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A Robust Method for the Evaluation of Prison Based Sex Offender Treatment Programmes.

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Suggested Running Head: Evaluating Prison Based Sex Offender Treatment Programmes.

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Introduction.
This paper outlines the approach to evaluating the sex offender treatment programme currently running in the Irish prison system. It begins with an introduction to the scope of the problem of sexual offending as reflected by the extent of the prison population in Ireland who have been convicted of a variety of sexual offences. It then outlines two key points that can be gleaned from several decades of general research on evaluating the effectiveness of psychological treatments while indicating how they have been included in our present research. We also describe the variety of data sources that need to be incorporated into an effective evaluation of prison based sex offender treatment programmes. We conclude with an introduction to some preliminary findings from our on-going research. These finding high-light the return in terms of more reliable information when care is taken in developing a robust method for the evaluation of prison-based sex offender treatment programmes.

The Extent of the Problem
Sexual offending has become increasingly apparent as a problem in Irish society. The most recent figures on imprisoned sex offenders in Ireland are reported by Murphy (1998). These figures reveal the following. At the end of May 1997 there were 247 men serving a prison sentence in the Irish Prison System. They represented 12.25% of the total male sentenced prison population at that time. 47% of offenders were serving sentences for offences against adults, almost exclusively women. Men convicted of offences against adults had an average sentence length of 8.4 years. 53% were serving sentences for sexual offences against children. Men convicted of offences against children had an average sentence length of 5.3 years. (See figure 1).

Responding to the Problem.
In response to the growing sex offender prison population an offence focused treatment programme was established in Arbour Hill Prison in 1994. The programme is based on the principles of Cognitive Behavioural Therapy and includes a Relapse Prevention Component. Each year since 1994 10 men convicted of sexual assaults against both adults and children have taken part in the programme. The programme consists of three two hour sessions each week over a 10 month period.

In 1998 a collaborative study between the Department of Psychology at University College Dublin and the Department of Justice, Equality and Law Reform was established to evaluate the effectiveness of the Arbour Hill Prison Treatment Programme. The life-span of the study is to collect data from 1998 to 2002 to evaluate the effectiveness of the Arbour Hill treatment programme.

Does Treatment Work?
Essentially the question addressed by the Arbour Hill Research Study is: Does the psychological treatment of imprisoned sex offenders bring about lasting change that is effective in reducing sexual offending in the future? In attempting to answer this question...
our study has a context that reflects attempts over several decades to answer questions about the effectiveness of psychological treatments. Two key points have emerged from the ‘Does Psychotherapy Work?’ debate. These are: 1. It is important to ask the right question!, and 2. Its vital to pay keen attention to the methods used to evaluate psychological intervention programmes.

**Asking the Right Question.**
Simply asking do psychological treatment programmes work is to ask an overly simplified question that provides us with a poverty of information. Instead it is more instructive to ask a slightly more complicated question as put by Paul (1967).

> What treatment by whom is most effective for this individual with that specific problem under which set of circumstances?

**Using the Right Method.**
If we are serious about answering questions concerning the effectiveness of psychological interventions for problems including sexual offending then we need to give careful consideration to the methods we use to evaluate treatment programmes. Carr (2000) has published an excellent book evaluating the effectiveness of psychological interventions for children and families through a series of meta-analyses for each of the major problems presented by children, adolescents and their families attending psychological and psychiatric services. Fundamental to Carr’s approach is the development of a set of criteria that allow us to judge the methodological strengths and weaknesses of studies that inform the ‘what works’ debate. This allows us to distinguish between research studies that are sufficiently methodologically robust that they provide meaningful information on treatment effectiveness. We can apply Carr’s approach to studies evaluating the effectiveness of sex offender treatment. In doing so the characteristics described below can be thought of as the methodological features that contribute to a study being sufficiently robust so as to contribute meaningfully to the investigation of the effectiveness of sex offender treatment. This list can be used to check the weight that can be given to findings from studies that appear in the literature concerned with treatment effectiveness depending on their methodological strengths or limitations.

