February 6, 2023

Shon Thieren, Warden

Minnesota Correctional Facility-Red Wing

1079 Highway 292

Red Wing, MN 55066

**RE:** **Certification of MCF-Red Wing Sex Offense Treatment Program (Yale Cottage) under Minnesota Rule Chapter 2955**

Dear Warden Thieren:

The MCF-Red Wing certification to operate a juvenile sex offender treatment program expired on July 31, 2022. Due to the COVID-19 pandemic, the on-site inspection for the certification of the program was postponed several times for health and safety reasons. It was agreed that the inspection would be conducted virtually and limited to discussion and interviews with the administrative, clinical, and correctional staff. Due to technological and scheduling issues, no interviews with clients would be conducted unless specifically requested. This abbreviated inspection occurred on November 16, 17, 22, and 28, 2022. The the exit interview was conducted on November 28 2022, and the electronic file review was completed on December 9, 2002.

This office thanks you and your staff for the courtesy and cooperation extended to me throughout the inspection. Please forgive the long delay in getting this report to you. With the Christmas holidays and Alan Listiak’s retirement, the process was more complex than usual. This final report was written and submitted by Alan Listiak, with final approval by Lisa Becking, Assistant Director of the Inspection & Enforcement Unit. Follow up and ongoing support will be provided by I&E Inspector, Lauren Bizzotto, with assistance if need be, by Lisa Becking.

**Based on the findings of this inspection, the MCF-Red Wing Sex Offense Treatment Program is certified to operate under the conditions described below for a two-year term from August 1, 2022, until July 31, 2024.**

**Inspection Process**

The inspection consisted of the following activities.

1. Review of the application for certification of the MCF-Red Wing Sex Offense Treatment Program (SOTP), thorough discussion of the Chapter 2955 rules and the self-rated rule compliance in Form D of the application, and of the responses to previous correction orders with the director of psychological services/SOTP administrative director, the clinical supervisor, and the lead sex offender therapist.

2. Review of relevant documentation for rule compliance, including the program policy and procedures manual, personnel files, a sample of client files, and quality assurance/program improvement information.

3. Structured interviews with the warden and the director of psychological services/SOTP administrative director, clinical supervisor, lead sex offender therapist, and correctional staff who work in and/or supervise the SOTP including a lieutenant, sergeant, and security case worker.

4. An exit interview conducted on November 28, 2002.

This inspection did not include interviews with SOTP clients, inspection of the living unit. observation of the SOTP therapeutic community, staff, or client progress meetings. SOTP staff were informed of the limits of confidentiality of the inspection procedure. All staff persons who spoke with this inspector stated that they understood the terms and were willing to participate in the process.

This report summarizes the information regarding rule compliance and program operation gathered during the inspection procedure.

**OVERALL FINDINGS**

The client census in the SOTP was 12 at the time of this inspection. This number is well within the staff-to-client ratios required by Chapters 2955 and 2960, and by PREA regulations. Since the previous certification inspection, the SOTP been quarantined several times. At the time of this inspection, all clients and staff have tested negative for COVID-19 and programming is on its normal schedule, although virtual technologies continue to be used for family and individual therapy as well as other administrative tasks.

Several significant changes have occurred since the previous inspection. First, the clinical director resigned and the position was filled by a promotion from within the SOTP. The program continues to operate with two corrections program therapists (CPTs) and includes a new lead corrections program therapist (CPT) who was a therapist and clinical director at another residential sex offender treatment program. The other CPT also functions as the SOTP clinical supervisor and apportions time in each position according to rule requirements. Based on reports and available documentation, this dual-position appears to be working well. Staff report that their supervision is timely, supportive, and meets their needs; quality assurance data indicate that client report satisfaction with clinical services. As the SOTP operates under the Behavioral Health Unit of the department, the clinical supervisor does not oversee or have direct authority over the correctional staff – they have their own line of authority and supervision.

