-treatment probe sessions will be conducted at one, two, three, six and nine month intervals if the client continues to be incarcerated. These sessions will provide information on whether treatment gains are being maintained. Where possible, during this period we will also attempt to assist the ex-client in locating community resources in order that behavioural treatment may continue following release in a more realistic outpatient setting (see section on Professional referral and support system).

f) Summary

The primary advantage of this assortment of treatment strategies is that, over the years, the procedures have been refined to the point where the successful modification of sexual preference can be virtually guaranteed in almost every client. Several years ago, researchers and clinicians considered such a goal as adequate in the treatment of deviant sexual behavior. However, it has become clear that sexual arousal (defined at a penile level) is only one aspect that requires attention in the conceptualization and treatment of deviant sexual behavior. It is apparent that we also need to target such behavior relating to effective social functioning, sexual knowledge, anger control, and drug and alcohol control.¹³

¹³ It is important to note at this point that it is not necessary, from a treatment perspective, to treat deviant sexual arousal in isolation and then treat social functioning skills. However, it is important to start with an assessment of deviant arousal before beginning any treatment. In this way any reduction in deviant arousal observed at post-test can be attributed, at least in part, to the specific treatment used.

g) Interpersonal Skills.

Interpersonal ineffectiveness is perhaps the most well recognized flaw in the social competence of sex offenders. Descriptions of this inadequacy have focussed mainly on conversational skills, however, some therapists have also identified deficiencies in sexual skills. The most logical approach is to isolate those behaviors that serve to develop and maintain effective relationships. It is no more appropriate to focus on simply conversational skills or sexual skills than it is to just provide treatment for deviant sexual arousal. Sexual offenders present a total person. It is most certainly the case that this total person differs in some very specific way from what we generally consider a "normal" individual. Our goal therefore, must be to identify the ways in which the sexual offender differs, with the main questions being, "How does deviant sexual arousal, inadequate social skills, stress, attitudes toward women, anger, alcohol, and drugs contribute to deviant sexual behavior?" Perhaps the best way to conceptualize the problem is to consider each of the above attributes or deficits as playing some role in the commission of a sexual offence. Our job, then, when assessing a particular individual is to identify what role each factor plays in that individual's behavior. The more precisely we can make this determination and initiate the necessary corrections, the more likely it is that "treatment" will be successful. Obviously enough, this will be a huge undertaking with the range of possible assessment and treatment strategies going far beyond the scope of this paper. Therefore, "social" skills have been presented in four discrete section only. The justification for this was to give some idea of the type of approach used in assessing and treating conversational skills, sexual skills, relationship skills, and personal management skills.

- (i) Conversational skills include behavioral and cognitive elements combined in such a way as to effectively initiate, maintain, and terminate conversations. Low competency individuals are identified with greater consistency when rates employ global judgement of a particular dimension (e.g., skill, anxiety) as opposed to performing an analysis of discrete conversational elements (e.g., eye contact, facial expressions, rate, volume, tone and content of speech).

Therefore, the assessment of conversational skills will rely on a free-conversation format in which the offender is presented with a detailed scenario (e.g., approaching a woman sitting alone at a bar and trying to get to know her). He will be asked to converse with the confederate as he might do in the actual situation. Interactions will be videotaped and rated by trained observers for degree of skill and anxiety, at both the global and discrete behavioral levels. As well, a sampling of thoughts generated by the interaction will provide a measure of the cognitive distortions or negative evaluations engaged in by the inmates. Both participants will then rate each other's behavior, and the offender will be required to describe the confederate's feelings and interests. Questionnaires will be employed which describe various conversational situations and call for the offender to identify the range of responses that he could emit, along with an evaluation of the possible outcome for each response. In addition, scales measuring assertiveness and attitudes toward women will be used.

These evaluations will be completed before and after skills training, with new confederates being used on each occasion. We will attempt to equate confederates for attractiveness, sociability and age.

Skills training will be conducted on both an individual and a group basis. Individual training will involve role-playing in which the offender will be: a) given instructions on possible appropriate and less than appropriate responses including advice on likely outcomes; b) provided with the modelled examples of these responses; and c) given the opportunity to try out these responses. We will emphasize the use of specific behaviors, including verbal behaviors, as well as improving overall assertiveness increasing the precision of the timing of behavior, and directing their attention to the need for reciprocity in conversations (i.e., they must reward and encourage the other person). During the course of these rehearsals, the offenders will be given advice concerning the accurate perception of the other person's feelings, etc., and how he might respond to these feelings. They will also be encouraged to act on these perceptions.

Within the group context, which will actually be employed to train other aspects of behavior within a discussion-style format, offenders will be encouraged to employ the skills acquired in the individual training, and the therapists will correct errors as they occur.

In this way, we will be using a performance based model which provides exposure to a wide variety of social situations, and allows practice in dealing effectively with these situations. Exposure and practice have been shown to induce confidence in clients to the point where they feel that they have the necessary skills and, perhaps more importantly, demonstrates to the individual that they are capable of using the skills.¹⁴

(ii) Sexual Skills

Sexual skills in particular are generally thought to be deficient in sexual offenders. Broadly speaking these deficiencies include: lack of knowledge and on occasion, sexual dysfunctions. We, (Earls & Marshall) are presently developing procedures for assessing and training these features of behavior, but these are not yet complete. However, various researchers in other areas have measures of inappropriate attitudes that may be adaptable for our purposes, and there is also a measure of prudishness that can easily be modified. Sexual dysfunctions should be discernable during interviews which will be conducted before the processes outlined here are initiated. Once dysfunctions have been identified, they will be assessed

¹⁴ It is important to note that "skills" in the above description refers primarily to conversational skills with a woman on a one-to-one basis. Many inmates are judged to be "verbal" or "adequate" by males (either classification officers, or psychologists). These are often not the crucial interactions for sexual offenders.

and treated according to existing procedures described in the literature. An inventory of sexual knowledge will be developed on the basis of a determination of the content of a course in sexual education that will also attempt to modify attitudes and prudishness. On this point, it should be considered inappropriate to focus on technical aspects of anatomy and physiology; we prefer to focus on the functional utility of behaviors and to couch explanations and information in terms suitable to the population.