- **Use of Control Groups:** This means incorporating into the study comparison groups consisting of subjects who are receiving no treatment and/or different forms of treatment. In our study we have two control groups consisting of untreated men who are either motivated or unmotivated to participate in treatment.
- **Random Assignment:** This involves randomly assigning research participants to the different conditions of the study. This reduces bias emerging from a particular treatment condition being made up of participants selected because they are in some way more suitable for treatment. In our study we were unable to randomly assign men to the different groups as this would have resulted in some men being denied an opportunity to participate in treatment prior to their release from prison. This practical consideration was deemed to be more important than having
random assignment and consequently meant a methodological diluting of our design.

• diagnostic homogeneity: It is important that all groups used in a controlled study are similar in terms of the characteristic that defines members as eligible for participation. For example in our study being convicted of a sexual offence is, broadly speaking, the defining characteristic of those participating. However, there are many ways to sub-classify sex offenders and the Arbour Hill Treatment Programme consists of men convicted of sexual assaults against both children and adults. To ensure diagnostic homogeneity in our study we have taken care to ensure that our control groups consist of a mix of men convicted of offences against both children and adults to reflect this distinction in the treatment group.

• comparable for co-morbidity: If men in a treatment group have a co-morbid condition, such as depression or some form of psychotic disorder then members of control groups should be similar in terms of co-morbidity. In the Arbour Hill Programme a person would be deemed ineligible to participate if they had such a co-morbid condition. Consequently, we have ensured that our control groups also have no co-morbid diagnosis.

• demographic similarity: Demographic similarity in research utilizing control groups usually refers to participant characteristics such as similarity in age, gender and social class. However, in sex offender research an additional demographic consideration is that all participants are drawn from the same legal jurisdiction. This ensures that a bias does not enter into the study by using a control group from another jurisdiction where judicial factors may result in a different legal outcome concerning essentially similar offences. Participants in our study are demographically similar.

• risk assessment incorporated into the study: This allows further insight into the ‘for who’ part of the ‘what works’ question. It also ensures that all groups used in controlled evaluations are similar in terms of their actuarial risk of reoffending. In our current research we are incorporating risk assessment into the data we are collecting on all participants.

• pre-treatment assessment: All participants should be assessed at a time equivalent to before treatment. This is the case with our study.

• post-treatment assessment: All participants should be assessed at a time equivalent to after treatment. This is the case with our study.

• follow-up assessment: Follow-up assessments, usually conducted at 3, 6, or 12 months, allow us to determine the extent to which any gains in treatment are maintained after it has terminated. In our study practical factors, such as men being released from prison without having to link with appropriate services such as probation, meant that we were unable to include this as a feature of our research.

• offender self-report: This allows insight into the offenders perception of personal functioning before and after treatment. This is one of the data sources in our study.

• therapist report: This allows access to the therapists perception of the offenders functioning before and after treatment. This is one of the data sources in our study.
• **Researcher Ratings:** This allows access to the researchers' perception of the offenders' functioning before and after treatment. This is one of the data sources in our study.

• **Offence Specific and Offence Related Functioning Assessed:** Sex offender treatment programmes tend to have dual targets of tackling offence specific deficits (such as victim empathy distortions) and offence related aspects of psychological functioning (such as sense of self as effective in controlling life events). A robust evaluation programme will attempt to assess both of these areas for treatment and control groups. Offence specific and offence related functioning are assessed in our current research.

• **System Assessed:** Aspects of the wider system that the offender lives in (i.e., the treatment group environment, the prison, or family) and the management of relationships within that system may add additional information on the evolution or absence of treatment related change. Aspects of these systems are evaluated in our current research.

• **Deterioration Assessed:** Any deterioration experienced by participants in treatment or control conditions should be assessed. This is a feature of our current study.

