IMPLEMENTING EFFECTIVE TREATMENT FOR SEXUAL OFFENDERS

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The aim of correctional rehabilitation is to manage and reduce the risk of criminal recidivism. Although historically, it was believed that "nothing works" to change criminal behaviour (Martinson, 1974), a large body of empirical evidence has since shown that appropriate correctional rehabilitative interventions do reduce the likelihood of future criminal behaviour. Meta-analytical research shows that adherence to appropriate rehabilitative principles improve the efficacy of correctional interventions for sexual offenders (Hanson, Bourgon, Helmus, & Hodgson, 2009).

I. WHAT ARE EFFECTIVE TREATMENT PROGRAMMES? THE RISK-NEEDS-RESPONSIVITY PRINCIPLES

Effective correctional programmes follow the *Risk*, *Needs*, and *Responsivity* principles (Bonta & Andrews, 2017; see also Jung, 2017 for applicability to sexual offenders). The *risk* principle suggests who might profit from more intensive treatment. Higher risk offenders need to receive intense levels of interventions (more therapy hours per week and for longer period of time) and community follow-up, with research suggesting that at least 300 hours of treatment are needed to reduce recidivism among high risk offenders (Bourgon & Armstrong, 2005). In contrast, low risk offenders should receive little intervention.

There is sometimes confusion between severity of sanction and risk, with stronger sanctions (e.g., longer sentences) being assumed to denote higher risk of recidivism and, therefore, needing more intensive interventions. The reverse is also true: an offender with a lesser sanction is often viewed as presenting a lower risk of reoffending and, therefore, as requiring little intervention. Research, however, has shown that risk of recidivism is *not* associated with severity of sanctions (Andrews & Dowden, 2006). This is not surprising since the criminal justice principles guiding the imposition of sanctions are usually not based on appraisals of risk of recidivism but rather on the nature and severity of the actual offending behaviour.[1] Risk of recidivism, however, is associated with the effect of treatment, with higher risk offenders (regardless of their official sanction) benefitting more from treatment than low risk offenders, but only when that treatment is concurrently delivered according to the needs and responsivity principles (Andrews & Dowden, 2006).

The *needs* principle suggests that the criminogenic needs of offenders, as opposed to general psychological factors, are the appropriate targets for intervention. Criminogenic needs are those elements that are directly related to the offending behaviour and that are changeable. Empirical evidence showed that targeting general psychological factors unrelated to the offending behaviour does not lead to a reduction of recidivism (Bonta & Andrews, 2017). Criminogenic needs are also called *criminogenic factors* or *dynamic risk factors*.

The *responsivity* principle dictates the selection of the modes and styles of service delivery. The responsivity principle is based on what works with offenders, as opposed to non-offender populations, and, within offender groups, what may be special responsivity issues (e.g., gender, culture). The modes of treatment that have been empirically demonstrated to be effective with offenders are behaviourally based and include a self-management component (see Cortoni, 2019 for a review). Self-management is an approach that involves the identification of the negative life cycle that led to the offending behaviour; the identification of the risk factors in the offender's life; and the development of strategies to manage his life in a manner that reduces the impact of those risk factors. A self-management plan also includes the identification of a supportive community network that will be aware of the offender's risk factors and his self-management strategies in order to offer appropriate support once the offender returns to the community.

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[1] There are two exceptions in the Criminal Code of Canada: the designations of 'long-term offender' and 'dangerous offender' are based on appraisals of future risk (Greenspan & Rosenberg, 2007).

II. THE POSITIVE IMPACT OF EFFECTIVE CORRECTIONAL TREATMENT

The risk-needs-responsivity principles of effective correctional treatment with sexual offenders have been extensively researched and supported through the use of meta-analyses. A meta-analysis is a statistical method to aggregate the research findings of numerous individual studies. By analysing the results of a large number of single studies, the meta-analysis controls for variations and potential biases among individual studies to establish whether a treatment effect exists. Meta-analyses provide effect sizes, a statistic which can be interpreted as the percentage difference between treated and untreated groups.

