

Autonomy, Mastery, and Purpose: motivational technology 3.0 at the service of forensic sex offender therapists

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Abstract

Motivation for change in offenders is a multi-layered concept and requires a specialized approach. This article first discusses some motivation concepts (together with their limitations) that are often used in forensic practice. Daniel Pink (2009) picked up on some insights from behavioral research and introduced a modern motivation approach in the business world. He calls his approach "motivation 3.0" and promotes commitment in individuals by stimulating three basic human drives: autonomy, mastery and purpose. This model is also useful for clinicians working with offenders. Various steps are illustrated by means of a case study of a sexual offender.

Keywords: motivation, offender therapy

"Nothing Works" was once the disenchanted conclusion, when classical treatment models were found not to work in offenders (Martinson, 1974). The evidence presented by Martinson suggested that rehabilitation was ineffective for reducing future criminality. But it remained unclear as to why rehabilitation was failing to show positive results in the literature. Martinson suggested it was possible that the methods used to evaluate the treatment programs were simply not good enough to capture their benefits. Or that perhaps the programs were not being implemented as they ought. Martinson also suggests a third possibility: "It may be, on the other hand, that there is a more radical flaw in our present strategies - that education at its best, or that psychotherapy at its best, cannot overcome, or even appreciably reduce, the powerful tendencies for offenders to continue in criminal behavior." (1974, p.49)

In 1994 Andrews and Bonta published *The Psychology of Criminal Conduct* in which they paraphrased Martinson and proposed their famous three "what works" principles: risk-need-responsivity (abbreviated to RNR). The risk principle assumes that criminal behavior can be predicted by using risk assessment instruments and that the duration and intensity of treatment should be based on the assessed risk level. The need principle distinguishes between the criminogenic and non-criminogenic needs of the offender, and suggests that interventions should act on the needs that are related to criminal behavior and recidivism risk. Finally, the responsivity principle prescribes that treatment should be adapted to different target groups (e.g. developmentally disabled, deniers, psychopaths,...) and should also deal with non-motivated clients.

A principal criticism of the RNR model has been that its focus on criminogenic needs is a necessary but not sufficient condition for effective treatment (Wilson & Yates, 2009). Research clearly indicates that individuals who do not complete treatment reoffend at higher rates than those who do complete treatment (Hanson & Bussière, 1998) and so interventions must be designed to attend to offender responsivity concerns. Research on 'personal striving and goals' indicates that it is better to work with 'approach goal' when seeking to induce behavior change rather than concentrating on reducing,

eliminating, or modifying problematic features of offenders (i.e., avoidance goals; McMurrin & Ward, 2004).

A therapy style characterized by harsh confrontations may well have an adverse effect and could increase the risk of recidivism (Marshall et al, 2005). The awareness that therapy can cause damage has grown, although this is not a problem unique to forensic therapy (see Barlow, 2010). Nunes and Cortoni (2006) looked at offenders who dropped out and found that those who were excluded from therapy ended up with an increased risk of relapse. Jung and Nunes (2012) reaffirmed this result specifically for deniers and the authors concluded that therapists should invest more in working with deniers by motivating them for therapy instead of excluding them.

Motivation: the foundation of change

Motivation enhancement as a forensic methodology fits into a positive psychotherapy approach and has several objectives: a) to get started with a therapeutic relationship and later on to maintain it; b) to win over the offender for 'change through therapy', to create an opportunity to work on personal, socially accepted goals; and c) to keep the client on board and prevent dropout. The extent to which people are motivated for change and the extent to which they are hopeful and expect something of therapy are good predictors of treatment outcome (Lambert, 1992). Therapy motivation is by definition an intermediate motivation: through therapy one tries to achieve a more distant goal.

The change process has been conceptualized as a sequence of stages through which people typically progress as they think about, initiate, and maintain new behaviors (Prochaska & DiClemente, 1984). These researchers observed that people who make behavioral changes on their own or under professional guidance first "move from being unaware or unwilling to do anything about the problem to considering the possibility of change, then to becoming determined and prepared to make the change, and finally to taking action and sustaining or maintaining that change over time" (DiClemente, 1991, p. 191). They suggest that clinicians can be helpful at any point in the process of change by using appropriate motivational strategies that are specific to the change stage of the individual. The stages of change can be visualized as a wheel, because the change process is cyclical, and individuals typically move back and forth between the stages and cycle through the stages at different rates. The model is popular among forensic clinicians (Tierney & McCabe, 2005).

