

# Treatment Components

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# Treatment Components

# How to Decide

- Meta-analysis of factors related to recidivism
- Theory
- Skill Set of Staff
- Tradition

# Key Research

- Hanson & Bussiere 1998
- Hanson & Morton-Bourgon 2005
- Hanson 2009

# **Meta-analysis**

## **Hanson & Bussiere, 1998**

61 Studies

N = 28,972

Correlation coefficients

# Meta-analysis

## Hanson & Morton-Bourgnon, 2005

Studies = 82

N = 29,450

35 from 1998 meta-analysis

Mean difference

# Traditional Clinical Assessment

- P-graph deviant arousal pattern – children
- Deviant arousal
- Personality disorders, e.g., APD
- Empathy
- Denial
- Family problems
- Psychological problems
- Sexual abuse as a child
- Social skills
- Substance abuse

# Traditional Clinical Assessment

- P-graph deviant arousal pattern – children Yes
- Deviant Sexual Preference Yes
- Personality disorders, e.g., APD Yes
- Empathy No
- Denial No
- Family problems No
- Psychological problems No
- Sexual abuse as a child No
- Social skills No
- Substance abuse No

# Traditional Clinical Assessment

- Deviant arousal pattern – children .32
- Deviant Sexual Preference .22
- Personality disorders, e.g., APD .16
- Empathy .03
- Denial .02
- Family problems .08
- Psychological problems 0
- Sexual abuse as a child -.01
- Social skills -.04
- Substance abuse .03

# Clinical Vs. Actuarial Assessment

- Dixon, 1974
- Epperson, Kaul and Huot, 1995
- Florida Dept. of Health & Human Services, 1984
- Khanna, Brown, Malcolm & Williams, 1989  
(Hanson & Bussiere, 1996)

# Clinical vs. Actuarial Assessment

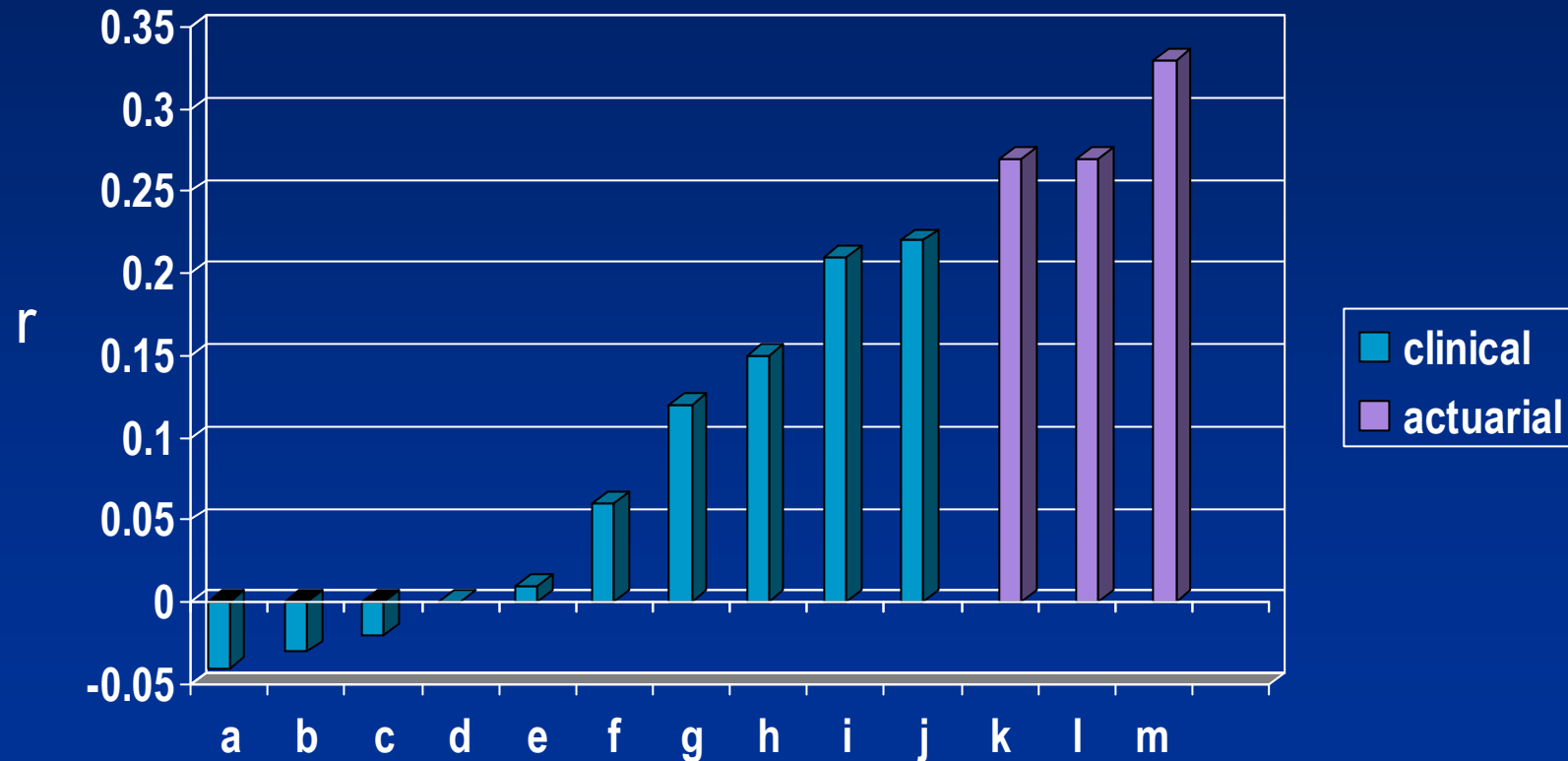
- Reddon, Studer, and Estrada, 1995
  - Rice, Quinsey and Harris, 1989
  - Ryan and Miyoshi, 1990
  - Schram, Milloy and Rowe, 1991
  - Smith & Monastersky, 1986
  - Sturgeon & Taylor, 1986
- (Hanson & Bussiere, 1996)