- (iii) Relationship Skills have for the most part been considered within the context of marital problems. Marital satisfaction has been found to be a function of: the rewarding behaviors of each partner; the perception of the significance of rewards or punishers; appropriate reciprocity in the relationship; effective communication skills; an avoidance of boredom with one another. When these skills are absent or have eroded then marital dissatisfaction occurs, and this is often associated with an increase in arguments and the concomitant display of anger or aggression. Of course an inability to control anger or to express it appropriately often in itself reduces marital satisfaction, and several rapists have told us that frequent arguments characterized their relationships with females. These same rapists also told us that when they were angered in this way they were far more likely to sexually aggress against a woman.

N. Groth is similarly convinced that anger is a major factor in the commission of sexual assaults, and research conducted at Queen's University in Kingston, Ontario has demonstrated that when normal males are angered by a female, their sexual responses to rape markedly increases. If conflict in relationships induces anger and anger increased the probability of sexual aggression, then procedures that reduce relationship conflict should be included in the treatment of sexual offenders.

Treatment of anger has been limited but assertive training, which will be included in our conversational skills program is often sufficient to bring aggression under control. Where assertive training proves to be insufficient, either stress inoculation or flooding therapy procedures may be effective.

Of course, in order for a man to need effective skills in maintaining a relationship, he must first be able to secure a partner. We have already discussed some of the problems associated with initiating a relationship when considering conversational skills, but in addition a man must seek an appropriate partner. Selecting a possible partner may determine the outcome of the client's best efforts, and errors in such selection may preclude the success of even the most effective use of the skills we have trained. Unfortunately, there is no literature that addresses this issue, not even that concerned with dating skills where one might expect this to be a key issue.

It may seem unnecessary to teach clients that they are more likely to enjoy an effective long-term relationship with someone who shares similar interests and activities, but in the course of training dating skills in undergraduate clients it has been found that few of them give any thought to their likely compatibility with a prospective partner. Again we are developing assessment procedures, which at this time are limited to appraisals of their views on the range of features in a partner that might maximize the possibility of developing a good and relatively permanent relationship. Once we have identified the limits of their views we will use a group format to demonstrate the consequences of choosing partners with varying degrees of compatibility.

- (iv) Personal management skills - these skills cover those necessary to: a) seek, secure and maintain appropriate accommodation (including budgetting and housekeeping skills) and appropriate employment; and b) the effective use of leisure including control over intoxicated behavior and perhaps control over the actual use of alcohol or drugs. Anyone having difficulties in these areas is likely to experience stress, which, as we have already argued, will increase the probability of offensive behavior.

Again little has been done with the psychological or psychiatric literature concerning any of these behaviors except control over alcohol and drug use. Many researchers have remarked on the use of alcohol by sexual offenders, and they have

suggested that it plays a role in the commission of the crimes. Whether alcohol reduces social inhibitions, observes accurate perceptions, or impairs control over sexual arousal is not clearly understood at the moment, although we have some evidence suggesting that intoxicated individuals are just as perceptive and able to exercise just as much control as are nonintoxicated subjects. In any case, control over alcohol use seems to be a relevant target for treatment with sex offenders, and in this regard we will follow M. Sobell and L. Sobell's procedures for both assessment and treatment. However, we prefer to allow continued use of intoxicants since most of our offenders will return to an environment where there is considerable pressure to continue such use. We think it is best to attempt to train individuals to behave more appropriately when intoxicated, since we have evidence that alcohol ingestion changes quite normal individuals so that they find sexual aggression more erotically arousing. It will be left to our ingenuity to develop assessment and training procedures for the other behaviors we have identified as personal management skills. It is nevertheless clear that lack of attention to these factors may increase stress in the offender's life after release. Furthermore, many offenders have stated that their urge to sexually assault a woman or child increases when they are bored. Being out of work or unable to effectively utilize leisure time frequently leads to boredom so that again anything that improves their capacities in these areas should serve to minimize the risk of recidivism.

ACTION PLAN

II. A Proposed Implementation Strategy

Throughout this evaluation/proposal it has been stressed that a successful approach to the assessment and treatment of sexual offenders must be prepared to utilize the current empirical literature to initiate a program. It has further been stressed that such an approach must focus primarily on a behavior therapy model: it is essential that our treatment successes or failures focus on overt and observable behavior. However, what is also required is an involvement of existing agencies within the C.S.C. and within the community. That is, we must aim to foster a communication network that not only allows but also encourages a cooperative effort in research, assessment, treatment, and follow-up.

By this point in the proposal it has become abundantly clear that the proposed program should be located at Mountain Institution. There are several advantages to this strategy. First, Mountain has the largest concentration of sexual offenders in the Pacific Region (approximately 65% of the total sex offender population). A unit at Mountain reduces the need for inmate transfer. Second, Mountain has an S-3 classification which means that newly convicted sexual offenders can be sent to this institution and still remain within security classification guidelines, (see C.S.C. Case Management Policy and Procedures Manual). Third, Mountain already has a large number of sexual offenders. The usual fear, from the inmates' perspective, of being identified as a sexual offender is markedly reduced. Fourth, and related to the above point, inmates at Mountain feel more at ease with admitting they have been convicted of a sexual offence.

