

Webinar Transcript: Adult Treatment

Bethany Broida : Good afternoon. Welcome, everyone. My name is Bethany Broida. I am the Director of Communications at the National Criminal Justice Association. It is my pleasure to welcome you to 'What Do We Know About Sexual Offending and Sex Offender Management and Treatment?' Today's webinar will focus on the effectiveness of treatment for adult sex offenders. This is the final webinar in this series, which was designed to provide policy makers and practitioners with trustworthy, up-to-date information they can use to identify and implement what works to combat sexual offending and prevent sexual victimization. If you missed any of the prior webinars in this series, the webcast and slides from those sessions are available on the NCJA website.

Before I go any further, I want to thank our wonderful partners at the SMART Office and the Department of Justice, Office of Justice Programs for making this webinar possible. Let me quickly cover a few logistical items. First, we are recording today's session for future playback. The recording and the slides from this session will be posted on the NCJA website at www.NCJA.org/webinars. They will also be emailed to everyone who registered for this session.

Today's webinar is being audio cast through the speakers on your computer. If you would prefer to call in by phone, please use the number contained in your registration email, or on the event info tab, which is on the top left-hand side of the screen. If you encounter issues with the audio during the webinar, please feel free to call in by phone.

Due to the number of people joining us today, we have muted all participants to reduce background noise. If you have questions for the presenters, we encourage you to submit them using the chat feature on the right-hand side of your screen. Please select 'host' and 'presenter' from the drop-down menu next to the text box. We have included time for a question and answer period at the end of the presentation. However, you may submit your questions at any time. If you would like to communicate with NCJA staff during the webinar, please submit your comment using the chat feature to 'Bethany Broida' or to 'host.' If you have technical difficulties or get disconnected during the session, you can reconnect using the same link you used to join the session initially. In the last five minutes of the webinar, we will ask you to complete a short survey. The information you provide will help us to plan and improve future webinars.

At this time, I would like to briefly introduce our speakers for today's webinar. In November 2014, Luis deBaca was appointed by President Barack Obama as the Director of the Justice Department's Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, otherwise known as the SMART Office. Mr. deBaca previously coordinated US government activities in the global fight against contemporary forms of slavery as Ambassador at Large for the State Department's Office to Monitor and Combat Trafficking in Persons, and as Counsel to the House Committee on the Judiciary, where his portfolio for Chairman John Conyers, Jr. included national security, intelligence, immigration, civil rights, and

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modern slavery issues.

At the Justice Department from 1993 through 2006, he lead the investigation and prosecution of cases involving human trafficking, official misconduct, and hate crimes, as well as money laundering, organized crime, and alien smuggling. He is the recipient of the Secretary of State's Distinguished Honor Award, the Attorney General's Distinguished Service Award, the Attorney General's John Marshall Award, and the Director's Award from the Executive Office of United States Attorneys. He has also received the leading honor given by the national human trafficking victim service provider community, the Freedom Network's Paul & Sheila Wellstone Award, and has been named the Michigan Law School's Distinguished Latino Alumnus.

Next, Scott Matson is a Senior Policy Advisor at the SMART Office, where he advises 37 states and the District of Columbia on adopting the standards for the Sex Offender Registration and Notification Act, otherwise known as SORNA. In addition, he leads the Office's effort on the Sex Offender Management and Planning Initiative. Before joining SMART, Scott was the Project Manager for JEHT Foundation, where he developed and managed a criminal justice portfolio that included sentencing and corrections policy, reentry, wrongful convictions, and the death penalty.

Prior to joining JEHT, he was the Associate Director of the Vera Institute of Justice's Center on Sentencing and Corrections. He has served as a Research Associate at the Center for Sex Offender Management, where he provided training and technical assistance to a wide range of international and national state and local audiences on issues related to sex offender management. He began his career at the Washington State Institute for Public Policy, where he researched issues of importance to the state legislature, including sex offender registration, community notification, and civil commitment policies.

Finally, Roger Przybylski is a consultant and founder of RKC Group, a private company that provides applied research and program evaluation services to organizations working on public safety issues. Prior to forming RKC Group in 1997, he served as Associate Director for the Illinois Criminal Justice Information Authority, where he directed the agency's Research Division. He has also served as Coordinator of Research for the Chicago Police Department. Mr. Przybylski has been a project manager, contributing author, and editor for the SMART Office Sex Offender Management [and Literature 00:05:50] Review Initiative, which this webinar series is based upon, since the project's inception in 2010. I would now like to turn the presentation over to Director deBaca.