# Clinical vs. Actuarial Assessment

	$r$
Clinical Assessment	.10
Actuarial Assessment	.46

(Hanson & Bussiere, 1998)

# Accuracy of Clinical and Actuarial Risk Prediction



# Hanson Clinical vs. Actuarial

1. Variability of clinical great
2. Some clinical worse than chance
3. None of clinical showed results better than worse of actuarials (ns)

# Meta-analysis

## Hanson & Morton-Bourgnon, 2005

Studies = 82

N = 29,450

35 from 1998 meta-analysis

Mean difference

Value of  $d$  is approximately  
2 times the correlation coefficient  
from same data

■ Large > .30

■ Moderate >.20

■ Small .10

■ Not useful <.10

# Categories

- Sexual deviancy
- Antisocial orientation
- Sexual attitudes
- Intimacy deficits
- Adverse childhood environment
- General psychological problems
- Clinical presentation

# Cohen's d

- Small .20
- Medium .50
- Large .80

# Two Factors

Anti-social

&

Deviant Arousal

## 2 Dimensions

- Erotic Motivation

  - + P-graph for kids

  - Prior sexual conviction

- Criminal Personality

  - Prior nonsexual conviction

  - Anti-social personality

(Hanson, 1998)

# Not Related

General psychological problems

# Risk Assessment Instruments: Two Factors

N = 103

- Antisocial-violence
- Sexual deviance/repetitiveness

(Roberts, Doren, and Thornton 2002)

# RRASOR & Sexual Deviance

RRASOR & PPG correlated

(Frothingham et al., 2001)

PPG didn't add to accuracy of RRASOR

(Nicholaichuk & Yates, 2002)

RRASOR & diagnosis of pedophilia same factor

(Roberts et al., 2002)

# Anti-social Dimension

All Correlated

PCL-R

Static99

MnSOST-R

VRAG

SORAG

(Barbaree et al., 2001; Langton, 2003, Roberts et al., 2002)

- Diagnosis of pedophilia not correlated with  
PCL-R  
Static99  
MnSOST-R  
VRAG

(Roberts et al., 2002)

# High in Both?

- PCL-R & RRASOR = increased risk

(Langton, 2002; Harris et al., 2003; Harris, 1997)

# Two Taproots of Sexual Offending

Erotic

Anti-social

RRASOR

Static-99

MnSOST-R

PCL-R

VRAG/SORAG

# 2<sup>nd</sup> Factor Analysis

N = 393

- General criminality
- Sexual deviance
- Detachment

Single

Stranger victim

Non-sexual violence in index

Age 18 – 35

(Roberts, Doren and Thornton, 2002)

# Hanson & Morton-Bourgon 2005

# Categories

- Sexual deviancy
- Antisocial orientation
- Sexual attitudes
- Intimacy deficits
- Adverse childhood environment
- General psychological problems
- Clinical presentation

# Categories

■ Sexual deviancy	.30
■ Antisocial orientation	.23
■ Sexual attitudes	.17
■ Intimacy deficits	.15
■ Adverse childhood environment	.09
■ General psychological problems	.02
■ Clinical presentation	-.02

# Hanson & Morton-Bourgon 2005

## Sexual Deviancy

- Sexual interest in children .39
- Any deviant sexual interest .31
- Sexual preoccupation .21

# Hanson & Morton-Bourgon 2005

## Anti-social

- General regulation problems .37
- PCL-R .29
- Antisocial personality disorder .21
-

# Hanson & Morton-Bourgon 2005

## Intimacy Deficits

- Emotional identification with children .42
- Conflicts with intimate partners .36
- Social skills deficits -.07
- Loneliness .03

- Attitudes towards sexual crime Yes
- Child molester attitudes No

# Hanson & Morton-Bourgon 2005

No go

Childhood neglect or abuse	.10
Sexual abuse in childhood	.09
Lack of empathy	-.08
Low self-esteem	.04
Loneliness	.03
Denial of sexual crime	.02

“The prototypic sexual recidivist is not upset or lonely; instead, he leads an unstable, antisocial lifestyle and ruminates on sexually deviant themes.”