Burrowes and Needs (2009) criticize the model however: developmental factors (age, life stages) are not addressed and the environment of the client is not taken into account. Furthermore it turns out that the stages cannot be distinguished or clearly measured. Burrowes and Needs replace the image of the wheel by that of a river. "Like a river, change is a rich dynamic, and not entirely predictable phenomenon over which we have a limited amount of control. Change is viewed as something that we may be able to influence and channel but it is not something over which we have total control." (2009, p.43) Change is driven by individual factors, by environmental influences and usually there is a catalyst at work, an external factor that brings about change and makes it possible. But in the end coping strategies and energy will be needed to overcome or get around dams and obstacles the river encounters on its way down. Not all barriers can and must be overcome. Some realities (e.g. laws) will help to shape and change the run of the water. The river metaphor has in common with the wheel that change is not a linear process. The wheel must turn round, the river must find its way down. Change comes by trial and error. It may be a comforting thought for therapists that ups and downs in motivation and willingness to change is normal and not a sign of failure.

Treatment readiness and motivation to change

According to Rollnick, Miller and Butler (2008) motivation to change is a broad concept that consists of three components: willingness, ability and readiness.

1. Willingness. Change will only come about, when the difference between the current behavior and the values and goals that one has in life, is sufficiently large. It's not about the "measurable" difference, but about the "perception" of disadvantages to the current behavior and the benefits of change. This typically creates ambivalence. Classic ambivalence as used in offender therapy is the difference between the concern of society (risk of recidivism and damage to victims) and the vision and goals of the client. But change always has positive and negative aspects and the status quo has this too. So costs and benefits of status quo versus change may be weighed. Ambivalence should not be contested, but be welcomed as a natural phenomenon. Prescott (2009) takes ambivalence as the basis for his motivation concept. He refers to the - often underestimated - influence that society and the media have over the usefulness of forensic therapy and the success chances that it has. Just saying to a client he should urge/push himself a little more to be motivated is insufficient and might even make things worse.

2. A second essential component of motivation is the ability to change, that is, the person must have sufficient skills. Only when people believe that they can succeed, will they actually go for a new behavior. First of all, there must be problem awareness. The client also needs competency and a minimum amount of self-esteem. Snyder (see e.g. Snyder, Ilardi, Michael & Cheavens, 2000) offers a good framework with his "hope theory". He defines hope therapy as a targeted approach in which two elements should be addressed: first, people should believe that they have the capacities to come up with the routes to desired goals ("pathways thinking"); second, they need the sufficient motivation to actually use such routes ("agency thinking").

3. Finally, the client has to be "ready" for change, ready to invest time and energy. Willingness to change is not a personality trait, however it too fluctuates constantly and it is also the result of social interaction. Readiness for therapy depends on factors of cognitive, affective, volitional or social nature. External factors may also play a role in readiness: for example, circumstances, opportunities, social resources and time. The sum of these factors determine whether and how the offender will engage in therapy, and whether his participation will promote change (Ward, Day, Howells & Birgden, 2004). So-called resistance is often a signal that the therapist is mistaken and that he must adapt his motivational strategies to the actual situation of the client and his environment. Or with a quip: *non-motivated* clients don't exist, but there are *otherwise-motivated* clients.

A case example

What does this mean in practice? Let's meet Kurt. Kurt is a court-referred client in a community therapy center in Brussels, Belgium. He attended therapy for several years and rebuilt his life in the community. Kurt was nine years old when he and his parents moved from Sweden to a small town in Belgium. He learnt to speak Dutch, but due to his accent felt like an outsider throughout his school career. He created an imaginary world for himself in which he could be more like his classmates and in which he was not bullied. He remembers having sexual fantasies since his second year of secondary school and these fantasies have offered him comfort ever since. He has a well-paid job in a big company. At the age of 40 he was arrested for child abuse and a huge collection of child pornography was found on his home computer. He has never had an intimate adult partner, and has always cherished the desire to one day lead "a normal life".

Kurt has spent a few months in jail, but was able to keep his job. His boss didn't ask questions, just urged him to work harder. Kurt feels himself to be at a crossroads in his life. - Is it possible to draw a line under the many years of fantasizing and masturbating? He is willing to look for the answer, but is afraid that it will not be what he hopes for.

Kurt fantasized and masturbated as an "exclusive and fixated pedophile", but he has never seen himself as one. He nurtured his dream of a "normal life", but had no idea how to realize it. How do you step on and become an adult? To groom a ten year old in a play-ground is much easier. The first therapy year, the focus is on mostly on the offense and on relapse prevention. And then?