This aspect alone would be, from a treatment perspective, sufficient justification to locate the unit at Mountain. In order to change aberrant behavior one must first recognize the behavior as deviant. Finally, there are several advantages in terms of logistics within the Pacific Region (see memorandum from P. White, Operations & Quality Control Officer - Transfers, RHQ, Pacific Region, in Appendix D).

"Implementation", per se, is obviously much more complex than simply finding a location. There are details which must be coordinated at Regional and National levels that are beyond the scope of this proposal. Therefore, the final sections of this paper have been devoted to implementation in terms of additional advantages and services that can be offered in conjunction with the unit at Mountain Institution. The remaining two sub-sections deal with back up procedures which can be used within the community and services which can be offered to the Parole Board and the Parole Services. Under the final section, Action Plan: Budget - some further suggestions are made in terms of implementation, but from a economic perspective.

a) Professional Referral and Support System

It seems to be the case that most incarcerated sexual offenders have committed more than one offence. While the majority are serving sentences for one particular offence, workers in the area generally report that the offenders they treat have had a long history of similar, but undetected or unreported offences. For example, Dr. G. Abel in New York has reported on one group of rapists seeking treatment. This group of 8 men accounted for an average of 75 rapes per individual over a period of several years. Similarly, Dr. R. Laws, at Atascadeco State Hospital has interviewed many men, primarily pedophiles, who have had interaction with upwards of 50 or 60 children before they were apprehended. In fact, one patient, reported over 1,000 sexual interactions with children and kept detailed records in 400 of the cases.

The point here is that many sexual offenders are incarcerated for only one or two particular incidents, but have had an extensive history of inappropriate sexual behavior. It would be somewhat naive to assume that any treatment program would "cure" sexual offenders of deviant urges for all time. In fact, it may be useful to think of sexual deviance in terms of an "addictive" behavior in a class with smoking, obesity, and alcoholism. If this is a reasonable assumption then we can expect, as in the case of the "addictive" behaviours that a "good" treatment program will evidence rapid and dramatic positive behavioral changes; but again, as with smoking, eating, and alcohol, we could also expect that the probability of relapse will remain at a high level for some time after treatment.

Recognizing the potentially high probability of relapse, no treatment program would be complete without providing some support system that clients can access on an out-patient basis. Clients must

feel that there are professionals in the community who share the same orientation as the in-prison treatment unit.

During the preparation of this proposal extensive interviews were conducted with the inmates at Mountain Institution, British Columbia both on an individual basis and in a group context. One of their prime concerns during these interviews was that some contingency plans be made so that they could have access to professional (post-release) if the need arose.

Therefore, several contacts have been already made to assure that assessment and treatment services will be available. A number of consultant groups and individuals have expressed interest with at least one firm commitment. For information concerning coordination of these efforts contact can be made with:

Dr. A. Wydra
#102, 1334 West 6th Ave.
Vancouver, B.C.

b) Parole Services

One of the advantages to the proposed program is that it will be in a position to offer a comprehensive assessment package to the Parole Board and Services. These agencies, in all regions currently suffer from a distinct inability to access professionals who can aid in the supply of information necessary to make the required decisions. I have spoken with representatives from the Parole Board and Parole Services in the Pacific Region and have outlined a system of assessment which will provide some relief to the short supply of professionals and the funds necessary to attract these individuals.

Briefly, the proposed unit will be prepared to do assessments for parole decisions. In addition, the unit will be equipped with a portable assessment package which will allow these assessments to be conducted in institutions other than Mountain as well as in the community.

ACTION PLAN - BUDGET

Sex Offender's Treatment ProgramProposed Budget -- Year 1Salaries

Program Director (Ph.D)	\$ 32,000.00
Therapists (three M.A.s or post-doctorates @ \$24,000.00)	72,000.00
Social Therapist (B.A.)	16,500.00
Technician (B.A.)	16,500.00
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	\$ 137,000.00
Fringe Benefits (10%)	13,700.00
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	\$ 150,700.00
Computer and electronic consultant	2,000.00
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Sub Total	152,700.00

Equipment(audiovisual)

(Tax included quotes)	
Kodak Carousel slide projector model #4600 2 x 360.00	720.00
Carousel trays, 5 x 5.95 ea	29.75
Audio cassette recorder, 3 x 100.00	300.00
Audio cassettes, 36 x 5.00	180.00
Video cassette recorder Sony model VO 2610	2,975.00
Rf modulator Sony model #RFK 534	140.20
T.V. monitor Sony model #PVM 1900	1,600.00
Camera Sony model #AVC 32600x	1,420.50
Video cassettes Sony	300.00
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Sub Total	\$ 7,665.45

Equipment (Computer)

Apple II Plus -- 48k	\$ 2,195.00
Disk II W/C	859.95
Disk II W0/C	699.95
NEC green screen 12" monitor	299.95
AD/DA converter	450.00
printer IFB cable	49.95
printer MX82	1,195.00
30 disks	179.85
	<hr/>
	\$ 5,929.65
	Tax 415.08
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Sub Total	\$ 6,344.73

Equipment (physiological measurement)

Plethysmograph x2	\$ 700.00
Intercom system x2	200.00
Misc. electrical components	300.00
Strain gauges x20	180.00
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Sub Total	\$ 1,380.00

Equipment (misc., office supplies, maintenance)

Graphic - stimulus reproduction	\$ 300.00
paper & pencil assessment reproduction	100.00
digital volt meter	149.75
calculator	150.00
telephone	100.00
stop watch x2	60.00
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Sub Total	\$ 859.75