(Hanson & Morton-Bourgon, 2005, p. 1158)

# Hanson & Morton-Bourgon 2005

Not Correlated

- Child molester attitudes
- General psychological problems
- Sexually abused as a child
- Social skill deficits
- Loneliness
- Anxiety

# Hanson & Morton-Bourgon 2005

Not Correlated

- Depression
- Low self-esteem
- Victim empathy
- Denial
- Minimization
- Poor progress in treatment

# Survey of Treatment Programs

## Community Programs

	%
Victim empathy	94.8
Social skills training	80
Family support networks	72.8
Arousal control	63.6
Antisocial attitudes	?

(McGrath et al., 2003)

# Survey of Treatment Programs

## Residential Programs

	%
Social skills training	89
Victim empathy	86.8
Arousal control	59.6
Family support networks	43.3
Antisocial attitudes	?

(McGrath et al., 2003)

# Arousal Control

	Com %	Res %
Covert sensitization	50	48
Odor aversion	25	18
Masturbatory satiation	24	19
Aversive behavioral rehearsal	23	18
Verbal satiation	16	14
Minimal arousal conditioning	18	19
Orgasmic conditioning	16	19
One or more	63	60

# Growing Consensus

Not correlated with general personality deficits

But with

Certain specific problems

Sexual deviancy

Antisocial attitudes

Certain intimacy deficits



# Sexual Deviancy

Unrelated to personality traits

Narcissistic or self-effacing

Outgoing or introverted

Depressed, anxious or hysterical

Low self-esteem or high

# Correlated Personality Traits

Recklessness

Impulsivity

Poor problem solving

General regulation problems

“Research has never found measures of general psychological adjustment, such as self-esteem, depression, or social competence, to be related to sexual offense recidivism (Hanson & Bussiere, 1998). Furthermore, treatment programs that improve general psychological adjustment do not result in reduced recidivism rates.”(Hanson, Steffy, & Gauthier, 1993; Nicholaichuk, 1996).”

“The distressed offenders are at no greater recidivism risk than the happy offenders, but both types of offenders are at increased risk when their mood deteriorates. These results suggest that therapy should focus on weakening the association between negative affect and sex offending rather than on generally improving the offenders’ psychological adjustment.”

(Hanson, 2000, p. 34-35)

# Research Suggests

Treatment programs should address

Sexual deviancy

Antisocial attitudes & beliefs

Certain intimacy deficits:

Emotional identification with children,

Conflicts with partners

# Research Suggests

Not including

- Empathy
- Social skills
- Substance abuse
- Personal distress variables

Anxiety

Depression

Low self-esteem

# **Meta-analysis: Risk, Need & Responsivity**

Hanson, Bourgon, Helmus & Hodgson, 2009

# Risk-Needs-Responsivity

- Focus on high risk offenders
- Target criminogenic needs
- Use cognitive behavioral methods tailored to individual learning style

# Selection of Studies

Total = 130

Accepted

23

Accepted

18 weak

5 good

# Adherence to RNR Principles

- Risk: Little or no service to low risk  
(Tx participants of higher than average risk)
- Needs: Sexual deviancy, antisocial attitudes, sexual attitudes, intimacy deficits  
Noncriminogenic: denial, empathy, social skills
- Responsivity: Cognitive behavioral with firm-but-fair therapists

# Rater Reliability

■	Kappa	% Agreement	Rating
Risk	.73	88%	Good
Responsivity	.82	94%	Good
Needs	.42	75%	Fair

(Hanson et al., 2009)

# Hanson et al., 2009

Recidivism	Treated %	Untreated %
Sexual	10.9	19.2%
Any	31.8	48.3
Violent	22.9 NS	32 NS

# Tx Effectiveness & RNR Model

Sexual Recidivism

22 Studies

Needs

More effective

Responsivity

More effective

Risk

Not more effective

# Risk Principle

- Least effective with general offenders
- Least effective with sex offenders

# Tx Effectiveness & RNR Model

Number of Principles Adhered To	Odds Ratio
------------------------------------	---------------

None	1.17
1	.64
2	.63
3	.21

Any Recidivism

Responsivity

Number

(Fixed effects)

Sexual & Violent

No effect

“If there is anything to be learned from the broad debate over the effectiveness of correctional rehabilitation, it is that not all interventions reduce recidivism.”

(Hanson et al., 2009)

“Of the three RNR principles, attention to the Need principle would motivate the largest changes in the interventions currently given to sex offenders. . . . An empirical association with recidivism is a minimum criterion for a factor to be considered a potential criminogenic need. . . . Many of the factors targeted in contemporary treatment programs do not meet this test.”  
Offense responsibility, social skills training, and victim empathy are targets in 80% of sexual offender treatment programs . . . . Yet none of these have been found to predict sexual recidivism. (Hanson et al., 2009, p. 25)

# Attack on Risks/Needs/Responsivity

“Lack of *unifying power* and *external consistency*”

“Lack of *fertility* with respect to treatment guidance”

“Lack of *explanatory depth*”

“Incoherency;” “lack of *scope*;” “*incomplete* rehabilitation theory (Ward et al., 2006)

# Focus of Treatment Reduction of Recidivism?

“We believe that treating sexual offenders also involves taking into consideration human welfare issues, as well as recidivism issues.”