Changes in the correctional staff include a new lieutenant and several correctional officers. The lieutenant discussed in some depth the nature of a therapeutic program in a correctional facility and how the security functions could be meshed with and support the therapeutic process and the therapeutic milieu in this context. The correctional officers reflected this approach to managing the living unit on a daily basis as they described their relationships with clients and the graded use of behavior management strategies. Two consistent issues with the correctional staff are (1) the “floating” staff who fill in at the SOTP for staff who are regularly assigned to it, and (2) staff who bid into the program. These staff are often not familiar with the nature of a therapeutic program and its somewhat different attitude and approach to security and behavior management. The lieutenant was very aware of these issues and reported that there is more control over the choice of staff who are assigned to the SOTP in order to minimize the impact on the program.

The Yale cottage - where the SOTP has traditionally been housed, is undergoing renovation, the SOTP has been housed in the Brown cottage until recently. Due to the admission of a client with physical disabilities, the SOTP was moved to the Princeton cottage which has quarters that meet standards of the American Disabilities Act; and several other improvements are being implemented to ensure compliance with those standards.

The full programming schedule continues to be delivered and therapeutic community meetings are held regularly. Psychiatric and medical services are also regularly scheduled.

**Administrative Director and Clinical Supervisor**

At the previous inspection, the clinical supervisor not only was filling in for a vacant CPT position, but was also the SOTP administrative director and the MCF-Red Wing director of psychological services. It was noted then that this triple-shared position was a significant work load with numerous competing obligations. It was further noted that from the perspective of Chapter 2955, there was concern about the ability of the clinical supervisor to maintain a high-level of performance and to continue to maintain and/or increase the integrity of the SOTP services. When the clinical supervisor position was vacated, the position was relieved of the roles of administrative director and director of psychological services. The director of psychological services was also designated as the SOTP administrative director. The revised clinical supervisor position maintained its role as a part-time clinical service provider. This reduction of duties has provided significant relief to the position of clinical supervisor and it is reflected in the positive reviews and comments by the clinical and corrections staff, as well as by relevant quality assurance data. In particular, the involvement of families and probation officers has been reinforced during this certification period and there has been demonstrable stability in the provision of services during the ups-and-downs of the COVID-19 pandemic. Moreover, the continued implementation of dialectical behavior therapy and related training and oversight has been well-received.

The review process included discussion with the administrator, clinical supervisor and clinical staff of the SOTP’s strengths and weaknesses, and actions taken/plans for staff development, management of the therapeutic milieu, and client reception of services. The inspection concludes that the SOTP is undergoing significant disruption with the changes in living quarters, but the programming continues to be reined in content and delivery. As discussed below, the current staff appear quite capable of implementing the programming with integrity and the clients appear to be responsive to the process.

**Clinical and Correctional Staff**

Staff turn-over has been a perennial issue for the SOTP. However, since the last inspection, the clinical staff has been stable and the correctional staff have had minimal changes – although a new lieutenant was assigned to the program. But, as noted above, this lieutenant has a good understanding of securing a therapeutic program in a correctional context and supervising the correctional staff in relating to clients and managing their behavior in a therapeutic milieu.

Based on information received, it appears that the correctional staff and clinical staff share the same basic values and goals for the SOTP. They reported strong communication links between them in the context of shift changes, staff meetings, and shared activities. It appears that some issues that were noted at the last inspection have been resolved with no after-effects.

Both the correctional and clinical staff appear to have well-developed cultures both separately and jointly. The cultures were reported to be quite open and conflict-free – supporting statements that the staff felt very safe with each other and with the clients. And maintain their focus on working with the clients and helping them grow and mature in the various dimensions of their lives. In this regard, it was noted that the staff used the term “team” to describe their relationships and focus on their clients.

Both the correctional and clinical staffs reported that they received excellent supervision in learning and growing in their jobs and said their supervisory needs were well met.

The staff reported that MCF-Red Wing has two recreation therapists that are available to the SOTP. Their work was described as having a very positive effect on the clients, especially the crocheting, and experiential education such as wall climbing.