• **Drop-Out Assessed:** Any participant in the treatment programme who drops-out of treatment should be followed up for assessment. It is arguable that such a person is a 'treatment failure' thus a comprehensive evaluation of a treatment programme incorporates this group. In our study treatment drop-outs are assessed.

• **Clinical Significance of Change Assessed:** A good study will attempt to distinguish between statistically significant change and clinically significant change. We are attempting this in our current research.

• **Experienced Therapists Used for All Treatments:** This allows for a fair assessment of a treatment programme if it is delivered by those with formal training and qualifications. This is the case with the Arbour Hill Treatment Programme.

• **Treatments Equally Valued by Therapists:** If different treatment approaches are being assessed in a controlled research study then it is vital that those delivering each of the approaches value the respective techniques equally. In our research we are comparing a CBT/Relapse Prevention approach to two no treatment conditions. Consequently this is not a feature of our study.

• **Treatments Were Manualised:** A treatment approach that is manualised and is adhered to either flexibly or rigidly adds to the methodological rigour of a treatment programme as it delineates more clearly what is being evaluated. The Arbour Hill Programme is manualised.

• **Treatment Integrity Checked:** The integrity of the delivery of a treatment programme can be checked (for example by a session being video-taped and assessed using a checklist to see how the session conformed to the session tasks as described by the treatment manual). Again this adds to ensuring the quality of the treatment programme that is being assessed. The integrity of the Arbour Hill Programme is not checked in this way.
• **Therapy Supervision Provided:** The ongoing supervision of therapists delivering a treatment programme should ensure a high quality delivery of that programme. Thus an evaluation of a supervised rather than an unsupervised programme is methodologically stronger. The Arbour Hill Therapists are supervised in their work.

• **Data on Concurrent Treatment Given:** This refers to the inclusion in the evaluation of any additional concurrent treatment that a participant may have received (for example individual therapy or pharmacological intervention). Concurrent treatment is recorded in our study for all participants.

• **Data on Subsequent Treatment Given:** If participants are assessed at a time equivalent to a follow-up period (i.e., subsequently assessed at 3, 6, or 12 months post-treatment) then it is vital that any subsequent treatment given is recorded as part of the evaluation. This is not a feature of our study as we do not have a follow-up evaluation.

• **Study Not Solely Reliant on Offender Self-Report:** An evaluation of sex offender treatment that is based solely on offender self-report has obvious limitations. Consequently it is important that methodologically strong studies incorporate some system for evaluating socially desirable responding on the part of offenders and are not using offender self report as the only source of data. In our research we attempt to assess socially desirable responding and use multiple sources of data.

• **Official Police Records Used:** It is generally accepted that official police records provide an underestimate of the full extent of all types of crime. Nevertheless, despite this limitation they are the most reliable and bias free source of information on offending and reoffending and should be used as a central part of any attempt to evaluate the impact of treatment on sex offender recidivism. Official police records are a source of information included in the design of our current evaluation of the Arbour Hill Programme.

• **Researchers Independent of Treatment Providers:** Our research is a collaborative venture between the Department of Justice, Equality and Law Reform, and the Psychology Department at University College Dublin. One of the strengths of this collaborative approach is that essentially it means that the research team (those designing the study and collecting the research data) are independent of the treatment delivery team (those delivering the treatment programme). This adds to the objectivity of the study.

• **Quantitative and Qualitative Data Analyses Used:** Quantitative and qualitative data contribute to programme evaluation and sex offender theory construction in different but equally valuable ways, (Ward and Hudson, 1998). Consequently in our study we have included both sources of data.