(Ward et al., 2006, p.269)

“Individuals who are assessed as low risk may exhibit a number of significant problems that adversely impact on their functioning, for example, low mood or relationship conflict. While such problems may not be criminogenic needs, individuals could still benefit from therapeutic attention.”

(Ward et al., 2006, p. 269)

- Risk needs model “has resulted in the development of a suite of empirically derived and effective treatment for a range of crimes, including sexual offending.”

(Ward & Hudson, 1997)

- “The difficulty is that in the absence of a theoretical analysis we do not know why.”

(Ward et al., 2006, p. 270)

- “. . .the claim that a criminogenic need such as impulsivity is instrumentally related to further offending suggests that individuals choose to act in an impulsive manner in order to achieve the further goal of offending.. .It is confusing to view what is essentially a loss of behavioural control as an intentional action; individuals do not choose to behave impulsively.”

(Ward et al., 2006, p. 274)

# Reply from Bonta and Andrews

“We welcome such a debate on the relevance of various models to explain criminal behaviour . However, that debate should be structured by respect for evidence.”

“Theoreticism is the acceptance or rejection of knowledge in accordance with one’s personal view *and not in accordance with evidence.*”

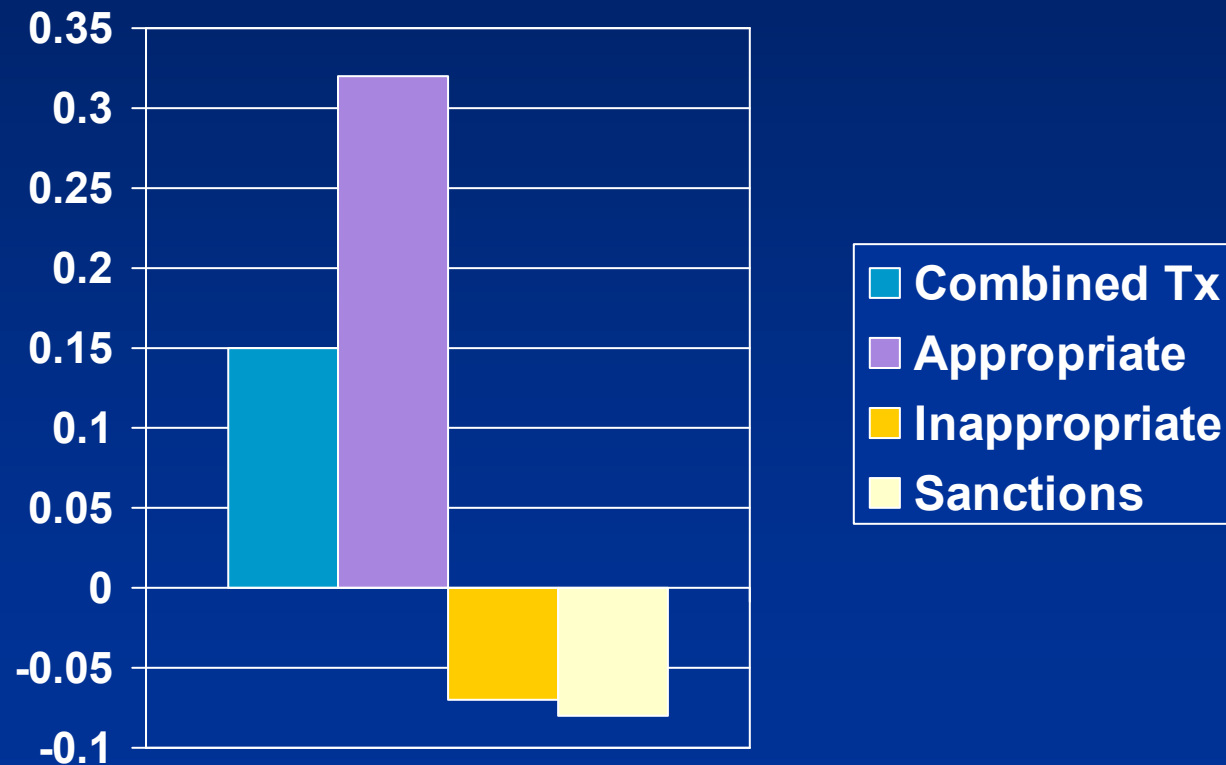
(Bonta & Andrews, 2003, p. 215)

“Here we see theoreticism operating at its best. Ignore the evidence that reductions in criminogenic needs are associated with reduced criminal behaviour, turn a blind eye to the fact that there is not a shred of evidence that psychodynamic interventions reduce recidivism and simply assert that your approach makes the most sense.”