GRAND TOTAL	<hr/> <hr/>
	\$168,949.93

Sex Offender's Treatment Program

Proposed Budget -- Year 2 and subsequent years

Salaries

Program Director (Ph.D)		\$ 32,000.00
Therapists (three M.A.s or post-doctorates @ \$24,000.00)		72,000.00
Social therapist (B.A.)		16,500.00
Technician (B.A.)		16,500.00
		137,000.00
Fringe Benefits		13,700.00
		\$ 150,700.00
Computer and electronic consultant		2,000.00
		\$ 152,700.00
Sub Total		\$ 152,700.00

Equipment

Computer software		\$ 2,000.00
Computer hardware update and maintenance		3,500.00
Miscellaneous electronic components (e.g. physiological assessment devices, strain gauges, wiring, circuitry, etc.)		600.00
Video and audio cassettes		300.00
		\$ 7,400.00

Travel

Domestic and foreign conferences		\$ 2,500.00
		\$ 147,200.00
Total		\$ 147,200.00
		\$ 162,600.00
GRAND TOTAL		\$ 162,600.00

Allocation of Funds

There are several alternatives in terms of who conducts the administration of finances. However, the model which promises to be most efficient would be to have the entire assessment and treatment unit operate on a personal contract basis awarded to either an individual or through a university. This strategy eliminates any regional "in-fighting" by not associating the project with any one particular segment of the C.S.C. It also ensures that the orientation outlined in the section entitled, "A Proposed Treatment Program" will be followed relatively closely. It has been repeatedly argued in this report that in order to be maximally effective, any treatment program for sexual offenders, must adhere to strategies and models which have been empirically tested (and shown to be effective) in the laboratory and in the "field".

A personal contract also permits the use of personnel who already have training and experience with sexual offender populations and behavior therapy treatment models. The proposed treatment procedures are not simple-minded and require a high level of technical, clinical, and theoretical sophistication. An attempt to introduce these procedures with persons trained in other fields of expertise would be tantamount to hiring an electrician to repair your car.

Finally, and in combination with the above point, the personal contract approach requires that the C.S.C. seek individuals who share the treatment orientation of that to be used by Marshall and Earls at Kingston Penitentiary, Ontario.

Two units, having approximately the same approach, would enable the formulation of a data base which would considerably advance our knowledge concerning the assessment and treatment of sexual offenders. In fact, it bears consideration that the contract be awarded to Queen's University in Kingston, Ontario. In this way, procedures and evaluations could be held at a consistently high standard. Both Marshall and myself have the expertise and concern to ensure that both maintain intense communication with a particular on involvement with existing agencies and the community.

b. Proposed Duration

With the prevailing problems in today's economy, it becomes very difficult to allocate or guarantee funds over a substantial period of time. In appreciation of this situation, funds should be planned for three years. The contract should be reviewed on a yearly basis with funding for the following year contingent upon a clear demonstration of:

- a) improved inmate behavior and attitudes within the prison system; and
- b) a marked reduction in recidivism rates (i.e., below 10%).

Of course, the most difficult of these criteria to demonstrate will be the reduction of recidivism. Nevertheless, the program should make every effort to demonstrate reduced rates in comparison studies, using either retrospective analysis or comparison with untreated inmates from other regions. The problem of how to define recidivism and how to accurately assess it, is extraordinarily difficult. The solution is to attempt to analyse the data from every conceivable angle and to devise new strategies for use in this type of analysis.

APPENDIX A

Copy of a memo prepared by N. Tsui
(Classification Officer, Mountain Institution, July 17, 1981)



D. Hooper
A/Supervisor of Classification

N. Tsui
Classification Officer

SECURITY CLASSIFICATION DE SÉCURITÉ

OUR FILE / N RÉFÉRENCE

1750-1

YOUR FILE / V RÉFÉRENCE

DATE

17 July 1981

SEX OFFENDERS AND TREATMENT RESOURCES AT MOUNTAIN

1. SEX OFFENDERS AT MOUNTAIN

In response to your request dated July 9, 1981, please be informed that the questionnaires which you hand distributed to all the C.O.s have been returned to me. The following statistical analysis would provide the information as requested:

AS OF JULY 14, 1981		% Of Population	% Of Sex Offenders
TOTAL POPULATION:	165	100%	
Sex Offenders:	92	56%	100%
D.S.O. and Life:	17	10%	18%
Paedophile:	16	10%	17%
Incest:	8	5%	9%
Attended R.P.C.:	43	26%	47%
Treatment Required:	80	48%	87%

Of significance is the fact that 56% of the total population at Mountain are sex offenders. Although 47% of the sex offenders have had treatment experiences at R.P.C., 87% of the total sex offenders still require psychological/psychiatric intervention. The table also reveals the complexities of our sex offenders: 30% of the sex offenders are either D.S.O., paedophile or incest cases.

To Page Two.....


PAGE TWO CONTINUED.

2. TREATMENT RESOURCES AT MOUNTAIN

- a. Psychologist - who provides psychological testing and one-to-one counselling.
- b. C.O.s - Although counselling is provided, C.O.s are not trained to deal with the complex sexual problems of the offenders.
- c. Health Care - It is equipped to provide health care of a physical nature; mental care is not provided.
- d. R.P.C. Follow-up - It is a data-collection process rather than treatment oriented.

3. CONCLUSION

Current treatment resources at Mountain are inadequate to provide psychological and psychiatric services to its sex offenders.


Nelson Tsui
Classification Officer
Mountain Institution.

APPENDIX B

"INTERVIEW"

A self-development group at Mountain Prison.