Luis deBaca:

Well thank you, and thanks everybody for tuning in to this webinar series. This is the last of a number of webinars that we've been having around the SOMAPI Project and around these issues of sex offender management at large. I want to thank Scott Matson, who's a Senior Policy Advisor here in the office. You heard his

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extensive biography a minute ago. Scott really has kept us focused and kept the department moving towards an evidence-based approach on sex offender [issues 00:06:44] management, as well as the related issues of registration and notification.

At the end of the day, we really have a hard time separating the two in the office, as we look at what's necessary to, as we go into this 10th anniversary year of the Adam Walsh Act, what's necessary to have an actual holistic and effective way of dealing with the reality of sex offenders in our country. I think that there are a lot of ways to deal with sex offenders that are not reality-based. The idea that you can put them in prison for the rest of their lives just isn't something that happens. People get out. The notion that you can, through shunning or isolation, drive them out of a jurisdiction's problems ... Well, they either become another jurisdiction's problems or they continue to be a problem. The notion that they will somehow 'see the light' by having been in the criminal justice system, or that they will somehow never be able to be rehabilitated, but are doomed to a life of reoffending.

All of those things come down to the attitudes that we have around sex offenders, the attitudes that we have around this particular crime, the desire that we have, a very good desire, to justify and to honor the suffering of the victims, and the needs of society. But at the end of the day, we also need evidence. This is what we've been wrestling with over the last few months, as those of you who've been able to join us for this webinar series, this is what we will continue to wrestle with through our grant programs, informed by this literature review, informed by the studies, and hopefully the research agenda that's going to come out of this. A research agenda that I think today's presentation very much tees up going forward.

A little caveat before we get started. I would like to say that you're going to hear from Roger and Scott, that there is an answer. A very clear and clean answer that we've been building towards through the webinar series, and now we're going to unveil 'the thing that works.' I would like to be able to say that. I'd like to be able to say a lot of things, but that's just not going to happen.

Today, what we're really looking at is wrestling with what are the research base that's out there on this issue? What do we see as far as treatments? Is treatment something that we can really point to as being effective? What are the studies that have been done? What better studies could be constructed going forward so we can figure out just how much better we can do as far as treatment is concerned? We owe it to the people who are involved on every aspect of this, whether it's the sex offender, whether it's the victim and the victim's family, whether it's the criminal justice system, and whether it's the community. Getting this right is critically important to so many people in this country, and so we're committed to doing that.

I'm going to hand it over to Scott and Roger now that I've teed it up. I think that these guys are going to surprise you with the fact that after I said that there aren't

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any solutions, I think that these guys are full of solutions. They're going to help us move towards those. Scott, it's all yours.

Scott Matson: Thanks, [Lu 00:10:27], and thanks Bethany and NCJA for all of these webinars. They've been fantastic, we couldn't be happier ... And for your lead in this SOMAPI Project. I wanted to thank Chris [inaudible 00:10:39] and Roger Przybylski, in particular, for their editing, editorial, and contributions to the SOMAPI Project, they really spearheaded the show for us there, and all the other authors of the chapters that have also served as webinar participants for us. It's really been a great project, and I hope you all have a chance to go back if you haven't heard the other webinars and check those on NCJA's website, because I think they're full of great information.

At the SMART Office in the Department of Justice, we see lots of different perspectives on this issue. But we know that all of those who work in this field really have the same goal, and that's to protect the public from sex offenders, and to prevent sexual violence. Over the past 25, 30 years, 100 years, I suppose, a lot of different policies and programs have cropped up to try to control this population, but really there really isn't much known about what works. There's very little evidence base for many sex offender management or treatment-related programs. One thing we have learned in recent years is that programs are likely to be more effective when they are based on the evidence, when there's some evidence base to support their roll-out.

The Office of Justice Programs has been working on sex offender management-related activities since really the mid 90s. The SMART Office came along in 2006. We were established by the Adam Walsh Act. Their primary mission is to help jurisdictions, states, tribes, and territories in implementing the Title 1 of the Act, which is the Sex Offender Registration Notification Act. We are the first federal office devoted solely to sex offender management of related activities. Beyond assisting with the implementation of SORNA, we see it as part of our mission to inform our constituents [and 00:12:27] the public about a broader scope of activities that are necessary to ensure public safety, and prevent sexual violence, and keep the public safe from sex offenders.

