What Works or What’s in Style?

Directions in Treatment Practices with Sexual Offenders

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What Works or What’s in Style?

- What is our past history?
- What’s in style (and what works)?
- Where do we go from here?
Learning from our past history
Those who cannot remember the past are condemned to repeat it.

Examining the case of Relapse Prevention
‘Classical’ Relapse Prevention

- Never was a treatment model – was designed as an approach to help maintain treatment gains in order to prevent a return to substance abuse (Marlatt)

- Was adapted by Marques & Pithers to explain the process by which an offender ‘relapses’ into (returns to) sexually offending behavior

- Was subsequently adopted as a ‘treatment’ model → focused on the development of strategies to avoid or manage risk situations
RP became widely popular - *Why?*

- Provided a simple and understandable model of the elements (cognitive, emotional, & behavioral) that combined to lead to sexual offending.

- In the absence of a comprehensive theory of sexual offending - gave clinicians a framework on *what* to do in treatment with sexual offenders.

- Had some empirical validation of some of its aspects (e.g., emotional; interpersonal; situational difficulties that precede offending).

- Had ‘intuitive’ appeal! – it ‘*made sense*’ to therapists.
Relapse Prevention with Sexual Offenders

Cautioned that although Relapse Prevention (RP) looked promising (i.e., an empirical basis for some of the elements of RP) - there was no definite evidence that RP worked to reduce recidivism (p. ix)
Noted that while RP quickly became the treatment of choice for sexual offenders, few people paid attention to the 1989 warning about the lack of empirical validation of its effectiveness:

- “Its very popularity, however, has been its undoing” (p.5)

- “This broad acceptance [of RP], the ease of implementation, and striking face validity have served to preclude empirical evaluation.” (p.5)
Why worry about empirical evidence for treatment efficacy?
The current state of affairs:

“Strong studies are needed. Of the 129 studies of treatment for adult or adolescent sexual offenders examined using the CODC Guidelines, 19 were rated as weak, 5 were good, and 81% (105) were rejected. None were rated as strong.” (p. 887)

Hanson, Bourgon, Helmus, & Hodgson, 2009
Random Controlled Studies (RCT)  
Examples from other fields

1. Arthroscopic surgery for osteoarthritis of the knee – 12 *uncontrolled* studies showed efficacy – 2 *RCT* showed NO efficacy.

2. Transplantation of fetal nigral dopamine neurons for the treatment of Parkinson’s disease (PD) - Several *non-RCTs* studies showed clinically meaningful improvement – 2 *RCT* showed NO efficacy (1 showed treatment made patients worse!)

Examples courtesy of Marnie Rice, IATSO 2010
Examples from our field:

- J.J. Peters Institute in Philadelphia
- Marques et al. – SOTEP, California
J.J. Peters Institute in Philadelphia

- Studies that compared [insight-oriented] psychotherapy group to probation-only group.

- In 1965 – quasi-experimental design:
  - Study of 92 offenders
  - 2-year follow-up
  - Recidivism rates:
    - Treated = 3%
    - Probation = 27%
  - Conclusion: treatment works!
But... 10-year follow-up study

Romero & Williams (1983) - 231 offenders from same program.

Random allocation to insight-oriented treatment + probation or to probation alone.

Results:
- Treatment = 13.6% recidivism
- Probation = 7.2% recidivism

Conclusion:
- Insight-oriented psychotherapy has no impact on sexual recidivism.
Evidence for the Effectiveness of ‘Classical’ Relapse Prevention with Sexual Offenders?

- The case of SOTEP
SOTEP – CA

- Sex Offender Treatment and Evaluation Project (SOTEP) 1985-1995 (Marques et al., 2005)
- Longitudinal random assignment research on the effectiveness of Relapse Prevention.
- 2-year program + 1 year aftercare
- 3 groups:
  1. RP (n=167 completers)
  2. Control Group (n=225)
  3. Nonvolunteers (n=220) (offenders who did not want treatment – i.e., refusers)
SOTEP – cont...

- Mean follow-up: ≈ 8 years

- Outcome variable: new offense

**Impact on recidivism:**

- No **overall** reduction of recidivism due to RP treatment
  - RP: 22%
  - Control: 20%
  - Refusers: 19%
SOTEP – cont...