Inside Secretary: Pat Truscott.

Outside Correspondence Secretary: Anthony Parent.

Institutional Liaison: Bill Ross.

Steering Committee: Leon Conneville.

David Turner.

Anthony Parent.

Pat Truscott.

Meetings: Academic Centre - West Side.

Tuesdays, 1900 hrs - 2130 hrs. Outside members attend.

Fridays, 1900 hrs - 2130 hrs. Inmates only.

Bill Ross, Psychology.

Doug Black, A/W Offenders Program.

John Boileau, A/W Security.

Joe Strickler, V. A. C.

Ken Peterson, A/W B.A.P.

Classification.

To Whom It May Concern,

We are the "Intervention" group of Mountain Prison, Missisiz, N.J. We are a self-development group of inmates meeting every Tuesday and Friday evening to discuss a variety of social topics. Our purpose is to develop living skills; our program outline covers topics such as Communication, Assertiveness Training, Personal Actualization, Dealing With Stress, Sex Education, Social Skills, and Learning Choices.

The purpose of our program is to educate ourselves and to increase our awareness of why we have failed to live successfully on the street. To look for better ways of enjoying life; finding happiness and contentment. To live in harmony with the world around us. To detect and attempt to prevent a member from sliding again into deviant behaviour. To protect the community, and protect the individual.

The reason for this letter of introduction is to investigate and invite the multitude of resources within the community to participate in our program. Our goal is to make available a constructive atmosphere of interaction between caring people in education, business, and the public sector; and the interested inmate needing the opportunity to gain awareness. To date we have an impressive list of concerned volunteers who meet with us each week to aid us in our growth.

Society is in a constant state of change. How can we, on the inside, hope to keep abreast of this change? Our biggest handicap is our own ignorance coupled with the restrictions placed on our freedom. While the latter is an accepted necessity, we can try to do something about the ignorance. This letter seeks additional individuals in the community who care enough to get involved. Today's penal system provides much of life's necessities for the inmate, and yet that vast area of social skills, community understanding, and most importantly, the opportunity to change for the better, leaves much to be desired.

And this is the area our staff and I do have hopes of fulfilling.

Please give this invitation your consideration. We would appreciate it, and you will have already contributed to our concern.

Respectfully,

Anthony J.G. Parent
Outside Correspondence Sec.
Intervention Group
P.O. Box 1200,
Amassiz, N.J.
VDM 1A0

"NO-BLAVE" CLUB

A self-development group at Mountain Prison.

Inside Secretary: Pat Truscott.

Outside Correspondence Secretary: Anthony Parent.

Institutional Liaison: Bill Ross.

Meeting Committee: Leon Bonneville.

David Turner.

Anthony Parent.

Pat Truscott.

Meetings: Academic Centre - West Side.

Tuesdays, 1900 hrs - 2130 hrs. Outside members attend.

Fridays, 1900 hrs - 2130 hrs. Inmates only.

c.c. Bill Ross, Psychology.

Doug Black, A/W Offenders Programs.

John Boileau, A/W Security.

Joe Strickler, V. & O.

Ken Peterson, A/W E. & P.

Classification.

estimate expenses and budget required for the operation of the Mountain Prison "intervention" program. To cover a twelve month period.

200.00	Specialized library of approx. 100 books.
50.00	Stationary supplies; envelopes, stamps, etc.
125.00	Video recording tapes. 15 blanks @ 8.33.00.
120.00	Film rental. 24 films @ 5.00.
750.00	Payment of Professional lecturers. 10 @ 75.00.
450.00	Payment of expenses for non-paid professional volunteers. \$15.00 vouchers, three times per week for 37 weeks.
150.00	Cassette tape library.
300.00	Cassette player and speakers.
175.00	Coffee fund.
100.00	Miscellaneous expenses.

3900.00	Total
=====	

Recommendation: All purchases to be co-signed by two members of the steering committee, authorization provided by Mr. Bill Ross, Institutional Psychologist, counter-signed by Mr. Black, A. D. Offenders Program.

December 8, 1941

Enclosed is a copy of our proposed program for Mountain Prison. We would like to solicit your encouragement and support in this much needed program.

We are looking forward to hearing from you in the near future.

Sincerely Truly,

Anthony M. Parent
Anthony M. Parent.

Mr. C.

Mr. E. Kaplan.

Mr. J. Chretien.

Hon. W. Segin.

Mr. J. Robinson.

Mr. J. Yeomans.

Mr. G. Gutertride.

Mr. J. Murphy.

Mr. T. Stewart.

Commander Howard Soc. of Mt.

Patrick Truscott
Patrick Truscott.

John Conneville
John Conneville.

David Burnes
David Burnes.

THIS IS A WORKING PAPER AND CONTAINS MANY ERRORS.
FEEL FREE TO INCLUDE ANY REMARKS THAT PERTAIN TO
CONSTRUCTIVENESS, CRITICISM AND/OR OPINION.

THANK YOU.

MOUNTAIN PRISON GEFEEEFEEF PROJECT

December - January 1981 - 1982

CONTENTS

Organization.

Purpose.

Introduction.

Communication.

Assertiveness Training.

Personal Actualization.

Dealing With Stress.

Sex Education.

Family and Relatives.

Social Skills.

Inmates responsible for this project:

Anthony J. Parent 1246

Patrick Truscott 7109

Leon Bonneville 0452

David Turner 9597

PROGRAM

To form an inmate organization designed to help deal with the continuing problems of sex offenders and persons involved in sexual problems and crimes. To start groups within prisons; to educate and rehabilitate sex offenders. To form community groups to assist the sex offender upon release. To provide on-going support for the prisoner or post-prison offender.