Kurt is afraid of real changes in his life. He wishes that he'd been caught when he was still in his twenties.... He feels that there are some private problems he first has to solve. He has kept his job, but debts have accumulated. His parents divorced long ago and his father now can no longer live on his own. After solving these problems Kurt would be ready to maybe think about his own life. There doesn't seem to be sufficient motivation in Kurt to risk the status quo for an uncertain future.

Motivation 3.0

In forensic practice clients often face a therapy that is imposed upon them. This corresponds to the situation in "business" where employers look for what motivates people to work for a purpose that is initially external to them. Pink (2009) gives therapists an interesting insight in the motivation concept. He starts from the conclusion that managers often still believe in old motivation concepts. People have a biological drive that is focused on hunger, thirst and sex. Pink calls this motivation 1.0. People also respond to external rewards and punishments from their environment (motivation 2.0). However, in the mid-twentieth century behavioral scientists discovered that people have a third motivation system which they called "intrinsic". This understanding did not reach the business world, and that's why Pink adapted concepts from Ryan and Deci ("self-determination", 2000), Csikszentmihalyi ("mental flow", 1996) and Dweck ("mindset", 2006). And he named his invention motivation 3.0.

According to Ryan and Deci (2000) maintenance of behaviors over time requires individuals to internalize values and skills for change. By maximizing the need for autonomy, competence and relatedness, behaviors are more likely to be internalised and subsequently, behavior change can be managed better. Competence involves the confidence to have the ability to intervene on the environment. The need for autonomy is about freedom of choice and the feeling to be able to act with a certain independence. Relatedness refers to positive relationships with others, to feel accepted and appreciated by others and vice versa.

Flow is a concept that also comes from positive psychology (Csikszentmihalyi, 1996). It refers to a mental state in which a person is fully absorbed in his pursuits. Flow goes along with an action-oriented energy, a full involvement and a sense of success. Flow captures the image of "a stream that carries". A state of "flow" is achieved when there is a balance between the difficulty of a task and the specific skills of the person.

Mindset refers to a continuum of implicit attitudes about where one's talents come from (Dweck, 2006). At the one end of the continuum there is the "fixed mindset" of people who believe that talents and abilities are fixed traits. They aim to prove themselves and react defensively to mistakes or setbacks. In the "growth mindset" people believe that passion, guidance and persistence can help. They are willing to take calculated risks, they want to learn from achievements and shortcomings, and they try to surround themselves with people that like challenge and work with

dedication. Dweck's work is particularly inspiring to Pink, because it shows that mindsets are beliefs that can be changed.

Pink refers to the famous candle problem to show that reward and punishment may hinder rather than foster intrinsic motivation and creativity. The candle problem is a cognitive performance test, measuring the influence of functional fixedness on a participant's problem solving capabilities. The test was created by Gestalt psychologist Karl Duncker and published posthumously in 1945. Glucksberg (1962) added a monetary reward to the task and assigned participants to two groups, one with and one without a monetary reward, but all participants were asked to solve the problem as fast as they could. Half of each group faced the problem in a simple version (tacks placed outside the box), and the other half faced the problem in a more complex way (tacks placed in the box). Glucksberg found that adding the variable of competition for a monetary reward creates levels of stress that shuts down the creative thinking and problem solving capacities. The reward worked for the simple task version, but was counterproductive for the complex task.

Pink's main premise is that when you hire people to do complex and creative work, you cannot motivate them with a "carrot" reward. To motivate people one must think first about the type of task that is being completed, and if it is complex and requires creative thinking, using extrinsic rewards will actually decrease the quality of the work. These rewards can promote what we do not want in therapy, namely addiction and short-term thinking. Rewards and punishments are effective in rules-based routine tasks, because then intrinsic motivation is low and there's not much creativity to be destroyed. This sounds familiar when pursuing therapeutic targets that are imposed by the judicial system. If motivation is opportunistic and remains externally focused, Pink encourages employers (read, clinicians) to explain why the imposed task is boring but necessary, which rules and procedures are associated with it, and... to nevertheless investigate with people how they can perform the task with as much autonomy as possible.

The upgrade from 2.0 to 3.0 according to Pink has to do with the replacement of docility (carrot dangles in front of donkey) by commitment (engagement). When managing human capital one should create conditions that focus on our innate need to direct our own lives (autonomy), to learn and create new things (mastery), and to do better by ourselves and our world (purpose). Among these autonomy is the most important, namely the desire to orchestrate one's own life.