Results (cont.)

However – a treatment effect was found for those who ‘got’ treatment (i.e., assessed as having made treatment gains):

1) Differences based on risk:
   – High risk offenders who ‘got it’ = 10% recidivism
   – High risk offenders who did not ‘get it’ = 50% recidivism

2) Differences based on offender type:
   – Child molesters who ‘got it’ = 13.5% recidivism
   – Child molesters who did not ‘get it’ = 27.2%
Why worry about empirical evidence?

- If our goal is to reduce recidivism, we must allow sound scientific enquiry into treatment practices to take place and must accept its results!

- The JJ Peters & the SOTEP experiments demonstrate the importance of conducting methodologically sound research into treatment efficacy.

- We owe it to ourselves and to society!
What’s in Style Today? (and does it work?)
What’s in style: Buzz Words (i.e., stylish or trendy words)

- Holistic
- Mindfulness
Holistic

- Holistic therapies are approaches to healing that strive for balance of the:
  - emotional
  - mental
  - physical
  - social and,
  - spiritual

- Holistic methods *complement* each other
- Holistic methods recognize *interconnectedness* of all working elements
Research?

- No actual research comparing ‘standard’ to ‘holistic’ treatment

- However, in the medical field - improved outcomes result from simultaneously attending to various areas of the person’s life that is related to the illness (e.g., heart disease).

- In psychology – just paying genuine caring attention to people (i.e., establishing a therapeutic relationship with the person) helps people get better (akin to the experimental Hawthorne Effect)
Mindfulness

- Psychological mindfulness: a non-elaborative, nonjudgmental, present-centered awareness in which each thought, feeling, or sensation is acknowledged and accepted as is (Bishop et al., 2004)

- Involves two components:
  1. Self-regulation of attention - maintained on immediate experience for increased recognition of mental events in the present moment.
  2. An orientation toward one’s experiences in the present moment - characterized by curiosity, openness, and acceptance.
Applications?

- Suggestions that psychological mindfulness is related to cognitive processes (Langer, 2000)

- No formal protocol for mindful psychotherapy.

- For sexual offender treatment: Best viewed as a *technique* that may be useful *as needed* to get the person to focus on the here-and-now so you can get to the issues that need to be addressed (T. Beech, personal communication, Oct. 21, 2010)
What’s in style:
Theoretical Approaches

- Positive Psychology

- Humanistic Psychology
Positive Psychology (Seligman, 1998)

- The study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions (i.e., what is right with people).

- Recognizes human potential as a subject worthy of scientific scrutiny

- Maintains that treatment should focus on amplifying strengths rather than repair the weaknesses of their clients (Seligman & Csikszentmihalyi, 2000) – But, no studies with offenders.
Empirical evidence?

- RCT of interventions to *improve* happiness

- 577 participants from the community (non-clinical sample) – internet-based intervention

- Participants were randomly allocated to
  - Placebo control
  - 1 of 5 intervention conditions

- Found that 2 of the 5 interventions (e.g., focusing on a positive event once daily for 1 week) helped increase sense of happiness for up to 6 months

Humanistic Psychology

- Psychological perspective based on philosophies of existentialism and phenomenology.

- It adopts a holistic approach to human existence through investigations of meaning, values, freedom, tragedy, personal responsibility, human potential, spirituality, and self-actualization (to realize one's full potential).
Research?

- Not evidenced-based (in fact – humanistic psychology rejects positivist approaches to research)

- In fact: unstructured, non-directive & insight-oriented therapies have been found ineffective in reducing offending behaviour (Andrews & Bonta, 2006; Andrews, Bonta, & Hoge, 1990; Lösel & Schmucker, 2005)
What’s in Style:
Treatment Models

General:
- Acceptance and Commitment Therapy

Offender-specific
- Risk-Need-Responsivity
- Good Life Model
Acceptance and Commitment Therapy (ACT – pronounced as a word)

- ACT is a cognitive-behavioral model of psychotherapy

- It uses acceptance and mindfulness strategies with commitment and behavior-change strategies to increase psychological flexibility.