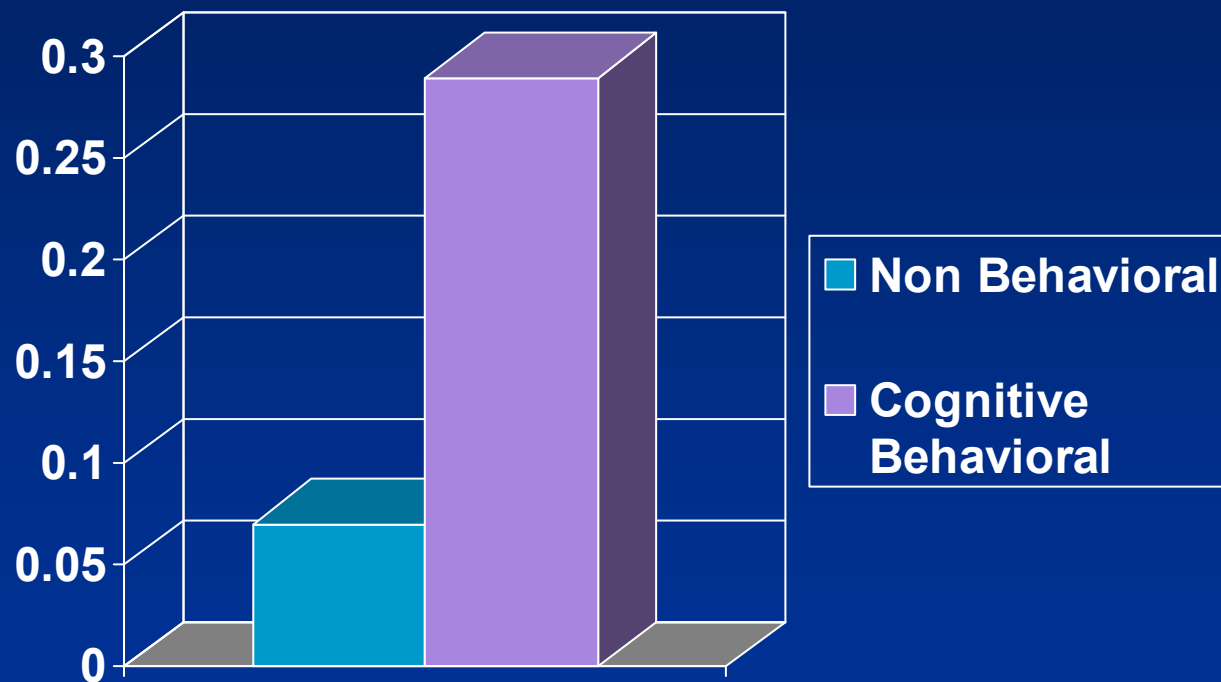
“Ward and Stewart appear to be arguing for a return to the good old days when treatment providers relied on nondirective, relationship-oriented techniques to build feelings of well-being.”

(Bonta & Andrews, 2003, p. 217)