Autonomy, mastery and purpose

Autonomy gets people on the move, makes them active and involves them in what they do. This can be realized in four areas:

- How much space is there to set your own goals?
- How much freedom is there to make your own schedule and timeline?
- Is there choice in the implementation?
- Can people choose whom they want to cooperate with?

These four questions are not easy to answer in a forensic context. There are judicial restrictions that impose limits on the freedom of choice and autonomy. But are they reduced to zero? Autonomy always has its limits, but that doesn't mean there is no autonomy left (cf. driving a car).

Kurt would prefer to put his life entirely in the hands of the therapist. "Save me, I'm desperate! I must change, but I do not know how." His fantasies consist only of boys and yet he doesn't want this. There must be something else, but how to get there?

The second drive is mastery, the urge to be good in something that matters. Commitment, Pink teaches, is accomplished through mastery, only if and when the task you are working on suits your talents. Mastery meets three laws:

- It can only be achieved if you believe in it or, in the terminology of Dweck (2006) if you have a growth mindset.
- It can only be achieved, if you exercise a lot and don't give up when faced with setbacks (see the renewed interest in willpower, e.g. Baumeister & Tierney, 2011; APA, 2012).
- It can never be reached 100%, but you can come close to it.

Offenders have often invested a lot of their mastery into their offence. They plan a grooming strategy to gain access to their victims and try to reduce the probability of detection. It's therapeutically rewarding to explore with them how they can use these skills of theirs in a different way, and to look for reasons why they do not do this in the first place.

Kurt experiences big difference in his skills at work (valued colleague) and in personal relationships (no friends at all). He is into individual sports such as swimming and fitness, and can sit for hours at home in front of screens (TV, movies, internet). There is a lot of time left over for boys and fantasies. Grooming boys, deceiving parents, creating opportunities, obtaining confidentiality, all of this is a piece of cake. He has "only" done this a few times in his past. But each occasion was "masterfully" planned.

The third motivational drive is purpose, the natural desire to contribute to a cause greater and more enduring than one's self, something people can connect to, such as honor, truth, love, justice, beauty. From the expectancy literature we know that a "point on the horizon" can be motivating, if one doesn't just focus on it all the time or doesn't just use it to dream away. Oettingen and Mayer (2002) for example, examined whether people who face a challenge in their life (for example, to find a job or a partner) are more successful when they fantasize about a positive result or when they concentrate on having a positive result. Expectancies are based on past experience, while fantasies build on hope for the future and the desire to experience it already now a bit. The problem with fantasies is that they enable us to anticipate a future success here and now, but don't warn us of the problems that are awaiting us on the way to it. In fantasizing it already feels a bit like we have achieved our goal and the need to put effort into getting it fades away.

Kurt doesn't experience much purpose in his life. Work work work and yes, feeling appreciated by boss and colleagues. Somewhere vaguely in his mind the desire is there to live a "normal" life, a life "in the open" without hiding and secrets. For a few months he keeps a fantasy log (where, when, how long, ending,...) He is shocked when he realizes how much time he wastes on his fantasies. Consciously stopping with fantasizing has become his "point on the horizon".

Goldilocks

There is a good reason why we need a push to be able to face the difference between fantasy and reality: we like to avoid cognitive dissonance. Oettingen, Pak and Schnetter (2001) describe a technique they call mental contrasting where one first has to get a good picture of the solution of a problem ("the point on the horizon") and then come back to negative aspects of reality. Once you have both elements in mind you do a third step, a 'reality check' to come to the decision "what can I do now?". Hepler, Albarracin, McCulloch and Noguchi (2011) have shown that an "action orientation" in fact leads to impulsive behavior and to short-term immediate gratification. Mental

contrasting compels you to undertake a thought process in which you decide whether or not the 'goal' in the thought process is really something you want to pursue or not. It helps you to make a committed choice as a first step towards pursuing the goal.

Kurt is no table jumper. He is afraid of change and he only reluctantly believes it to be possible. He grumbles that he is doing his best but that it does not help that "unfortunately everything is so difficult!". Progress always takes time and is associated with the disbelief that "it cannot be so simple..." Yet, the first night out visiting a gay bar for example is an unexpected success. There appears to be interest in him.