- ACT is based on Relational Frame Theory (complex yet fascinating theory that essentially states the human language itself is at the source of psychological suffering – Hayes, Masuda, & De May, in press)
Empirical Evidence for ACT?

- Hayes et al. (2006):
  - Notes that the evidence for the effectiveness of ACT is correlational in nature – not enough well-controlled studies into its effectiveness

- Öst (2008):
  - Meta-analysis of effectiveness of ACT (among others)
  - 13 RCTs of ACT – some evidence of effectiveness...
  - However: none that meet methodological rigor to be considered empirically-supported

- No studies with offenders & recidivism

- Best viewed as a *technique* that may be useful *as needed* within a broader rehabilitation treatment framework for offenders.
Offender-specific Rehabilitation Models
Risk-Needs-Responsivity Model (Andrews & Bonta)

- A rehabilitation model based on a social-psychological theory of criminal behaviour

- Offending is viewed as the result of complex interactions of environmental and individual factors that tilts the balance of costs and rewards toward offending behavior.

- The overarching goal of treatment is to shift the balance of rewards and costs for criminal and noncriminal activities (in all areas of the offender’s life - familial, academic, vocational, recreational and other behavioural settings), so that noncriminal alternatives are favoured (i.e., increase rewards for non-criminal behaviour).
Dispelling myths: What RNR *is not*

- A scripted/manualized psycho-educational approach to treatment

- A “single-minded quest to manage offender risk... encouraging offenders merely to avoid or reduce risk, rather than giving them positive goals to pursue” (Glaser, 2010 – SA:JRT, published online 11 October 2010, p.4)

- An avoidance-focused approach

- Another term for Relapse Prevention

- An approach that has ignored the therapeutic relationship with offenders
Dispelling Myths: Therapeutic Approach in RNR

As early as 1980, Andrews identified that characteristics of service providers & the quality of the therapeutic relationship impacted on recidivism rates.


What is RNR?

- A rehabilitation model based on three overarching *principles* of effective intervention for offenders
  - Risk
  - Need
  - Responsivity
R-N-R Principles

- **Risk Principle**: Offer more treatment to higher risk offenders – low risk offenders require minimal to no therapeutic interventions.

- **Need Principle**: In treatment, target criminogenic needs (i.e., dynamic risk factors).

- **Responsivity Principle**: Offer treatment in a manner to help offenders ‘get it’! (i.e., use treatment approaches/techniques that help offenders become responsive to treatment).
Empirical Evidence for R-N-R?

- Overwhelming empirical evidence for its power in reducing recidivism.

- Over fifty meta-analyses:
  - Adult, Juvenile, & Female offenders
  - Ethnic minorities
  - Violent offenders
  - Sexual offenders

Hollin & Palmer, 2006b
The latest meta-analysis of S.O. treatment based on R-N-R

- 23 outcomes studies that met basic criteria for good quality studies (CODC, 2007 a, b)

- S.O. treatment that adheres to all 3 R-N-R principles leads to the largest reductions in recidivism

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<thead>
<tr>
<th></th>
<th>Treated</th>
<th>Non Treated</th>
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<tbody>
<tr>
<td>Sex Rec.</td>
<td>10.9% (N=3,121)</td>
<td>19.2% (N=3,625)</td>
</tr>
<tr>
<td>Any Rec.</td>
<td>31.8% (N=1,979)</td>
<td>48.3% (N=2,822)</td>
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Hanson, Bourgon, Helmus, & Hodgson, 2009
Good Lives Model
(Ward & Stewart, 2003)

- Grounded in idea that sexual offenders share the same characteristics as all human beings in that they seek to achieve same types of things as the rest of us.

- Basis in psychology; evolutionary theory; & philosophical anthropology

- Also, influenced by Maruna (2001) work that found that offenders desist from crimes by creating more adaptive identities & living more fulfilling lives.
GLM

Basic premise: Human are goal-directed and inclined to obtain ‘goods’ to increase their psychological well-being

‘Primary goods’: 
- states of affair
- states of mind
- personal characteristics, experiences, or activities

Sought for their own sake

The best way to reduce risk is to help offenders lead more personally fulfilling, successful, and productive lives (i.e., achieve a balanced life that accounts for all primary goods).
GLM

- Intervention should take into account that sexual offenders are goal-oriented individuals – rather than only focus on risk (avoidance) management.