# Impact of Appropriate Vs. Inappropriate Treatment (Andrews, 1998)

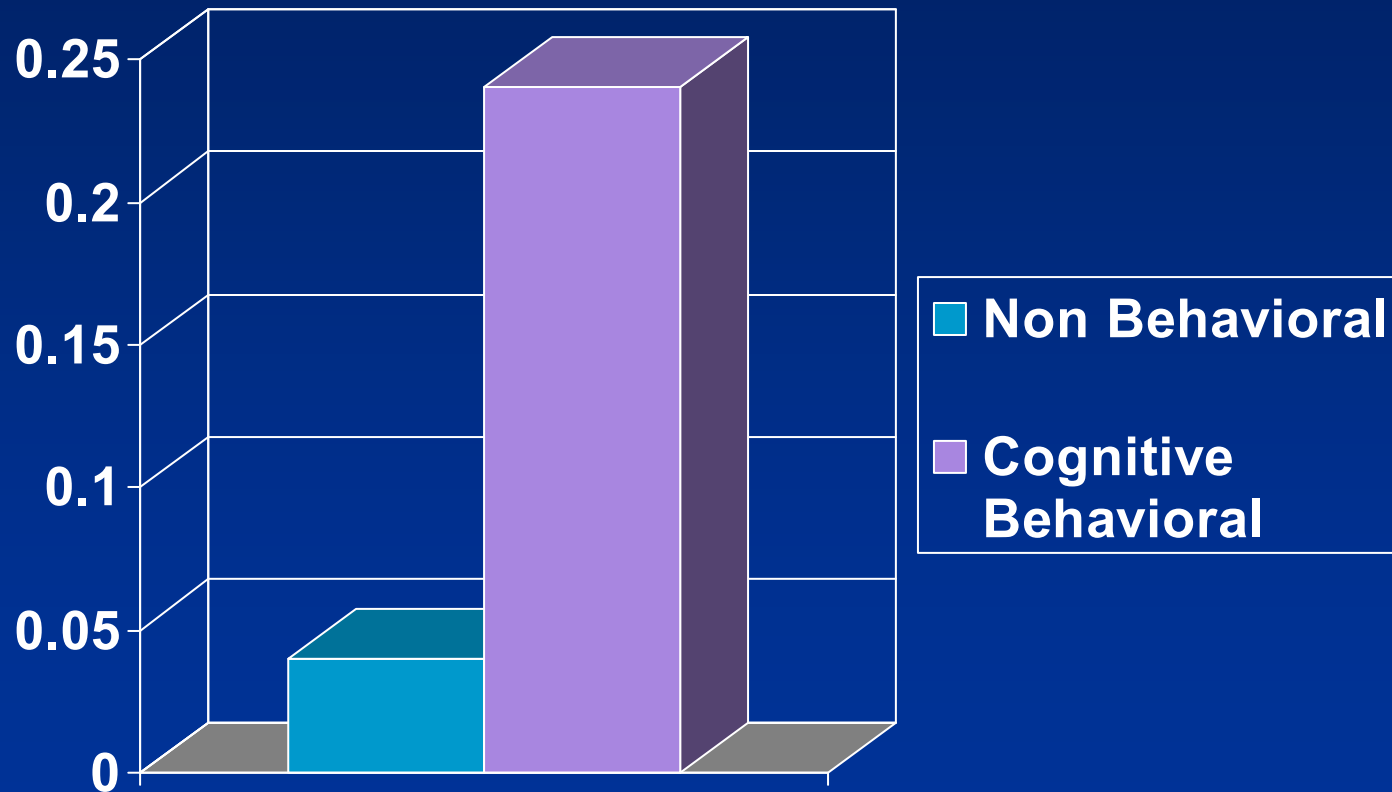


# Type of Treatment



Andrew, 1994

# Type of Treatment & Young Offenders



Dowden & Andrews, 1999

# Targeting Criminogenic Needs

# Criminogenic Needs

Criminogenic

Antisocial Attitudes

Antisocial Friends

Substance Abuse

Impulsivity

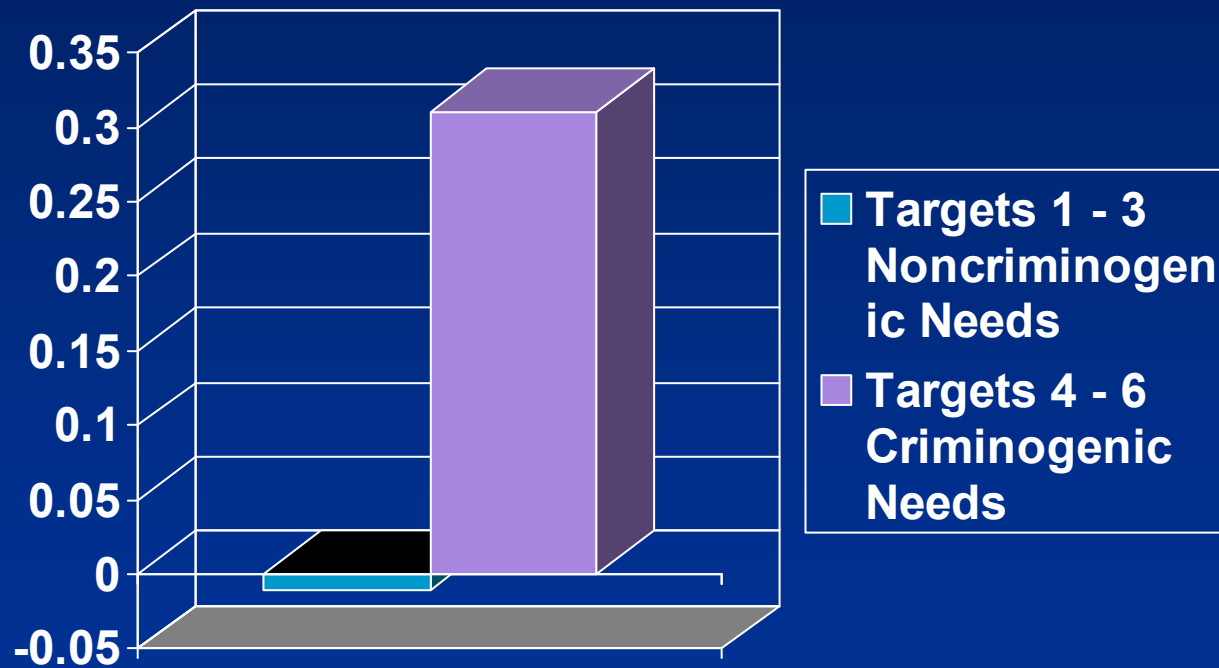
Non Criminogenic

Self-Esteem

Anxiety

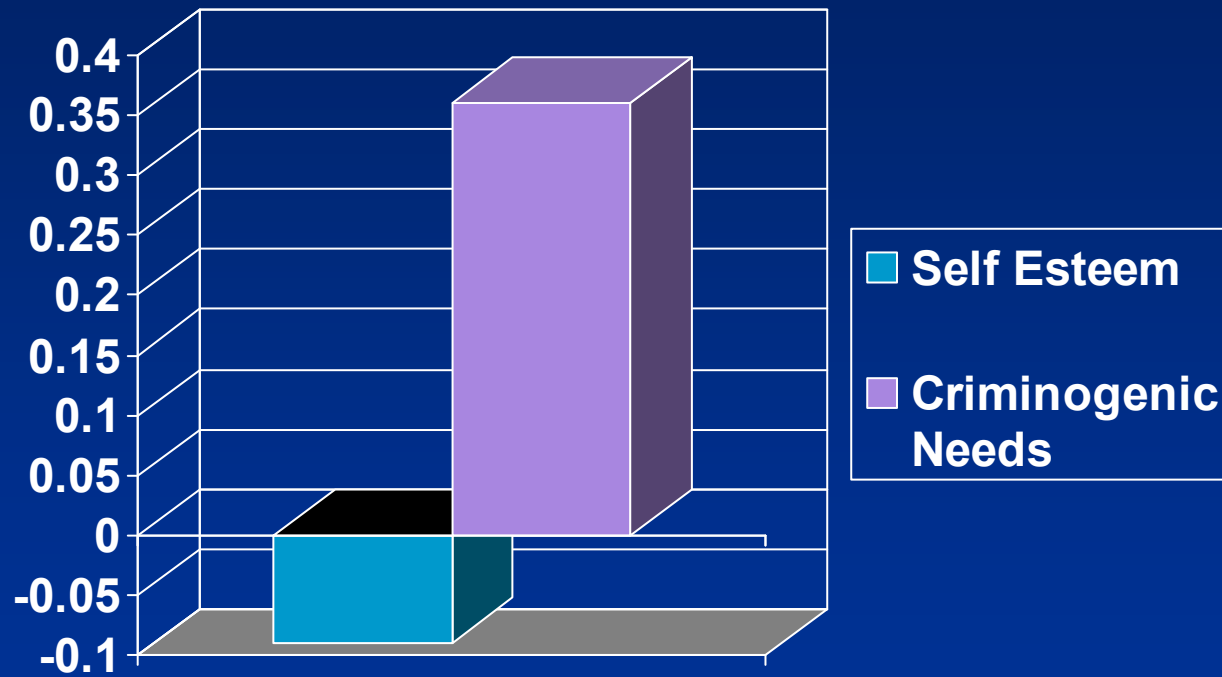
Depression

# Targeting Criminogenic Needs



Gendreau, French & Taylor, 2002

# Self Esteem Vs. Criminogenic Needs



# Appropriate Treatment Targets

- Sexual deviancy
- Sexual pre-occupation
- Low self-control
- Grievance thinking
- Lack of meaningful adult relationships

(Hanson & Morton-Bourgon, 2004)

# Proponents of Personal Distress Variables

“Some combinations of these experiences lead the emerging sexual offender to acquire: a low sense of self-worth; a failure to internalize the confidence, attitudes, and skills necessary to meet his needs prosocially; and a self-interested disposition or a sense of entitlement.”

(Marshall, Marshall, Serran, & Fernandez, 2006, p. 15)

# Theory of Low Self-Esteem

Low Self-esteem =

Seeking sex from non-threatening partners

Seeking coerced sex

# Research on Low Self-Esteem

Study 1

Child molesters lower

Study 2

Child molesters  
normal range

(Marshall et al., 2003)

# Contrary Research

People with low self-esteem

Do not typically undertake novel activities