**Treatment Programming**

The implementation of the dialectical behavior therapy model has continued but the trauma-informed approach has received less specific attention as a specific intervention but appears to be incorporated into on-going treatment interventions.

The three major dynamic risk factors and related sub-factors reported in the last inspection continue to be the center point of the basic treatment protocol. Programming continues to involve core therapy groups facilitated by clinical staff supplemented by relevant psychoeducational classes based on client needs and progress. Correctional staff present some of the psychoeducational modules. There have been no significant changes to the treatment materials and they continue to be evaluated by the staff as challenging but understandable by the clients, and effective at achieving treatment goals.

To repeat from the previous inspection: The SOTP program philosophy, content and organization are consistent with the standard practice and recent developments in the field of juvenile sex offender treatment. In particular, a strength of the program is the availability of a correctional case worker and a transitional program to help prepare clients and connect them with outside relationships and support.

**Clients and the Therapeutic Community**

No clients were observed or interviewed during this inspection. The operation of the therapeutic community in the SOTP cottage was not observed. Only the persons noted above were interviewed during this inspection. Besides information they provided, other sources of information are client files and the policies and procedures for the therapeutic milieu, supplemented by quality assurance data.

The therapeutic milieu of the SOTP is structured as a therapeutic community and is conceptualized as the main agent of client change. One of the CPTs has deep experience working with juveniles who have sexually abused and in developing and managing therapeutic communities.

In assessing the therapeutic community, the following information is considered. (1) The community is under strain due to the adaptations necessary from changes in living quarters and the hang-over of the COVID-19 virus. (2) There are 12 clients in the community at this date. (3) Several changes in client departures and arrivals have an effect on community cohesion, trust levels, and relationships. (4) The clients present a mix of ages and serious clinical issues. (5) Nonetheless, both clinical and correctional staff described the clients as adjusting to the on-going changes and challenges. Their opinion was that the community was working “pretty well” with the staff’s help and their ability to “avoid potholes” before they get too big. Based on this information, the SOTP therapeutic community appears to be functioning at a medium-to-moderately high level.

**COMPLIANCE ISSUES**

When provided access to the electronic record system, a random sample of three client files for review was drawn for the two clinical staff. Only files of client who entered the program during this inspection period were included in the sample.

**1. Citation:** Intake assessment: Minnesota Rules, Chapter 2955.0100, subpart 1: Intake assessment.

*2955.0100, subpart 1. Admission procedure and new client intake assessment required. All clients admitted to a residential juvenile sex offender treatment program must have a written intake assessment completed within the first 30 days of admission to the program.*

Compliance Issue: Violation. Several intake assessments were found to be dated past 30-days from the date of admission. There is no indication that the quality assurance procedure tracked and responded to these violations.

**Corrective Action #1:**

Immediately upon receipt of this report, the certificate holder must ensure that intake assessments are completed within the 30-day requirement.

**2. Citation:** Intake assessment: Minnesota Rules, Chapter 2955.0110, subparts 9A and 10.

*2955.0100, subpart 9A. The clinical supervisor must convene a treatment team meeting to review the findings and develop the assessment conclusions and recommendations.*

*2955.0100, subpart 10. The assessment report must be based on the conclusions and recommendations of the treatment team review.*

Compliance Issue: Violation. None of the intake assessments reviewed noted the date of the treatment team meeting. There is no indication that the quality assurance procedure tracked and responded to these violations.

**This is a repeat violation.**

**Corrective Action Order #2:**

Immediately upon receipt of this report and on an ongoing basis, the certificate holder will ensure that the date of treatment team meeting to review the assessment findings and develop the assessment conclusions and recommendations is noted in the intake assessment.

**3. Citation:** Initial individual treatment plan: Minnesota Rules, Chapter 2955.0110, subpart 1.

*2955.0110, subpart 1. A written individual treatment plan for each client must be completed within 30 days of the client's entrance into the program.*

Compliance Issue: Violation. The individual treatment plans for three clients were found to be dated past 30-days from the date of admission. `There is no indication that the quality assurance procedure tracked and responded to these violations.

