

Developing a prevention service: origins and challenges

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Prevention service

Merseyside Police

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Reducing risk of sexual and violent offending

Therapies
Protector work
Training

Mentalisation Based Therapy
Offender Personality Disorder Pathway

Child Protection Services

Merseyside & Cheshire Local Authorities

Secure hospital pathway

Merseyside & Cheshire NHSE

MFPS Approach to sex offender intervention

- Address the underlying emotional processes linked to offending behaviour – more efficient
- Lack of change in underlying feelings linked to re-offending
- Use therapeutic methods that have been found to change problematic feelings in mental health settings
- Most effective methods of change identify the origin of the feelings
- Re-processing of early experiences leads to enduring emotional change
 - Schema Therapy
 - EMDR
- Psychological change rather than risk management

Core sex offender intervention

Phase 1
Group - Offence focused

Phase 2

Group – self formulation – *Schema Therapy* approach

Phase 3

1-1 therapy – long term psychological change - ST, EMDR, other methods

Schema therapy in a nutshell

Basic childhood needs

Safety, security, acceptance Autonomy Freedom of expression Spontaneity

Limits & boundaries

NOT MET

Maladaptive schemas

Feelings, beliefs, attitudes, memories, physical sensations

Triggering situation

Influences thinking & behaviour

Surrender

Avoidance (*Modes*)

Overcompensation

Reinforces schemas

What does Schema Therapy add to sex offender treatment?

Enhances understanding of, and emotional connection to, the causes of offending

Reduces shame, allowing for more self examination

Identifies specific targets for interventions

Weakens the underlying emotional processes linked to offending

Makes learning more accessible

Methods of change

- Chair work: change dynamics between different modes > strengthen healthy adult
- Imagery re-scripting: re-processes the experiences linked to the origin of the schemas and modes > weakens schemas
 - Activate the schemas and modes involved in offending live in the room
 - Working directly on relevant feelings, attitudes, beliefs
 - Re-process the childhood experiences > change the feelings and beliefs
- Limited re-parenting

What does EMDR (Eye Movement Desensitisation Reprocessing) add to sex offender treatment?

- Changes the effects of traumatic experiences (emotions, physical sensations, beliefs)
- Based on Adaptive Information Processing model (AIP) (naturally occurring process)

Traumatic experience

New experience
Strong overwhelming emotions (intense fear, shock, confusion, shame)



AIP blocked



Experience not integrated with adaptive networks



Memories stored in a fragmented, unprocessed, partially processed way



Emotions, physical sensations and beliefs (and other aspects) 'reexperienced' and reinforced Traumatic memory blocked at a neurophysiological level Present situation triggers feelings and thoughts of the original unprocessed event



EMDR

Bilateral dual attention stimulation – access all aspects of the memories. Allows AIP to take place



Reconfiguring of neurophysiological state - transformation



ADAPTIVE RESOLUTION

New Prevention Service

- Developed in collaboration with Merseyside Police
- Pilot service, which involves both individual and/or group work run over a period of approximately 6 months.
- For individuals who have an attraction to children or engage in sexually inappropriate activities in order to prevent them from offending
- 20 places available
- Based in Liverpool
- Male adults aged 18+.
- Free to referrers/service users

Challenges

- What might it be different about working with these clients as opposed to offenders?
- Managing risks Police and Safeguarding
- Demanding process /consequences
- Voluntary
- Publicity
- Referrals

Summary

- Developed using ideas and experience taken from running a service for sex offender intervention
 - CBT based interventions alone may not produce change in the emotional and sexual factors linked to risk of sexual offending
 - Other approaches, particularly EMDR and Schema Therapy can be used to produce this change
- Still early days number of challenges
 eg referrals, safeguarding
- Evaluate