**Participants.**

In our study there are three main groups of participants as illustrated in figure 2. Presently our data collection is on-going. Group one (Treatment Group) is comprised of men convicted of sexual offences against both children and/or adults who are participating in the Arbour Hill treatment programme. At the conclusion of our study there will be a minimum of 30 men in this group. At present 20 men have completed pre
and post treatment assessments. Group two (Motivated Untreated Group) are men suitable for participation in the treatment programme who have applied to take part but who are not currently participating in treatment due to limited resources. They are a waiting list control group. By the conclusion of the study there will also be a minimum of 30 men in this group. At present 9 men in this group have fully completed assessments equivalent in time to pre and post treatment. Group three in our study (Unmotivated Untreated Group) is comprised of men who have never applied to take part in the treatment programme. In essence they are unmotivated to participate in treatment. By the conclusion of the study there will also be a minimum of 30 men in this group. At present 6 men in this group have fully completed assessments equivalent in time to pre and post treatment.

Data Collected.
The following data is currently be collected as part of the research on the Arbour Hill treatment programme.

*The Adult Attachment Interview*
This is a two hour semi-structured interview (Crittenden, unpublished). It provides a system for assessing participants attachment pattern. Attachment is arguably one of the most important areas of developmental psychology. Essentially it is concerned with the influence of relationships with our primary caregivers (usually our parents) on the development of internal mental representations of relationships and on our behavioural style of relating to others. Attachment Style is believed to have an influence across the life-span on our emotional, our cognitive and our relationship development. Previous research on attachment and sexual offending can be summarized as follows (Marshal, Fernandez, and Anderson, 1999). Sex offenders have insecure rather than secure internal mental models of relationships. Rapists tend to have an over-representation in insecure-avoidant attachment styles. Child molesters tend to have an over-representation in insecure-preoccupied attachment styles. We have included an assessment of attachment in our study for a number of reasons. It gives us a rich qualitative account of the developmental experiences of the sex offenders participating in our study. Its analysis is based on a system of linguistic markers reflecting different mental organizations of attachment related material. This overcomes problems inherent in offender self-report as in some ways we are less concerned with the content of what a speaker says than we are in what it reveals of his underlying mental organization of relationship and autobiographical material. The system of attachment classification we are using is unique in that it attempts to distinguish between normative and pathological attachment styles. Essentially this part of our research allows us to have a more refined view of the ‘for whom’ part of the what works question.

*The STEP Measures*
These are a set of offender self-report psychological tests that have been developed specifically for the assessment of sex offenders by the STEP Team in the UK (Beckett, Beech, Fisher, & Fordham, 1994). They assess three main areas of psychological functioning as follows:

1. Assessment of personality functioning in areas associated with sexual offending, (such as self-esteem, assertiveness, emotional loneliness, locus of control, empathy for others, anger).
2. Assessment of psychological functioning in areas specific to sexual offending, (such as emotional congruence with children, cognitive distortions concerning children and sexuality and sexual offending, victim empathy distortions, victim impact denial, acknowledgement of deviant sexual behaviours and attitudes).
3. Providing socially desirable answers to questions relating to personality functioning and sexual offending.

In addition to the STEP measures we have included some non-step questionnaires. These focus on the assessment of quality of relationship to parents in childhood, and the assessment of adult relationship style.

Clinician Data
Clinician information is also included in our current evaluation. We are using an instrument we specifically designed for our study (The Clinician Consultation Questionnaire – Prison Version). It collects data from the perspective of therapists on offence behaviour, past and current psychological functioning, response to treatment tasks, and risk of re-offending of those participating in treatment.

Recidivism Study
We are also engaged in a recidivism study. This involves establishing the official rate of offending and reoffending for sex offenders in the jurisdiction of the Republic of Ireland between January 1st 1975 and December 31st 1999 through the review of prison ledgers and police reports. It is our intention to follow the various groups in our study over the next ten years to examine the impact of intervention on reconviction for sexual and other crimes.

Some Preliminary Data Demonstrating the Value of a Robust Evaluation Method.
What follows is some preliminary data from our study that goes some way towards demonstrating the value of having the type of robust research design described above. The data presented concerns two key constructs believed to be important aspects of offender functioning. These are ‘Distortions in Victim Empathy’ (which is an offence specific aspect of offender functioning) and ‘Locus of Control’ (having a belief that you have a significant influence in determining life events, which is an offence related aspect of functioning).