PROGRAM GOALS

1. Within prisons:
 - a. A pilot project to be started in certain institutions.
 - b. Participation to be invited from:
 - a. Inmates convicted of a sex offense, and other inmates the group feels would benefit from the program.
 - b. Any professional members of Correctional Services of Canada.
 - c. Prison and assistance from the staff and groups of the sex offenders program at the Regional Inmate Centre in Abbotsford.
 - d. Services of civilian professional and students.
 - e. Groups and individuals interested in being involved in the program.
 - c. Details: See Appendix A.
2. In the community:
 - a. To provide a non-profit organization to give support to sex offenders.
 - b. To give a place to where a sex-offender can talk to people who understand his particular problems.
 - c. To allow released sex offenders to keep in contact with the organization and help them to provide the opportunity for additional support.
 - d. Details: See Appendix B.

ORGANIZATION

The group will meet twice per week. The first meeting of each week will be known as the "General" meeting. In this time frame instruction and open discussion will take place. The second meeting each week will be known as the "Private" meeting. Here discussion will continue amongst the inmates only.

Each meeting will be of three hours duration.

This course consists of twenty-six weeks.

Materials required:

- A quiet meeting place. (The schoolroom is ideal)
- A projector and screen.
- V.T.R. equipment.
- A small library. (consisting of speciality books)
- A budget.

Restrictions on attendance:

- Inmates...Admitted sex offenders only. (Initially)
 - ...Possessing motivation and sincerity to change
 - ...Open-door policy for those who leave in haste. Based on majority group conscience.
- Staff...Admitted for general group only.
 - ...Cleared through group majority before attending.
- Outsiders...Admitted for general group only.
 - ...Cleared through group majority.
- Volunteers...Admitted to general group only.
 - ...Attend for involvement.

PURPOSE

To educate ourselves as to how and why we've failed
to live successfully on the street.

To look for better ways of enjoying life; finding
happiness and contentment.

To live in harmony with the world around us.

To remember at all times, " I am here for me alone ".

Introduction:

Enclosed is a program worthy of critical examination. Its aims are self-explanatory and yet their importance is understated for definite reason.

This program is unique in that it represents the efforts of a few incarcerated sex offenders, determined to help themselves in becoming better people and to share their undertaking with others of the same mind.

We feel it is fair to say that the aims of today's offender's programs are to lower the recidivism statistics. Incorporate into this opinion is the belief that the offender does not benefit characteristically from these programs. Without the necessary changes in character (or personality) the sex offender is more than likely to return to the same circumstance surrounding the initial crime. Therefore, the principle aim of this program is to change the character of the attending inmate.

Initially, we assume that candidates have at least minimal awareness of themselves. After the acceptance of responsibility for their situation, the program offers the opportunity for a supportive change to begin. For the man who believes he is a victim of circumstance, we have nothing to offer.

Often it is found that men come to prison, not for having made wrong decisions, so much as having being limited in their choices of decisions. In some cases it is diminished mental capacity, in another it may be a lack of understanding in what is expected from him. In still another it may be an imaginary struggle for survival. The point is, the man is lacking alternatives, (at least in his mind he is). The secondary aim of this project is to expand, through practical education, the number of reasonable choices that decisions may be based on.

Thirdly, because of the social format this project is based on, the inmate will benefit in his appreciation of others as well as the values held by others. Through interaction and discussion, growth in maturity levels will and can be increased.

The importance of these aims must be expressed in order to enhance the value of this program. However, it must end there. We believe that, in keeping their importance foremost, existing programs have lost their effectiveness. While the results of any program are important to administrators, it is the efforts and achievement of results that are important to the participants.

Effectiveness in most institutional programs is further deteriorated by the 'anti-establishment', mistrustful attitudes of their participants. In recognizing this we also accept the requirement of supervision and at least partial involvement of the institution into any worthwhile program. We ask however that such involvement be kept to a minimum because of the above argument.

The use of female participants, community volunteers, V.T.R. equipment, selected reading material, exercise paper, and selected professional help is essential to achieve maximum benefits from this project. Of equal importance is the need for a comfortable, disturbance-free work area.

COMMUNICATION

- Effective Listening. Assuming the root of most misunderstanding comes from the lack of proper listening, this lesson deals with the following aspects.

1. How to ask questions for clarification, without appearing stupid.
2. Elimination of the habit of jumping to conclusions.
3. Learning not to assume.
4. How to avoid hearing more than what's being said.

- Social Interaction. Here we will practice the art of general conversation. Such areas as starting a topic, changing a topic, and the use of politeness are discussed. Understanding the importance of social etiquette is the goal, and once accomplished, it is hoped that one large barrier will be removed on the road towards better social skills.

- Male / Female Dialogue. In this important area, social roles are examined. Because most sex offenders possess distorted ideas regarding relationships in general, it is paramount that concepts, understandings, and views be discussed openly and honestly. Of concern also is the understanding of social acceptance and expectations in a social setting.

- Verbalizing Your Opinion. Basically, the aim here is to practice involvement. By learning to take the initiative, no man

should feel left out at a social gathering. Expressing an opinion is ideal for introduction and involvement. It also states an identity, for which others may come to appreciate.

- Public Speaking. The highlight of this topic in general. Under this exercise the participants will hopefully come to grips with his basic fears. The aim is for everyone to experiment with verbal leadership. Addressing one's peers successfully is a major step towards achieving self confidence. Useful instruction and practice is the basis for this exercise.