**Corrective Action Order #3:**

Immediately upon receipt of this report and on an ongoing basis, the certificate holder must ensure that the initial individual treatment plan is completed within the 30-day requirement and that the plan is not dated prior to the date of the intake assessment for a specific client.

**CONDITIONS OF CERTIFICATION**

The following rule requirements are on-going, developmental projects that both anchor and drive the treatment program. As such, they require continued review and evaluation (using the criteria described in Form D of the application for certification). Consequently, issues in these areas as are not cited as rule violations – rather, they are considered to be conditions of certification.

**1. Rule Requirement:** Policies and procedures for the basic treatment protocol and the therapeutic milieu:Minnesota Rules, Chapter 2955.0140, subparts 1A and 1B.

*2955.0140, subpart 1. Program policy and procedures manual. Each program must develop and follow a written policy and procedures manual. The manual must be made available to clients and program staff. The manual must include, but is not limited to:*

*A. policies and procedures for the basic treatment protocol.*

*B. policies and procedures for the therapeutic milieu.*

Current Status:

The policies and procedures for the basic treatment protocol and the therapeutic milieu supplied contained in a document entitled, *Red Wing Sex Offense Treatment Program: Treatment Theory Manual*, revised on November 23, 2022. This manual presents a thorough discussion of the required policies and procedures. It includes several theoretical models and some supporting empirical data which are then applied in a discussion of three primary causal factors, to wit, irresponsible cognitions, skill deficits, and inappropriate sexual interests. For each of these three causal factors, the manual identifies a number of sub-causal factors. Each causal and related sub-causal factors is presented in a series of diagrams with a discussion of the reasons why each factor is a dynamic risk factor, how they are interrelated, and the treatment interventions used to address them.

This discussion also includes a review of several typologies of juveniles who sexually abuse but does not indicate a preference for any one typology over another. This leads to the presentation of some treatment goals derived from the dynamic risk factors and other goals which are said to be “additional treatment needs” that appear to be related to some risk factors but the nature of their relationship and how they come to be defined as treatment goals remains vague.

The manual then presents the client assessment procedure and outlines the content of the assessment – which closely follows the language of Chapter 2955 regarding assessments.

The next section of the manual presents the basic theory of change outlining the various therapeutic approaches, interventions and modalities used to treat the causal factors. The Risk-Need-Responsivity Principles are presented as important for treatment effectiveness. And the importance of the therapeutic alliance is noted as the “best predictor” of lower recidivism. Motivational interviewing is briefly described as are the stages of change.

The review treatment approaches includes cognitive-behavior therapy and various strategies and interventions and modalities are reviewed, including the offense progression model, relapse prevention, and the good lives model.

There is a good discussion of the therapeutic milieu which includes the role of the correctional staff and another round on the importance of the therapeutic relationship and interactions with clients in the milieu. Finally, the culture of the milieu and the program is discussed in some detail.

Other sections the manual include academic and vocational programming, educational assessments, academic classes, special education programs, vocational programs, experiential life skills and work programs, and leisure education/therapeutic recreation,

Comments:

At the previous inspection, it was noted that the previous inspection to that found that the trauma-informed treatment approach had not been incorporated into the protocol. At this inspection, there is no mention of the trauma-informed treatment approach. As this approach is currently considered relatively empirically-based and is being incorporated into mainstream treatment programs across the country, and as this approach was said to be intended to be incorporated into the SOTP, the question is why has it not been incorporated or why has it been dropped?

