

# The Good Life

## The Effective Treatment of High Risk Offenders in the Social Therapy Unit (STU)

Steven Feelgood  
Director, Social Therapy Unit  
Brandenburg an der Havel Prison

# Outline

- Introduction
- High Risk Offenders in the Social Therapy Unit (STU)
- What is the Social Therapy Unit?
- Creating the Good Life
- High Risk Therapy Group

# Introduction

- What Works!
- Risk - Need - Responsivity Model
- The Good Lives Model
- Similarities and Differences

# Introduction

- Martinsons famous article from 1974 „*What works? Questions and answers about prison reform*” lead to the conclusion by many Politicians, that nothing works.
- However, Martinson could only logically conclude that in 1974 we didn't know if anything worked.

# Introduction

- **What does work then?**
- **Correctional treatments using RNR-Principles are more effective than non-RNR-Programs**
- **Risk - Need - Responsivity (RNR) Model**
  - **Risk:** Match level of risk to treatment intensity
  - **Need:** Only treat problems that relate to relapse
  - **Responsivity:** Match treatment mode and style to the offenders abilities and wants

Andrews, Bonta & Hoge (1990); Andrews, Bonta & Wormith (2011)

# Introduction

- **The Good Lives Model (GLM)**
  - Developed by Ward & Stewart (2003) for offenders
  - Positive psychology approach
  - Offences result from using antisocial / dysfunctional strategies to satisfy „normal“ needs or through conflicts in needs

# Introduction

- **The Good Lives Model**

- According to various research studies Humans strive to satisfy **primary needs** e.g. safety, health, autonomy, being good at something, relationships, community, inner peace.
- **Secondary needs** are skills and resources necessary in order to achieve primary needs e.g. a loving relationship, money, work, sport.

Ward, 2000, Ward & Stewart, 2003

# Introduction

- The GLM and the RNR models are not incompatible
- Both focus on criminogenic factors
- The GLM reminds us to pay special attention to the Responsivity principle, to employ positive change strategies, to focus on life goals and on achieving a „Good Life“



# High Risk Offenders in the STU

- **Who are they?**
  - **High Risk – High Damage**
    - (murder, serious physical assault, sexual murder, violent rape)
  - **High Risk - Medium Damage**
    - (physical assault, Pedophilia)

# What ist the Social Therapy Unit?

Many people wait throughout their whole lives  
for the chance to be good.

- Friedrich Nietzsche -

# The Social Therapy Unit





# The Social Therapy Unit



# What is the Social Therapy Unit?

- 70 Clients
  - 5 psychologists, 7 social workers and 25 prison officers
  - 4 treatment areas
  - A Therapeutic Community within a high security prison
- **Our Goal:** The effective treatment of criminal behaviour and reintegration into the community.

# What ist the Social Therapy Unit?

## Stages of Treatment

### 1. **Motivation & Assessment**

1. Motivation Unit – 12 weeks
2. 6 month orientation and assessment stage

### 2. **Core Treatment**

1. 3 subunits with 18-22 clients
2. 2-3 years intensive treatment (Selbstmanagement Programm)

### 3. **Temporary Release**

1. Day leave , long-term leave, occupational training in the community, family visits

### 4. **Aftercare**

1. Up to 2 years support and relapse prevention

# Barriers to Effective Treatment

- Fear
- Embarrassment and shame
- Poor emotional regulation
- Distrust
- Lack of hope
- Poor self-esteem

# Barriers to Effective Treatment

- Barriers are effectively broken down through the use of positive psychology strategies
- This is the key to effective treatment with high risk offenders, as the skills to be learned are themselves already well known.



# Creating the Good Life

## - General -

- Develop a „good life“ with and for the clients
- Ask the offender what he wants from life and work with him on this
- Offer him advice and a treatment structure – no *laissez faire* treatment

# Positive Psychology Strategies

- Praise and encourage the clients often
- Create **hope** and **optimism**
- Display empathy and personal responsibility
- Use „we“ statements
- Deal energetically with daily problems and relate them to treatment modules and life goals
- Open groups encourage more intimacy, trust and the practicing of social skills

# Positive Psychology Strategies

- **1. Module: Build self-esteem**
  - Welcome ritual
  - Address the clients as men, not offenders
  - Focus on their strengths
- **2. Module: Life Patterns and Life Goals**
  - Emphasize that life goals are similar to those of non-offenders
- **3. Module: Background to the offence**
  - Discussing details of the offence is unnecessary
  - Display empathy with them, normalize their feelings, but not their behaviour

# Positive Psychology Strategies

- **4. Module: Relationships**
  - Intimacy, loneliness, choosing a partner, skills, non-sexual relationships, what are my needs, who am I?
- **5. Module: Empathy Skills**
  - Not just victim empathy
  - Why is empathy good for my life
  - What can help me be more empathic

# Positive Psychology Strategies

- **6. The Good Life and Self-Management**
  - Using life goals to self-regulate
  - Using life goals to create a „new“ identity
  - Using life goals to prevent crimes by satisfying my needs prosocially.
- **Focus less on coping with problems and more on achieving goals that lead to less problems**

# High Risk Therapy Group

- 8 clients
- 2 x 2 Hr. per week – open end
- 6 clients – sexual murder (life sentences)
- 2 clients - serial rape (sentence+ protection orders)
- Some clients 25-30 years in prison
- Highly functioning group

# What we achieved in this group!

- Sexual murder and other highly shamed-based topics are discussed openly – less denial and more responsibility ( „I am dangerous)“
- Everyday problems that relate to offending are discussed openly e.g. relationship stress, personal failures
- The clients support each other emotionally
- They have hope – do the hard work that we require of them

# What we achieved in this group!

- Some clients are prepared to take medication to reduce sexual arousal
- Within very few sessions clients feel part of the group and provide personal disclosures
- Resistance to treatment reduce greatly in a short time
- Very low drop-out rate – 2 clients in 3 years



Thank you for listening!

I'd rather be an optimist and a fool than a  
pessimist und right.

Albert Einstein.