Figure 3 presents data on the changes in victim awareness of 20 men who have completed the treatment programme. The diagram can be interpreted as follows. Prior to treatment these men had a significant degree of distortions about the impact of their sexually abusive behaviour on the people they assaulted. After treatment their level of
distortion has dropped significantly to a point that reflects a good level of understanding of the harmful impact of their assaultive behaviour on the those they victimized.

This looks like a very positive treatment outcome however we could only be sure that this is the case by comparing these results with those from our control groups. Figure 4 shows the changes in the treatment group on the measure of victim awareness and compares it to the victim awareness of men in our motivated untreated group (n=9) and our unmotivated untreated group (n=6) at times equivalent to pre and post treatment. This preliminary data analysis from our on-going research indicates that while men in treatment demonstrate significant gains in their understanding of the harmful nature of their sexually abusive behaviour, motivated but untreated men remain largely unchanged in their victim awareness, while those in the unmotivated and untreated group are becoming more distorted in their understanding of the impact of their abusive behaviour on those they assaulted. These results provide strong evidence that the treatment programme is effective in increasing insight among offenders into the damaging nature of sexually abusive behaviour on victims. It will be interesting to see if these trends in our data are confirmed at the conclusion of our study.

Our preliminary data from measuring the locus of control construct provides a very interesting comparison. Figure 5 presents data on the changes in the locus of control of 20 men who have completed the treatment programme. These results show a significant improvement in the sense these men have of being in control of their lives and are similar to those reported from the STEP teams prison based evaluation (Beech, Fisher & Beckett, 1998).

Again this looks like a very positive treatment outcome. However, we could only be sure of this by being able to compare the treated group with control groups of untreated men. Figure 6 presents our preliminary data comparing the men who have completed treatment (n=20) with the motivated untreated group (n=9) and the unmotivated and untreated group (n=6) at times equivalent to pre and post treatment. This time the results of our comparison are quite different. The preliminary data suggests that while men in the treatment group do demonstrate a statistically significant improvement in their locus of control score when they are compared on pre and post treatment measurement so too do men in the motivated and unmotivated no treatment groups. This means that the
treatment programme does not appear to contributing anything additional to improving offenders locus of control. It will be very interesting to see if these trends in our preliminary data are confirmed at the conclusion of our study.

Insert Figure 6 About Here.

Conclusions
Evaluating sex offender treatment programmes is a complex task. It requires careful evaluation of what interventions we offer, to which types of individual, with what specific problems, under which conditions, using methodologically robust research designs that include appropriate control groups. In this article we have outlined what we consider to be the key characteristics that contribute to a sound approach to treatment evaluation. We have tried to demonstrate through the presentation of some preliminary data from our study that carefully constructed studies are worthwhile because they provide us with a richer source of information on the effectiveness of current approaches to sex offender treatment. Getting our evaluations right is vital given that the underlying goal of offender treatment is the prevention of further sexual victimisation of adults and children and that good research informs us of important changes that can be made to clinical practice.

References.


Figure 1. The Irish sex offender prison population by offence type as at May 1997.
Figure 2. The three groups participating in the Arbour Hill Research Study.

- **Treatment Group**
  - (n= 30) (n=20)

- **Motivated Untreated Group**
  - (n=30) (n=9)

- **Unmotivated Untreated Group**
  - (n=30) (n=6)
Figure 3. Changes in Victim Empathy Distortions among men who have completed the Arbour Hill Prison treatment programme.
Figure 4. Changes in Victim Empathy Distortions among men who have completed the Arbour Hill Prison treatment programme compared to motivated untreated and unmotivated untreated control groups assessed at times equivalent to pre and post treatment.
Figure 5. Changes in Locus of Control among men who have completed the Arbour Hill Prison treatment programme.
Figure 6. Changes in Locus of Control scores among men who have completed the Arbour Hill Prison treatment programme compared to motivated untreated and unmotivated untreated control groups assessed at times equivalent to pre and post treatment.