Regarding the choice of only three dynamic risk/causal factors and related sub-risk/causal factors: (1) as they are presented, they appear to be relatively independent variables each with their separate sub-factors. Tony Ward and his colleagues have argued for a number of years that using a list of dynamic risk factors quite limited as the basis for treatment designs. They argue that the list of chosen factors need to be linked together in a theoretical framework that provides a more powerful description and understanding of the reasons for and the choices made to commit sexual abuse, i.e., why the abuser abused. In fact, there are questions about the utility of dynamic risk factors in treatment and the need to view them differently in theory construction and case formulation as well as adding consideration of protective factors[[1]](#footnote-1) As presented in the manual, there is no coherent theory or “theory knitting” (Ward’s term) to lead the clinician to formulate a causal pathways or a series of pathways at different levels of analysis to the abuse for any given client or group of clients. From a behavior change perspective, such as cognitive behavior therapy, a theoretical formulation lends itself to the cognitive behavior theory formulation of interventions to accomplish client behavioral change.

Again, at the previous inspection, it was noted that previous inspection to that found that the logic model had been revised but was not integrated into the discussion in the basic treatment protocol. The logic model was not presented in the protocol at the previous inspection, was noted in the conditions of certification that it should be presented; but not in this current version of the protocol, although a theory of change is presented in narrative form.

At the more general level, at every discussion point in the manual the paucity and age of references and supporting research is significant. While the discussions themselves are relatively sound and make good points, theorizing and research has moved into more depth and nuance regarding dynamic risk factors, protective factors, responsivity issues, theoretical integration, differences in cognitive behavioral treatments, the development and application of the good lives model, etc. This has been noted in the two previous inspections and conditions of certification were addressed to this issue. In the current manual, there has been no updates at all. In fact, when perusing the reference section of the manual, it is found that the vast majority of references cited there are not to be found in the narrative. And those few references that are in the narrative are 10 or more years old. The heavy reliance on the Rich (2011) material, again while reasonably sound, ignores the major strides Rich has made in his theorizing and research support. Even the citations to the ATSA guidelines refer to a publication date of 2001 – when in fact, ATSA revised the guidelines for the treatment of juveniles in 2017. The cited ATSA professional code of ethics (2001) was also revised in 2017.

The same case can be made for the policies and procedures for the therapeutic milieu. While the basic case for using the therapeutic milieu as the main agent of client change and the delineation of the values, culture, and structure of the milieu as the mechanisms of change, the discussion would be strengthened by including more recent research on the theoretical basis of the therapeutic milieu, the defense against deviancy training (i.e., peer influence), effectiveness and outcomes, and the evaluation of the therapeutic climate and process.

**Condition of Certification #1**

No later than April 1, 2023, the certificate holder must submit to this office a report that provides the following information: A discussion outlining a plan to update and incorporate any necessary and/or proposed additions and/or modifications to these policies and procedures. This includes the integration of more recent references and related refinement of theory and updating the research base. The logic model should be updated to be consistent with the changes in theory and treatment content. The discussion must also include a timeline for implementing and evaluating the necessary and/or proposed additions and/or modifications

The criteria for evaluating these policies and procedures are provided in Form D of the application for certification.

This office has references to these instruments and other related research on the basic treatment protocol and therapeutic milieu which are available by request.

**2.** **Rule Requirement:** Quality assurance and program improvement: Minnesota Rules, Chapter 2955.0170.

*2955.0170. Each program must maintain and follow a quality assurance and program improvement plan and procedures to monitor, evaluate, and improve all components of the program. The review plan must be written and consider the:*

*A. goals and objectives of the program and the outcomes achieved;*

*B. quality of service delivered to clients in terms of the goals and objectives of their individual treatment plans and the outcomes achieved;*

*C. quality of staff performance and administrative support and their contribution to the outcomes achieved in items A and B;*

*D. quality of the therapeutic milieu, as appropriate, and its contribution to the outcomes achieved in items A and B;*

*E. quality of the client’s clinical records;*

*F. use of resources in terms of efficiency and cost‑effectiveness;*

*G. feedback from referral sources, as appropriate, regarding their level of satisfaction with the program and suggestions for program improvement; and*

*H. effectiveness of the monitoring and evaluation process.*

*The review plan must specify the manner in which the requisite information is objectively measured, collected, and analyzed. The review plan must specify how often the program gathers the information and document the actions taken in response to the information.*

Current Status:

As defined in 2955.0170, the quality assurance/program improvement plan presents the procedures and measures to document the integrity of the service delivery. It does not prescribe what those procedures and measures should be – how to document the integrity of services delivery is for each regulated program to define and implement. For each of the areas in items A through H, the plan should present (1) the program-specific variables chosen to measure and analyze as indices of program performance, and (2) the actions deemed necessary to maintain or increase the quality of the outcomes obtained by the measurement process.