ASSERTIVENESS TRAINING

- Self Conscienceness, Shyness and Identity. This involves open discussion where individuals share experiences, fears, problems in identity, and inhibitions. Ideally, with time, participants will come to understand their common concerns and realize that they are not different than most.

- One-on-One Dialogue. The aim here is HONESTY. The majority of men have little difficulty in this area (talking), until the need for honesty enters. Boasting, minimizing, avoiding and lying are looked at with openness. Admitting one's faults does not make him less than he is, but this has to be learned in most cases. The compounding of falsehoods and what it does to the self-esteem is looked at realistically.

- You In A Group. The above lesson is applied to group encounters:

- Your Rights As A Person, Consumer, Etc. As human beings we all possess innate rights. By examining these rights through group discussion, an appreciation will grow for the rights of others. The aim of this lesson is to appreciate the rights of others as much if not more than we appreciate our own rights. This is especially important for sex offenders regarding females. Also looked at will be the rights of consumers, employees, husbands, wives, and inmates.

- Learning Choices...saying No! Saying no is difficult for many people for many reasons. Participants will discover their own reasons and effective ways of dealing with the difficulty. The significance of asserting oneself in everyday situations is examined in comparison to how it affects one's self-esteem. The value and importance of appropriate assertion is to be recognized.

PERSONAL ACTUALIZATION- Areas of Concern.

- Building Self-esteem
- Motivation and Attitude
- Discourse on Personal Values incl. integrity, sincerity, care and concern, pride, love and hate.
- Expanding Limitations:
- You and Your Image
- Self Discipline...taking charge of you.
- Habits...good and bad.

Here we explore that vast difference between who we'd like to be and who we really are. Starting with a personal inventory of both positive and negative characteristics, supplemented by group opinion, we look at who we are. While the importance of how we got this way is recognized, it is felt that change is the more important aspect. (Counselling with professional staff is available for those interested in a better appreciation of their past.) Our concern, as a group program, is to work for the present and the future. Understandably, this particular exercise may be better used as the initial starter. However, because of its sensitive nature trust in each other is essential. This can only be achieved after several undertakings, such as the previous two parts.

As indicated by the outline, the areas worked on are well rounded to the inner workings of the individual. As a goal, this

exercise attempts to erase that notion of being ruled by destiny, that 'victim of fate' syndrome. Instead, we hope to show the cause and effect principle in action-reaction. We look at personal limitations, both real and imaginary, and ways of expanding them. Also discussed are self-inflicted expectations and social conformities.

Again, the responsibility of seeing the same good in others that we find in ourselves is paramount.

Learning the difference between "I can't" and "I won't" attitudes and how they affect our lives is to be viewed and discussed. Another area explored is 'habits'. How we got them, how they work as a convenience, and are they a compulsion? these and many other aspects are to be compared and talked about.

DEALING WITH STRESS

- Learning to Identify Stress. Discussion is focused on the symptoms of stress within the physical, emotional, and mental realms of each of us.

- Situational. What are the chief causes of stress and anxiety? That which causes stress in one person may not affect another. Even so, what factors do we all have in common? Is stress a by-product of failure, or can we plan to avoid it?

These areas, and many more, are viewed in open group discussion. With education, we hope to learn that stressful situations can be predicted and avoided in most cases. We also hope to learn how to minimize the stress factor where it can not be avoided.

- Coping With Stress. With discussion centering on the ways and means of minimizing stress, we will learn to live successfully with it. Various methods, such as bio-rhythm, prayer, meditation, etc; are looked at in the hope that each member will adapt a workable alternative to stress.

SEX EDUCATION

- Anatomy, male and female. Here we undertake the challenge of confronting ignorance. With the use of films, discussion and reading, our field of understanding will be expanded, without shame. The human reproductive system will be explained in detail, with openness and honesty. Also examined will be the need for respect in this matter.

- Myth, cultural factors and attitudes. Fact verses fiction is the theme for this co-ed discussion. The 'need' for sexual conquest, the macho image, and the mis-concept of male superiority are highlights. A comparison of 'love', 'sex', and 'intimacy' is drawn and discussed.

- Sexual Self-Awareness and Identity. Where do you fit into the myth? Why do you compare yourself with other men? What do you find sexually gratifying and why? These are just a few of the questions asked in this lesson. The aim is towards finding self-respect for one's own sexuality, based on understanding and acceptance.

- Communication of Sexual Needs. Again, our attitudes towards sex is examined. With the emphasis on needs and fulfilment, we strive towards accepting sex as an expression of love, care, and concern.

FAMILY AND RELATIVES

This is a work area that has no definable sections or goals. However, the subject is one that requires an understanding and appreciation since it is a major source of influence in our lives. Because people in this category are closest to us, they are more apt to be the victims of our manipulations and controlling. And, since they usually hold the undesirable position of having the greater expectations of us, they deserve special consideration.

Areas of discussion will include:

- Your wife and her position in your life; your position in her life.
- Children...What is your obligation as a parent?
- Your parents...Who owes what at this point?
- Brothers and sisters...Is your past resolved?
- What part does your family play in your life today?

SOCIAL SKILLS

- Dating. Open discussion pinpoints the area of fear. Especially fear of rejection. Honesty and tactfulness is compared with facades and seduction. Role playing, to overcome fears, is essential. Recognizing the female as an equal is the method used to find true compatibility between sexes.

- Job Interviews and Resumes. Discussion surrounds the most effective means of presenting oneself to a future employer. A job, like any other goal, is to be approached with preparation. Also examined is the positives we have to offer.

- Diplomacy verses Manipulation. In our daily quest for achievement we are naturally drawn into areas of compromise. With this in mind, the group will discuss the differences in, consequences of, and motives behind, these two forms. Both methods are to be respected and their necessity understood.

