Psychological Treatment of Sex Offenders

Recent Innovations

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KEYWORDS

• Sex offenders • Psychological treatment • RNR model • Good Lives Model
• Strength-based • Effectiveness • Risk/Needs/Responsivity
• Motivational interviewing

KEY POINTS

- There have been various recent innovations in the psychological treatment of sex offenders.
- Recent innovations include the incorporation of Andrews and Bonta's *RNR Principles*, Ward's "Good Lives Model," and Miller and Rollnick's *Motivational Interviewing*, into a strength-based approach.
- An example of a strength-based treatment program is described and treatment outcome evaluations are summarized.

Abbreviations

CBT	Cognitive behavior therapy
GLM	Good Lives Model
RCT	Randomized controlled trial
RNR	Risk, Needs, and Responsivity

There have been significant changes in the psychological treatment of sex offenders over the past 15 years in particular. Before that, the field was dominated by the *Relapse Prevention Model*,[1] but emerging evidence had begun to show that excessive adherence to this approach was ineffective.[2] Although some have claimed that retaining some elements of the Relapse Prevention model is valuable,[3] others[4] have completely rejected it.

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RECENT INNOVATIONS

Evidence from other areas of psychological research has shown that avoidance goals are rarely maintained, whereas approach goals are typically sustained over time.[5,6] Consistent with this, the thrust of recent research and theories in clinical psychology strongly indicates that adopting a positive approach to psychological treatment, focusing on building clients' strengths, is more effective than the traditional way of simply eliminating deficits.[7,8] The treatment of sex offenders has begun to assimilate these newer more positively oriented ways of addressing the needs of these clients by adopting Ward's[9] *Good Lives Model* (GLM) and by integrating the motivational style of Miller and Rollnick[10] into the treatment of sex offenders.[11] In addition to these more general shifts in the emphasis of treatment, sex offender programs have, somewhat belatedly, begun to integrate Andrews'[12] *Principles of Effective Offender Treatment*.

Later in this article, an approach to the treatment of sex offenders is described that integrates these recent developments, although the primary aspects of these developments were assimilated into this program (ie, 1991) well before the GLM was described. First, however, a brief description of the 2 primary models is offered, that is, Andrews' Risk/Needs/Responsivity (RNR) and Ward's GLM.

PRINCIPLES OF EFFECTIVE OFFENDER TREATMENT

Andrews and Bonta[12] provided detailed descriptions of a large body of research on which they derived their principles. These studies include the various group-directed meta-analytic studies of the Carleton University, until the recent untimely death of Don Andrews. Such studies show that these principles of effective offender treatment apply equally to offenders of all types, and of both genders, and to adults and juveniles. Hanson and colleagues[13] have demonstrated that these principles apply equally to the treatment of sex offenders and it is clear that, unless they are properly implemented, treatment will not be effective.

Three principles have been shown to be essential. Andrews describes these as risk, needs, and responsivity or RNR. The *Risk* principle is essentially an administrative directive. It accounts for the smallest amount of the beneficial changes induced by treatment, but that should not be taken to mean it is not important. This principle indicates that the greatest benefits (ie, reductions in recidivism) will be obtained by directing treatment at the highest risk offenders. Where resources are limited, only the highest risk offenders should be treated; when greater resources are available, the most extensive and intensive program should be reserved for the highest risk offenders with less time and energy directed at the moderate-risk and lower-risk clients. The *Needs* principle requires treatment to focus on the modification of criminogenic factors, that is, those features of clients that have been shown to predict reoffending but are at least potentially changeable. This principle, when properly applied, accounts for a significant amount of the variance in changes induced by treatment. The *Responsivity* principle, which accounts for even more of the treatment changes, has 2 components: general and specific. Both of these aspects of responsivity reflect the way in which treatment is delivered. Specific responsivity requires therapists to adjust their approach to the unique features of each client: both his enduring features (eg, cultural characteristics, intellectual level, personality style) as well as his day-to-day fluctuations in mood and motivation. Although this is important, it is the general responsivity principle that seems likely to exert the greatest beneficial changes. The core elements of general responsivity include the need for therapists to display the traditionally established features of warmth, empathy, respect, and support while modeling and reinforcing prosocial attitudes and behaviors. When properly enacted,