- Major goal of GLM: equip offenders with skills, values, attitudes, & resources necessary to lead a ‘good life’ given their own personal context.

  - Tasks of treatment: ensuring a balance between:
    - Promoting goods
    - Managing / reducing risk
GLM – key concepts

- In GLM, it is not enough to teach skills to control or manage risk factors (i.e., not enough to do ‘classical’ RP)

- Offenders must also be given the opportunity to fashion a more adaptive personal identity

- Requires a holistic account of the offender’s life up to the time of his offending

- Need to consider the characteristics of the offender & of his environment to ensure adaptive coping skills appropriate for the context
Evidence for GLM? – Study 1

- Colorado Dept. of Corrections - Sex Offender Treatment and Monitoring

- Program Evaluation of the GLM Approach to Treatment Planning

- 2 groups (no random assignment):
  - RP Treatment Plan (n= 100)
  - GLM Treatment Plan (n= 96)

- GLM offenders showed more motivation & less attrition from treatment

Simons, McCullar, & Tyler (2008)
Evidence for GLM? Study 2

- Northumbria Sex Offender Programme (UK) implemented a Better Lives (BL) module that replaces the RP module.

- Interviewed:
  - 15 men who attended the new BL module
  - 5 who attended the old RP module.
  - 11 program facilitators

- No random assignment to BL or RP

Harkins, Flak, & Beech (2008)
Therapists’ views

- Therapists found the focus on positives useful – but that it lacked important focus on risk factors:
  
  “the bit about their sexual offending gets lost”

- Therapists also noted the BL module was not useful for unmotivated or high risk offenders.
Offenders’ views

- Offenders found the focus on positives & on skills practice useful
- Most found it helpful to maintain motivation
- One problem related to the language being too complex: “there’s a lot of jargon in it”
- Harkins et al (2008) also noted that offenders in the RP reported a better understanding of their risk factors, while those in the BL reported a better understanding of the positive aspects of themselves.
Where do we go from here?
Let’s learn from the past:

- Let’s not shift to a new model because it has ‘intuitive’ appeal without establishing its efficacy (reminiscent of RP)

- Let’s not do ‘GLM’ or ‘ACT’ treatment because it’s the ‘new’ thing without understanding their basis (also reminiscent of RP)

- Let’s not indiscriminately apply ‘what’s in style’ (e.g., applying own interpretation of GLM or ACT – as was done with RP)

- Let’s ensure there are procedures to ensure testing of treatment efficacy (if you are going to do it – how will you know it works or does not work?)
Remember...

- What’s in style is not necessarily what works!

- Consider the empirical basis of ‘what’s in style’ - if you use what’s in style, ensure you have:
  - A clear rationale
  and
  - The means to test its effectiveness.
Where do we go from here?

- RNR is an empirically validated rehabilitation model that has been largely ignored in the sexual offender field in favor of relapse prevention.

- The Good Life Model is gaining in ‘popularity’
  - Many people are seeking treatment manuals on how to do ‘GL’ treatment.
Where do we need to go?
Combining R-N-R with a GLM stance

- Strong empirical evidence for the effectiveness of the RNR model – maps onto empirical evidence that dynamic risk factors influence recidivism

- GLM enhances RNR but does not replace it - best viewed as a model to enhance responsivity to treatment rather than a treatment model (Ogloff & Davis, 2004)

- Content of treatment programs have to focus on changeable factors associated with recidivism

- The key is to address criminogenic factors within the context of the offenders’ lives, but in a way that makes sense for them – using a goal-oriented approach that reconstruct their lives in a manner that removes the need for offending
Conclusion
A bit of the past that was forgotten:

“Systematic, controlled, and theoretically integrated research programs should precede the design and implementation of large-scale and intrusive interventions in the lives of individuals.”

“If a few small, but careful, investigations of the assumptions underlying guided-group interaction programs had been completed prior to their wide-scale implementation, then many young persons would have been spared the massive intrusion which such programs represent, relative to routine probation”

Andrews (1980), p.460
Thank you!

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