This brings us back to Pink (2009) where he notes that employees can get into a "flow", when they can find a balance between challenge (horizon) and success (reality). A task must be tingling and allow the executor to use his unique skills. Pink calls this a Goldilocks task. Goldilocks is the fairy tale girl who got lost in a forest in which three bears live, a large, a medium and a small bear. The bears are not at home when Goldilocks knocks at their door. She is hungry and decides while waiting to eat some of the porridge that is ready on the table. However, the first dish is too hot and the second too cold. The third dish however is "just right". Pink uses the term "Goldilocks task" to describe tasks that are neither overly difficult nor overly simple. Such a task allows employees to extend themselves and develop their skills further. The risk in providing a task that falls short of an employee's capabilities is boredom, and the risk in exceeding their capabilities is anxiety. When people get a chance to take a task that is "just right" and can work on it by themselves, they feel more engaged and get more easily in touch with their creativity.

Kurt wants to work at his own pace, but it is unlikely that he will go beyond the status quo without an extra incentive. An important moment in his therapy was when he felt ready for the (Goldilocks) task to face contact with his family again. There was autonomy (Kurt took the initiative), mastery (how to make contact and avoid the old pitfalls) and purpose in it: he wanted to understand his family of origin better. For this he made contact with family members, also abroad, in order to better know his history. He didn't find the answers to explain everything, but he discovered bits and pieces that encouraged him to continue. And because the past was clearing up, a future perspective opened itself.

2.0 or 3.0

There's nothing wrong with motivation 2.0. To put it in Carol Dweck's (2006) words: 2.0 is associated with a fixed growth mindset. If we transpose this to our forensic work field, clients within a mandatory therapy might only react in the beginning to a carrot-in-front-of-donkey strategy. We must explain why the mandatory conditions (e.g. therapy) are necessary (and probably "boring"), what rules and procedures are associated to it (informed consent) and, Pink in mind, we must look for areas where appropriate autonomy is possible. 2.0 is not inferior to 3.0. For some clients 2.0 is as far as it goes and if so, we must do it with conviction and dedication. This also might be consistent with recent and less pessimistic insights into therapy with psychopaths (Skeem, Polaschek, Patrick, & Lilienfeld, 2011).

If clients are able to work on more complex (socially accepted) goals then autonomy, mastery and purpose come into play. Maybe these drives or goals were partly realized during commitment of their offences. We can help the client find other ways to achieve their goals. Therapists could work together with the client to discover what a "Goldilocks task" could be for him: a task that challenges him, that can be addressed here-and-now, and that is feasible (not too hard - not too easy). Possibly get into a "flow" and change his mindset? By the way, it is a misconception that working with offenders who have intellectual disabilities is only possible on the basis of 2.0 principles.

Lindsay (2011) outlines how psychotherapy is possible with these offenders, if one develops appropriate methodologies.

It sounds controversial to promote autonomy and mastery in offenders. However, therapy is about bringing inner motivations to light and highlighting which ambivalences are hidden in behaviors. How can autonomy, mastery and purpose be positive drives in the life of the client and allow him to be involved into society again? Autonomy doesn't mean that everybody should do whatever they please. People want to give their lives direction and guidance, , but they should feel accountable for future results (cf. business model). This is perfectly consistent with the 'desistance research'. Criminologists now look for the characteristics of those who manage to leave criminality behind. Taking responsibility for one's own future is one of those features (Maruna, 2001).

Kurt's therapy took about five years. After the first mainly offense focused year Kurt went through a difficult phase in his therapy. There were intensive and less intensive sequences, but he needed time to dare to take control to send his life in another direction. Working with autonomy, mastery and purpose gave him tools to think about his past and learn something from it for the future. He realizes that he is not cured. Change is a process that could require lifelong attention. However, in therapy he learned that belief in himself is possible and that autonomy, mastery and purpose will "drive" him.

Conclusion

Motivating clients requires letting go of the idea that clients will do what the therapist has in mind with them. Psychotherapy is about assisting clients to (learn to) guide themselves. Forensic therapy is of course foremost about risk, but this alone will not keep the client on board. They will want to work on their own future and look for ways how to realize their inner drives. Pink (2009) presents a motivational framework that can be implemented in forensic therapy.

Clinicians can, together with the client, examine how autonomy, mastery and purpose can motivate them to work for change. It is also interesting however, to examine how these three drives played a role in their past offenses. Often there comes about the feeling that "I was finally able to do my thing" (autonomy). Possibly a lot of mastery is to be found in the execution of the offence and the hiding thereof. Purpose is often less obviously recognizable in their delinquency ("How do I place this in my life?") and can therefore be the first trigger for a change ("this does not fit my self-image").

Ultimately offender therapy aims to increase the ability of a client to participate in social life as a safe, healthy and responsible citizen. The more satisfying that a client finds their new life to be, the more motivated they will be to not lose it again.

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