The version of the quality assurance plan provided at this inspection is entitled, *MCF-Red Wing SOTP Quality Assurance Plan*, and is not dated on the plan but is filed under the title, *QA Plan 2022-2024.docx.* Seven of the eight categories specified in 2955.0170 as items A through H and lists a series of measurable variables under each category; in some instances, a performance benchmark is noted. The category not included in the plan is item H., effectiveness of the monitoring and evaluation process. It is not clear why this category was not included in the plan and reported in the quarterlies.

The data supplied for this inspection is contained in the document entitled, *Quality Assurance Documentation* and filed under the name, *Q-A for 2022 Audit.docx*. This document provides information for the one year (five quarters), starting with May-July 2021 and ending with May-July 2022. It is not clear why no more recent data from to the end of 2022 was provided. As in the previous inspection, the *Quality Assurance Documentation* presents the seven categories and related measurable variables with notation whether they are completed or not completed, or the goal was met or not met, or a number is provided (e.g., the number of meetings held with family/support persons on a quarterly basis).

This is not the venue to parse the quality assurance data process and its outcomes in any detail.

This documentation builds on the significant effort to define and measure the quality and performance of the SOTP demonstrated in the previous inspection. It demonstrates the SOTP’s commitment to colleting the relevant information for these variables. It provides a quick and easy to read summary of the quality assurance/program improvement procedure.

The scoring on the variables in each of the seven categories varies depending on the nature of the variable. Most often the scoring is completed or not completed; in some cases, it is a number, such as the number of family/support meetings held in a quarter.

The overall results show that the SOTP is doing relatively well at meeting the performance and outcomes goals. It is “relative” because only a few variables have performance benchmarks and there are few objective or subjective criteria against which to compare and evaluate the actual performance on numerous variables. A score of “completed” indicates a positive accomplishment but does not provide information about how the completion was carried out, what barriers or difficulties were involved. Similarly, a not-completed score suggests that no or only partial activities were involved in that particular variable and provides no information about the actual performance regarding that variable.

For a quarterly summary, this abstract level of reporting is probably adequate. However, to really gauge the performance of the SOTP, a more detailed report is necessary in order to see how the data collection process operated, problems and issues faced and overcome (or not overcome), etc. As noted in the previous inspection, for example, in cases where a performance benchmark has been accomplished, it would be useful to know how and why it was accomplished and what might be done to reinforce and maintain/improve this performance. In cases where the benchmark was not accomplished, it would be helpful to know how it was not accomplished and what actions might be taken to improve performance on this variable.

It is noted that the three client files cited above for tardiness in the intake assessment and initial treatment plan requirements were noted as completed in the documentation for these variables – implying that the files had been reviewed and no discrepancies had been found. If this is the case, then there was an error in the review, and the plan should include an analysis of the cause for the error the data collection process plan along with the appropriate action to be taken to correct the error.

The Chapter 2955 quality assurance/program improvement has an ultimate goal of developing self-learning programs that can assess their performance in terms of the integrity of the implementation of their service delivery. To be able to assess the integrity of service delivery, the measurement of performance (along numerous variables) has to have some criteria or standard by which the performance can be evaluated or judged. In the case of the program itself, basic treatment protocol and therapeutic milieu are intended to provide the criteria or standard. That is, these policies and procedures define, in a sense, the ideal operation of the program based on its theory of cause and its theory of change as applied to the services designed to produce clients with a lower risk to recidivate. The protocol, especially as operationalized in the logic model, provides the standard against with the measured performance of the program is assessed and an index of the degree of integrity of the program can be established.