That require persistence

(Baumeister et al., 1989)

# Rapists & Nonsex Offenders

No differences in self-esteem

(Fernandez & Marshall, 2003)

# Research on Self-Esteem

Rapists and nonsexual offenders

No differences

(Fernandez & Marshall, 2003)

“With self-esteem we encourage and facilitate the expression of behaviors such as engaging in social and pleasurable activities, as well as verbal (or subvocal) behaviors such as complementing themselves when they do things that deserve rewards and repeating positive self-statements throughout each day.”  
(Marshall et al., 2006, pp. 28-29).

# Outcome of Self-Esteem Treatment

- Increased self-esteem on inventories
- Reductions in loneliness
- Increases in intimacy skills
- No increase in victim empathy

(Marshall et al., 1997)

# Thornton , Beech & Marshall 2004

- Pre-treatment self esteem correlated with recidivism
- All offenders in community sample in treatment
- 85% graduation rate
- Self-esteem improved during treatment

# Why Treat Self Esteem?

Self-esteem after treatment ?

Self-esteem before treatment  Recidivism

Conclusions: Treating self-esteem did not change correlation between pre-treatment self-esteem and recidivism

(Info not available on incarcerated sample.)

# Does Treatment of Self-Esteem Reduce Deviant Arousal

Offenders with low self-esteem & deviant  
arousal

This “required the processing of a  
substantial number of offenders before a  
sufficient number of participants was  
detected who met criteria.”