There are now over fifty meta-analyses that examined the effectiveness of the risk-need-responsivity principles with adults and juvenile offenders; female offenders; ethnic minorities; violent offenders; and sexual offenders (Hollin & Palmer, 2006). The results from these meta-analyses have shown that when correctional treatment adheres to the risk-needs-responsivity principles, reductions of recidivism are consistently observed, with effect sizes typically ranging anywhere between .10 and .30, although effect sizes above between .25 and .35 are more typical (Bonta & Andrews, 2017). The following example is offered to understand the interpretation of effect sizes: reoffending rates of 30% (TR=treated rates) among treated offenders compared to 45% (UR=untreated rates) among comparable untreated offenders would result in an effect size of .15. This difference in treated and untreated recidivism rates can also be interpreted as meaning that treatment has led to a 33% reduction in recidivism (calculated as: (TR – UR) / UR; in our example (30-45)/45=33%).

In terms of practical significance, the effect sizes found in meta-analyses of correctional treatment are actually comparable, and in some cases even better, to those of well-recognized medical interventions such as the use of aspirin and heart bypass surgery to reduce the risk of heart attacks (Marshall & McGuire, 2003; McGuire, 2001). Further, cost-benefits analyses, an issue of importance in the ever-increasing costs of administering criminal justice, demonstrate that for each dollar invested in effective correctional interventions, the return is anywhere between $1.13 to $7.14 in savings (Welsh & Farrington, 2001). More importantly though, reductions in recidivism also mean reductions in future victims as well as improved positive societal contributions by ex-offenders, cost savings not included in the above calculations. These results demonstrate the importance of adhering to the risk-needs-responsivity principles when developing and implementing correctional interventions for all types of offenders, including sexual offenders.

III. THE ISSUE OF MOTIVATION AND TREATMENT ATTRITION

Treatment attrition is a universal phenomenon that is well recognized in the correctional literature, and studies show that all offenders who start but fail to complete treatment reoffend at higher rates than offenders who either complete treatment or do not start at all (Nunes & Cortoni, 2006; Wormith & Olver, 2002). Typically, offenders drop out of treatment because their expectations were not met: they found the treatment too demanding or they did not believe the treatment was relevant or could help them (Day, Casey, Ward, Howells, & Vess, 2010). In addition, treatment participants may be removed from a programme for being disruptive or due to lack of attendance. Another potential cause of attrition is a lack of correspondence between the referral and the programme. For example, if an offender is assessed as having a lower need in a given area, and yet is required to complete a treatment programme designed for offenders with higher needs, he may become discouraged, and fail to complete the programme. The reasons for dropping out of treatment are often seen as indicative of a lack of motivation on the part of the offender. A lack of motivation may be related to a reluctance on the part of the offender to engage in treatment, also called resistance to treatment; to a failure to envision the intrinsic benefits of participating in treatment; or to a poor relationship with treatment providers. Taken together, these characteristics may be indicative of a lack of readiness for treatment (Day & al, 2010). Motivation is therefore an important variable that must be considered when implementing treatment programmes. Treatment must include elements designed to assess, increase, and maintain motivation prior, during, and after treatment.

IV. SYSTEM FACTORS

A. The Importance of Skilled Treatment Providers

The characteristics of treatment providers are important elements of positive rehabilitative efforts. The effectiveness of correctional treatment is enhanced when the services are delivered by therapists who

adhere to the treatment objectives and strategies, who concurrently serve as anti-criminal models, and who reinforce offenders' pro-social attitudes and efforts (Dowden & Andrews, 2004). The fundamental desirable characteristics of therapeutic staff that have demonstrated value regardless of the type of correctional programme, correctional setting, or offender population include:

- **Relationship factors**: relating to offenders in clear, open, caring, and enthusiastic ways, and providing a structured positive therapeutic environment.

- **Authority** (i.e., "firm but fair" stance): making a distinction between rules and requests, and monitoring and reinforcing compliance to rules.

- **Anti-criminal modelling and reinforcing**: demonstrating and reinforcing vivid alternatives to pro-offending styles of thinking, feeling, and acting.

