

## TREATMENT MAINTENANCE

### Change Maintenance: Applying Effective Programs

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The field is rapidly changing with the integration of positive psychology via Good Lives Model (GLM), research on process variables, emphasis on motivational interviewing, restorative justice, self-regulation model (SRM), a push away from Relapse Prevention (RP).

Classical RP was originally established to help clients maintain change from relapsing back to sexual offending. Over the years, RP has been heavily scrutinized (Laws, 2003; Yates & Ward, 2009), in favor of replacing it with SRM/GLM (Yates & Ward, 2009). Even though RP was adapted from the substance abuse field to help clients prevent relapse, it consumed much if not most of the treatment within programs. In fact, according to the recent Safer Press Survey, RP is still widely used within the field contrary to the scrutiny.

The issue remains, for clients that consistently struggle with sexual deviancy and perhaps for many of the moderate/high risk group; it is proposed that some type of change maintenance programming remains helpful to enhance community safety.

It is proposed that some type of change maintenance programming is one part of treatment helping clients summarize their learning and applying it to maintain change. Furthermore, it is important to combine the useful elements of RP, GLM and SRM in order to enhance successful treatment. This requires that clients learn to meet their needs appropriately and maintain a prosocial life plan/style. This is best done by helping clients differentiate between functional versus dysfunctional patterns or states and developing coping responses to maintain functional states across contexts. Essentially, the focus of the presentation is addressing the key elements of change maintenance including:

- Differentiating functional versus dysfunctional states/patterns
- Helping clients meet and maintain meeting needs or primary goods appropriately
- Help clients transfer learning across contexts or apply lessons outside of the treatment program

Therefore, in order to further enhance community safety, a newly developed change maintenance program is recommended.

## **Community Treatment and Aftercare: Challenging the Status Quo**

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Some of the common challenging realities of community based sex offender treatment include limited professional staff time available for intervention with clients and clients who are financially unable to pay for supplemental services beyond their basic group therapy. Therapeutic homework assignments are often used to increase client intervention time beyond the limited hours available in group therapy, but this more academically focused intervention proves challenging for clients with limited reading and writing skills, or those who associate such tasks with a history of failure or ridicule. Other clients struggle greatly with social isolation and/or limited social skill and confidence. Clients who have successfully completed treatment may still feel a need for periodic support and renewal of their treatment gains. Clients may search for a practical way of making restitution for harm done in their offending. This paper presentation explains the practical and promising means to address these issues: Peer Mentoring, as developed and implemented by Alternatives Counseling, Inc. outpatient SOTP. The Peer Mentoring program brings together treatment graduates with individuals still in treatment in a manner that assists with each of the problems outlined above, with minimal staff time required for the benefits gained. This presentation will review the practical implementation of a Peer Mentoring program and discuss the benefits seen in and reported by the participants themselves.