- Learning to Win and Lose. Since competitiveness is such an intricate part of man's nature, it is important that it be understood. Included in this topic are the areas of possessiveness, materialism, one-up-manship, and greed.

- Game Playing. On this subject the group will investigate the dynamics and necessities behind games such as 'controlling', 'intimidation', 'seeking acceptance', 'attention stealing', 'avoidance',

and 'lonerism'. Recognition and understanding is the important goal here. For those who discover games within themselves there will be equal time given for finding ways of changing undesirable traits.

- A Social Evening. This is just what the title implies. It is the area which concludes the entire program. Here, recognition is given for achievement. Social skills are practiced and above all else, it is a reward for the survivors

APPENDIX C

- a) Professional Consultants
- b) Equipment and Material Source Supply

Professional Consultants

The following is a list of individuals presently conducting research and/or providing treatment within the framework outline in this proposal. Each of these individuals have had sufficient experience to act as consultants, reviewers, or reference sources and could provide an evaluation of this proposal.

C. Earls
Department of Psychology
Queen's University
Kingston, Ontario
K7L 3N6

R. Laws
Atascadero State Hospital
Drawer A
Atascadero, California
93422

A. Wydra
Department of Health Sciences
University of British Columbia
Vancouver, B.C.

W. Murphy
Department of Psychiatry
University of Tennessee
865 Poplar Ave.
Memphis, Tennessee
38104

G. Abel
Department of Psychiatry
College of Physicians and Surgeons
Columbia University
722 West 168 St.
New York, N.Y.
10032

V. Quincey
Director of Research
Oak Ridge Division
Pentanguishine, Ontario

W. Marshall
Department of Psychology
Queen's University
Kingston, Ontario
K7L 3N6

A. Keltner
Department of Criminology
Simon Fraser University
Burnaby, B.C.

Equipment Consultant and Stimulus Materials Supply Contact

C. Earls
Department of Psychology
Queen's University
Kingston, Ontario
K7L 3N6

APPENDIX D

A memorandum from P. White and J. Scott
(Operations & Quality Control Officers - Transfers)



Dr. C. Earls

P.D. White and J. Scott
Regional Classification Board
Correctional Service of Canada
Regional Headquarters, Pacific

SECURITY CLASSIFICATION DE SÉCURITÉ
YOUR FILE / VOTRE RÉFÉRENCE
DATE 1982-03-25

SUBJECT / OBJET POSSIBLE TREATMENT PROGRAM FOR SEXUAL OFFENDERS AT MOUNTAIN INSTITUTION

The members of the Regional Classification Board of the Pacific Region support the concept of an integrated approach to sexual offenders admitted to the federal system including the development of a treatment program at Mountain Institution. Such a program acting in concert with the current Sex Offender Program at Regional Psychiatric Centre, would have the initial advantage of offering on-going treatment for offenders who wish to take advantage of opportunities at lower medium security. This could alleviate a current problem experienced by the Classification Board with the conflicting needs of treatment and security classification.

In addition, such a program would provide the possibility of fulfilling court recommendations for "psychiatric treatment" for inmates at Mountain who are unable to gain admittance to the R.P.C. program. From the point of view of classification and transfer, treatment at Mountain Institution would expedite decisions on inmates currently held in the Kent Holding Unit awaiting possible admission to R.P.C. Inmates who are assessed as in need of and willing to engage in treatment could be moved immediately into a program at Mountain Institution, providing they are candidates for that level of security (S3).

Yours truly,

P.D. White
P.D. White
Regional Classification Board
Correctional Service of Canada
Regional Headquarters, Pacific.

J. Scott



Deputy Commissioner, Offender Programs
NHQ, Ottawa

Regional Manager, Offender Programs
RHQ (Pacific)

SECURITY CLASSIFICATION / DE SÉCURITÉ
OUR FILE / NOTRE RÉFÉRENCE 1722-3
YOUR FILE / VOTRE RÉFÉRENCE
DATE 1982.04.28

SUBJECT / OBJET

An Evaluation/Proposal Concerning Sexual Offender Treatment Programs in the Pacific Region

- Further to our recent telephone conversation on the above-mentioned topic, enclosed is a proposal, prepared for us by Dr. C.M. Laris.
- The proposed budget for the first, the second and subsequent years of operation can be found on pages 40 - 42. I think that we can trim that figure somewhat, probably by reducing the number of therapists and by sharing the use of already available electronic equipment. So that if we are able to obtain funds in the range of \$100,000.00, I think that we should be able to get a fairly respectable program going. Of course, Dr. Laris' figures represent a much more extensive capability and, at another time, I would not have thought them unreasonable.
- I have discussed this proposal with the Regional Executive Officer and we are arranging to do an RSMC presentation on it.
- I may mention that in addition to the project outlined here, we are in the process of examining the possibility of developing a community support group for sexual offenders. In this regard we are hoping to enlist the aid of established community agencies and other interested groups. I do not expect this to be too expensive an exercise, and I shall be attempting to obtain the funding for it locally.
- In any event, I would appreciate it if you would attempt to obtain between \$100,000.00 and \$120,000.00 from Treasury Board for the implementation of this proposal.
- When you have had time to read the document, I shall talk to you on the phone about it.

R.O. Bishop

R.O. Bishop

ROB:cjl

Encl.

cc: Al Byman, Regional Chief, Program Design & Resource Development
REO (Pacific) & J. Zanatta, Design & Development Officer

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RC Earls, C.M.
560 An Evaluation / Proposal
.S47 Concerning Sexual Offender
E2 Treatment Programs
1982 in the Pacific Regions.