- **Concrete problem-solving ability**: providing skill-—building tools and helping offenders to identify and remove obstacles to their efforts to engage in anti-offending behaviours.

Not surprisingly, genuineness, the ability to remain non-judgmental, respect, warmth and empathy, all elements that contribute to a positive therapeutic relationship with other non-criminal populations, are equally important when working with offenders. It is important, however, that treatment providers do not confuse acceptance of, and empathy for the offender, with unconditional acceptance of the offender's distorted views of himself, others and his offending. The latter is actually counter-productive when working with offenders as it would only reinforce, rather than reduce, the factors that contribute to the criminal behaviour (Bonta & Andrews, 2017).

Behaviours in treatment include adopting a Socratic rather than a didactic approach, asking open-ended questions, being flexible, encouraging and rewarding participation, instilling hope and confidence, and being emotionally responsive to offenders (Fernandez & Serran, 2002). When working with offenders, these characteristics help toward establishing a positive therapeutic climate during treatment; in turn, a positive therapeutic climate contributes to the effectiveness of treatment in reducing recidivism (Beech & Hamilton-Giachritsis, 2005; Dowden & Andrews, 2004).

No matter how interpersonally and clinically skilled the treatment providers may generally be, they additionally must be committed to rehabilitation and well-trained in the delivery of offender treatment (McGuire, 2001). Concurrently, organizations must ensure that treatment providers have the needed resources to carry out their work. As McGuire (2001) stated, 'There are no known treatment or training material that that will achieve its goals in the absence of trained and committed staff with adequate resources and managerial support' (p. 34). Consequently, therapists should:

- possess relevant academic credentials;
- be skilled in the principles of cognitive-behavioural interventions;
- understand the theoretical and empirical findings that explain sexual offending behaviour;
- receive ongoing training and clinical supervision by supervisors skilled in interventions with sexual offenders;
- receive support from managers for their work.

B. The Importance of Support by the Correctional Administration

Although research has clearly demonstrated that correctional treatment can be effective in reducing recidivism in sexual offenders, the lack of adherence to the elements that contribute to the effectiveness of correctional treatment continues to be quite frequent. Gendreau, Goggin, and Smith (2001) examined the results of three large-scale reviews of correctional treatment programmes that included 291 different treatment programmes in Canada and the United States. In total, Gendreau et al. (2001) found that 70% of these treatment programmes failed to attend to the principles of effective correctional treatment. The most common problems included:

- untrained clinical staff that were not familiar with the theoretical and empirical literature on criminal behaviour;

- non-existent risk assessment procedures, or procedures that were not in line with current professional standards for risk assessments;
- the provision of treatment for non-criminogenic factors
- the use of treatment approaches to address criminogenic factors that have been shown to be ineffective;
- an almost complete failure to attend to responsivity factors of offenders in treatment;
- and finally, a lack of systematic evaluations.

These problematic issues indicate that correctional systems are still struggling with the implementation of effective correctional interventions. These struggles may be due to a lack of knowledge, a lack of resources or alternatively, a simple resistance to correctional treatment based on Bonta & Andrews's (2017) principles.

The *lack of knowledge* can be easily rectified via training and further education. At a minimum, appropriate levels of education in a relevant domain such as criminology or psychology should be a requirement for clinical staff. Formal education, however, has its limits if these staff members do not ensure their professional knowledge is up to date. Given the rapid growth of empirical information on risk factors and interventions with sexual offenders, periodic training by specialists may be a cost-effective strategy for correctional systems to ensure their staff members keep current on the latest available theoretical and empirical information. Training will only be effective, however, if it is fully supported (and even at times mandated) by management.