(Marshal, 1997, p. 88)

“Our theory, then, suggests that the sexual aspects of child molestation may not be central to the motivational forces that drive these offenders.” (Marshall, p. 87)

# Subjects

- Female victims only
- Pre-pubescent
- Out of home
- Only 2 had more than 3 victims

# Self-esteem Reduce Deviant Arousal?

Attending treatment program

With

Cognitive distortions, relapse prevention,  
self-esteem & other interventions

Minus deviant arousal

(Marshall, 1997)

# What Causes Recidivism? Low Self-esteem or High

“Today, it is common to propose that low self-esteem causes violence, but the evidence shows plainly that this idea is false. Violent acts follow from high self-esteem, not from low self-esteem. This is true across a broad spectrum of violence, from playground bullying to national tyranny, from domestic abuse to genocide, from warfare to murder and rape. Perpetrators of violence are typically people who think very highly of themselves.

(Baumeister, 1997, pp. 25-26)

# Self-Esteem & Violence

## Baumeister Argument

Contradictory Claims

Toch

“Self-doubts” and “a sense of inadequacy”

“Exaggerated self-esteem”

# Self-Esteem & Violence

## Baumeister Argument

- Higher in men than women but women < violence
- Depressions is correlated with self-esteem  
Depressed individuals do not commit more violence
- Psychopathy correlated with violence  
Grossly inflated self-esteem

# Self-Esteem & Violence

## Baumeister Argument

- High self-esteem not correlated with violence
- Grossly inflated and unstable self-esteem

# Stability of Self-esteem

- High but unstable self-esteem = highest level of self-reported angry/hostile responses
- High but stable self-esteem = lowest rates  
(Kernis et al., 1989)

# Grandiosity & Aggressiveness

- Grandiosity correlated with aggressiveness  
(Wink, 1991)
- Dominance and hostility correlated with grandiosity and narcissism  
(Novacek & Hogan, 1991)

- High self-esteem based on grandiosity  
(not achievement)
- Disconfirming evidence
- = Negative reaction

(Baumeister, 1997)

- High but unstable self-esteem – most likely to respond defensively to negative feedback.

(Kernis, Cornell, Sun, Berry and Harlow, 1993)

# Why Do We?

- Despite empirical evidence – still treat
  - Self-esteem
  - Social skills
  - Offense responsibility

# Tough or Tender Minded

## William James

### Tender minded

- Principled
- Idealistic
- Optimistic
- Dogmatical

### Tough Minded

- Empirical
- Pessimistic
- Skeptical

# Lost Souls or Predators

# What to Treat?

- Self-esteem?
- Instability of self-esteem?
- Mood deterioration?
- Sexualizing mood deterioration?

# What to Treat

Sexual Deviancy

Behavioral reconditioning

Minimal arousal conditioning

Covert sensitization

Olfactory satiation

Medication

# What to Treat

Antisocial Attitudes & Beliefs

# Treatment of Antisocial Attitudes & Beliefs

Cognitive Self-Change

vs.

Cognitive Distortions

# Denial

To treat or not to treat

# Denial

Correlated with recidivism

Incest offenders

Not extrafamilial

(Nunes et al., 2007)

# STEP Dynamic Assessment

- Report on British outpatient community sex offender treatment programs 1994
- Report on British incarcerated community sex offender treatment programs 1999

# STEP Battery

- Self Esteem
- UCLA Emotional Loneliness Scale
- Social Response Inventory
- Personal Distress (Interpersonal Reactivity)
- Locus of Control
- Admittance/Denial (MSI)
- Beckett Victim Empathy Scale
- Social Desirability Scale

(Beech, 1998)

# STEP Domains

- Admittance/Denial
- Pro-offending attitudes
- Social competence/accountability  
(Beech, 1999)

# High Deviance Offenders

- Previous conviction for sexual assault
- Large number of victims
- Committed offenses outside home (or both inside & outside)
- Boys or both sexes

(Beckett, 1994)

# Low Deviance Offenders

- Girls within the family
- Not likely to have had a previous conviction

(Beckett, 1994)

# High Deviancy Offenders

- 1/3 incest offenders

(Beckett, 1994)

# STEP Dynamic Assessment

N = 140

Child Molesters

(Beech, 1999)

# High Deviance Offenders

- More victims than low deviancy
- Offenses outside or inside & outside family
- Offenses against boys or both sexes
- Higher risk to reoffend

(Beech, 1998)

# Impact of Treatment

Group	Over-all Tx Effect
■ Low Deviancy/ Low Denial	59%
■ Low Deviancy/ High Denial	17%

(Beech, 1999)

# Over-all Treatment Effect

- Changed to non-offending norms
- Changes on both pro-offending attitudes and social competence measures

(Beech, 1999)

# Impact of Treatment

Group	Pro-offending Attitudes	Over-all Tx Effect
■ High Deviancy	43%	14%

(Beech, 1999)