This is the ultimate goal for developing the policies and procedures for the basic treatment protocol and the therapeutic milieu – describing the ideal operating standards and procedures that will produce the outcomes the program wants to achieve.

**Condition of Certification #2:**

No later than April 1, 2023, the certificate holder must submit to this office a report that includes the following information: A discussion of any necessary and/or proposed additions and/or modifications to the quality assurance/program improvement plan to address issues in data collection, refinement of outcome measures, issues in treatment implementation, identified performance deficiencies, etc. The discussion must also include a timeline for implementing and evaluating the necessary and/or proposed additions and/or modifications.

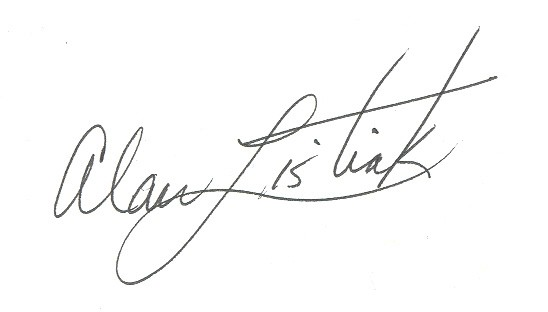
The criteria for evaluating these policies and procedures are provided in Form D of the application for certification.

This office has many resources relevant to the requirements for these policies and procedures that can be made available upon request. In addition, this inspector is available for technical assistance to support compliance with Chapter 2955. The operational intent of the rules is to help programs be as effective as possible.

Chapter 2955 requires programs providing residential treatment to juvenile sex offenders to be accountable for their operations, outcomes, and improvement plans. This certification inspection has identified the compliance issues and conditions of certification described above and prescribed the actions necessary to meet that accountability.

If you have any questions, need more information, or would like to schedule a time for further discussion, please do not hesitate to contact Lauren Bizzotto at 651-247-4781 or [lauren.bizzotto@state.mn.us](mailto:lauren.bizzotto@state.mn.us) or Lisa Becking at 507-382-9791 or [lisa.cain.becking@state.mn.us](mailto:lisa.cain.becking@state.mn.us).

Cordially,



Alan Listiak

Administrator of Sex Offender Program Certification

Inspection and Enforcement Unit

cc: Gina Muller, SOTP Clinical Supervisor and Clinical Program Therapist 4-SO

Dennis Franckowiak, SOTP Clinical Program Therapist 4-SO

Holly Hanson, SOTP Administrative Director and MCF-Red Wing Psychological Services Director

File

1. See for example, Ward, T., & Beech, A. R. (2015). Dynamic risk factors: A theoretical dead-end? *Psychology, Crime & Law, 21*(2), 100-113. http://dx.doi.org/10.1080/1068316X.2014.917854. Access at this page <https://www.researchgate.net/profile/Anthony_Beech/publications>.

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   Heffernan, R., & Ward, T. (2017). A comprehensive theory of dynamic risk and protective factors. *Aggression and Violent Behavior, 37*, 129-141. <https://doi.org/10.1016/j.avb.2017.10.003>. Access at this page<https://www.researchgate.net/publication/317649065> (pre-publication version entitled, "Towards a comprehensive theory of dynamic risk and protective factors in forensic and correctional research and practice.").

   Ward, T., & McDonald, I. (2017). Dynamic and protective factors in the treatment of offenders: A reconceptualization. In C. Trotter, G. McIvor & F. McNeill (Eds.) *Beyond the risk paradigm - rethinking practices in criminal justice*. Routledge: Abingdon, Oxon, 2017 (pp. 200-220. <https://doi.org/10.1057/978-1-137-44133-1_13>). Access at <https://www.researchgate.net/publication/317139588>. [↑](#footnote-ref-1)