The *lack of resources* is a much more difficult issue to address. Correctional systems are expensive and resources are typically allocated by governmental bodies. In this context, despite best intentions, correctional managers may not have sufficient discretion to allocate appropriate levels of funding to the treatment of offenders. An argument in favour of appropriate levels of funding, as discussed earlier, may lie in helping funding agencies understand the cost effectiveness of correctional interventions when compared to the cost of incarceration. Unfortunately, despite best efforts by correctional managers, increased funding for correctional interventions too often occurs only in response to major offences (e.g., sexual assaults, murders) committed by offenders on parole who had been inappropriately assessed and managed. While clearly, no correctional systems can ever completely prevent such unfortunate events, the evidence on risk assessment and management of offenders, including the provision of appropriate intervention services, is strong. By ensuring their practices adhere to this evidence, correctional systems will be better equipped to differentially manage higher risk offenders while ensuring that lower risk offenders are not subjected to unnecessarily severe practices (Andrews & Dowden, 2007).

Resistance to correctional treatment may fundamentally be the most problematic issue to resolve. Some correctional systems (or individuals in these systems) may simply choose to discard the evidence on effective interventions due to expediency, or to management, organizational, and socio-political demands and decisions. In other instances, correctional staff may have differing theoretical orientations that do not include cognitive-behavioural approaches or do not focus on dynamic risk factors, preferring instead to focus on sociological models of crime or on traditional models of psychopathology as the theoretical basis for the treatment of sexual offenders. Alternatively, staff members may simply hold personal views of sexual offenders that prevent them from supporting the treatment programme.

It is in these circumstances that the support offered by the administration of the correctional system and the education and training of all correctional staff members become crucial. No matter how well designed the treatment may be, or how well skilled and trained the therapists are, treatment programmes that are not supported from the top administration of the correctional system, or from other staff members, will fail. Treatment programmes do no operate independently from the rest of the correctional system. As such, the system must ensure that all other staff members are aware of and support the treatment programme. For example, treatment participation by offenders should be mandated by the offender management system; institutional case managers and parole officers need to support the offender in his participation in the treatment programme; prison officers must ensure the offenders can physically attend their treatment; institutional administration must ensure an appropriate treatment environment is provided; treatment results and corresponding updated risk assessments must be integrated in release decisions and community supervision strategies.

To address these issues, once a decision has been made by senior administrators to offer specialized treatment to sexual offenders in their system, a comprehensive strategy to inform and educate all staff

members of the importance of the treatment for the reduction of sexual recidivism should be developed and implemented. Within this context, as systems and people do not readily change, it is useful to consider identifying a specific site that will offer the treatment programme, and devote efforts to create an environment through staff selection and training that will support the efforts by the therapists in their treatment of sexual offenders. Finally, it is important to evaluate the treatment programme in order to identify and rectify problems before implementing the treatment programme to other sites.

C. The Importance of Programme Evaluations

Conducting evaluative research to determine the effectiveness of correctional treatment programmes in addressing the criminogenic factors of sexual offenders and reducing sexual reoffending is an important, yet frequently neglected, component of correctional treatment. Too often, the evaluation of the treatment programme is an activity that is reserved for the future, after the programme has been in operation for several years, and sufficient time has elapsed to determine outcome. This situation, however, leads to very unsatisfactory results: during the evaluation, questions inevitably arise that will be unanswerable. To avoid wasted resources on treatment that are not functioning well, it is recommended that when treatment programmes are implemented, concurrent efforts be devoted to developing the evaluative framework that can be reviewed and adjusted as changes to the programme take place. This process ensures that safeguards are in place to prevent errors and to allow for valid conclusions to be drawn.

To examine the various aspects of treatment programmes, two broad categories of evaluative research should be in place: formative (process) evaluations and effectiveness evaluations. *Formative evaluation* is designed to establish how well current treatment programmes operate and how they can be improved. Such evaluations, however, only provide part of the information regarding well-designed and well-implemented correctional interventions. *Effectiveness evaluation* is intended to determine whether the correctional intervention is successfully addressing the criminogenic factors of offenders and whether changes on those factors are related to intended outcomes, such as abstinence from substance abuse, and a reduction in recidivism.

D. Formative Evaluation

The overall goal of formative evaluations is to examine issues related to the *process* of the intervention. This type of evaluation is concerned with what the correctional intervention does and is designed to help programme managers and others improve on what they do. Formative evaluations yield information on the implementation of the correctional intervention in the designated setting. The focus of the evaluation is on issues related to the implementation and the management of the correctional intervention and its users. These evaluations are thereby required to examine the general quality of the programme implementation and delivery, including whether the programme was implemented as per the programme manual; whether staff are appropriately selected, trained and supervised as needed; and whether the appropriate candidates were enrolled, and the appropriate setting selected. The following are basic questions that are typically covered by formative evaluations:

- Are the appropriate participants enrolled in the treatment programme? (e.g., high risk offenders enrolled in a corresponding high intensity treatment programme)

- How do the participants react to the treatment programme? (e.g., engagement; group cohesion; active participation; satisfaction with the process; drop-out rates; reasons for drop-out)

- Is the programme implemented as per its established requirements? (e.g., appropriate setting; appropriate number of delivery staff; appropriate number of sessions; appropriate length of sessions)

- Is the application of the programme consistent with the intended programme? (e.g., the programme delivery style is consistent with the manual; content is fully delivered as per the manual)

- Is the environment conducive to the implementation of the programme? (e.g., general staff members aware and supportive of programmes; collateral behavioural information is collected as required; programme participation reports are useful to parole officers & other decision makers; management supportive and ensure the appropriate resources are allocated to the programme).

- Is the programme delivery attentive to responsivity issues? (e.g., literacy level; mental health issues).

E. Effectiveness Evaluation

The overall goal of effectiveness evaluations is to determine whether the programme has led to the desired outcomes. This type of evaluation is concerned with whether the programme achieved its goals. In other words, the evaluation is concerned with *what changed* as a result of the programme. To determine whether the programme has led to change, planned comparisons with appropriate groups of offenders who did not participate in the intervention are invariably part of the evaluative design.

Although correctional interventions have as an ultimate outcome the reduction of recidivism, variations in the types of expected short-term outcomes for particular interventions are expected by the simple fact that correctional interventions should be designed to address specific dynamic factors. The elements targeted for intervention and the desired outcomes are a necessary part of the development of the correctional intervention. Specific research questions and testable hypotheses about the effectiveness of the intervention will therefore be based on these targeted elements and desired outcomes. As previously mentioned, such research questions and hypotheses should be established during the development phase of the correctional intervention to ensure that appropriate data collection procedures are established to permit the eventual testing of these hypotheses.

F. Outcomes of Relevance

Within the context of correctional programmes, the proximate outcomes are the cognitive and behavioural changes that are expected to result from participation in the intervention. Changes on these characteristics should be apparent in the short and longer terms as well as being linked to the overall goal of reduced recidivism. A short-term outcome is defined as the immediate results expected from participating in the correctional intervention. Attitudinal changes or changes in self-regulation skills are examples of short-term outcomes. Longer-term outcomes are defined as expected changes that would manifest themselves after some passage of time following programme completion. In this context, expected behavioural changes, such as a reduction in institutional incidents, improved behaviour in the community, and a reduction of recidivism, are all viewed as longer-term outcomes.

G. Evaluative Research Questions

- Has the intervention led to demonstrated cognitive and behavioural changes in participants?
- Are those changes maintained over time?
- Is the intervention, and its resulting changes, linked to a reduction in recidivism?

V. CONCLUSION

Jurisdictions from around the world are concerned with the rehabilitation of sexual offenders. Treatment programmes that are based on the risk, criminogenic needs, and responsivity principles are effective methods to manage and reduce the risk of sexual recidivism. It is noted that our current empirical knowledge is based on studies mostly conducted in the Western world. Little is known about the validity of our current correctional interventions when they are implemented in vastly different correctional systems and countries. Although to date it appears that our findings on the risk factors for criminal recidivism are valid across a number of jurisdictions (Bonta & Andrews, 2017), much research is yet needed to establish the effectiveness of correctional programmes in differing systems. It is hoped that jurisdictions that develop and implement correctional treatment programmes based on the principles of effective interventions with offenders will consider the value of research in their efforts. It is through the ongoing accumulation of empirical evidence that we will all collectively improve our abilities to assess, manage, and rehabilitate offenders.

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