Along those lines, in 2010, 2011, around that time, we envisioned the SOMAPI Project with the purpose of identifying what kinds of evidence-based practices that are out there for managing these offenders, what are the current gaps and needs of the field, ... And ultimately, to provide guidance to states and locals in the form of policy recommendations and funding to help them work with this population and prevent sexual violence.

The SOMAPI Project is a fantastic acronym, jokingly I'm saying, that we came up with. It's the Sex Offender Management Assessment and Planning Initiative. As I said, the goal is to identify research-supported programs that can be replicated through our funding and policy recommendations ... Not just through the SMART

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Office, but also to help our partner organizations like the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the OJP components in their programming and research.

We contracted with the National Criminal Justice Association to envision and carry out this project. NCJA sub-contracted with a number of subject matter experts to pull together all of this great information. They developed literature reviews on a host of sex offender management-related topics, and we held a discussion forum back in February 2012, which really served as the vetting or peer review process for this project. We invited a group of experts from various disciplines who work with sex offenders to come to DC to talk to us about what we found in the literature reviews, and to make recommendations to us about where we should be putting our funding and our recommendations.

Ultimately, we came up with a literature review with 13 different topic areas. We split it out into two sections, one focused exclusively on adult sexual offending, and the other focused on juveniles who commit sex offenses. Those are the topics on your screen. We've had webinars on most of these topics, some of them have been combined. As I mentioned, I'd love if you get a chance to go back and look at those, or listen to those in your spare time. All of the literature reviews, the material is all available on our website. There's the URL up there. We've included the policy recommendations, the research needs, that the discussion forum folks put together for us.

We've been releasing this information through a number of presentations and webinars, and we hope to be holding a national symposium in early 2016 that will showcase these findings, at which hopefully you and many of your colleagues can attend. We'll have more information about that up on our website in the coming months as well. We've also released, just recently, a series of research briefs based on the overall SOMAPI report. These are basically four to eight page documents that are summaries of the research in each one of these chapters. Much more concise and compressed, and the kind of thing you might want to share with policy makers or others who are on a tight time schedule. Those are the different materials that we've released relating to the project.

Just a little bit about the methods used in the literature reviews. All of the authors use the same sorts of methods. They found these, the materials, the source materials, through abstract databases, outreach to relevant organizations, and subject matter experts. We asked them really to focus on research that was conducted over the past 15 years, that is dated up until 2012, when the information included ceased. They're looking at more recent, more relevant, and more rigorous research. We had them emphasize individual studies that employed scientifically rigorous methods or meta-analyses or systemic reviews in the reports themselves.

That's it for me. I'm going to stop yakking and let Roger take it over. Roger, again,

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[was 00:16:51] served as one of the primary leads on this project and authored a number of the chapters. He's quite adept at this. I'll come back at the end, and we'll have a Q&A. Roger, take it away.

Roger Przybylski: Okay, thank you, Scott. As I'm sure all of you in the audience know, treatment programs that are aimed at reducing the likelihood of reoffending have really become a staple of contemporary sex offender management practice across the country. I think while there's really strong scientific evidence that therapeutic interventions work for criminal offenders overall, the effectiveness of treatment for sexual offenders really remains subject to debate. While it's important to acknowledge that there is skepticism that's out there, at least in some circles, about whether or not treatment can work and whether it does, I think it's also important to recognize that at least some of that skepticism hasn't always been grounded in fact or in evidence.

What I'm going to do over the next hour or so, maybe not quite that long, is I'm going to talk to you about the contemporary scientific evidence regarding the effectiveness of treatment programs for adult sexual offenders to reduce sexual and other forms of recidivism. As I talk to you about the research and its findings, I'm sure you'll see that we do have a lot to learn, as Director deBaca said. We have a lot to learn about what works for which offenders in which situations. I'm also hoping you'll recognize that there's reason to be optimistic about the answer to the broader question about whether or not treatment can work.

Because despite the limitations in the research, I think there is compelling evidence that treatment can be at least moderately or modestly effective. While something like a five percent or an eight percent reduction in recidivism, a single digit reduction so to speak, may sometimes appear rather trivial, keep in mind that we're talking about real life reductions in victimization. In the field of medicine, a five percent reduction in the mortality rate is considered a medical breakthrough.

As I present the research and the findings, please also keep in mind that I'm not a clinician. I'm sure there are many questions about treatment models and treatment delivery that I simply won't be able to address. As a researcher, my goal here and what I think I'm really aimed at is simply to describe the key research and its findings. I can't really go beyond that. As I said earlier, given the limitations of the research, coming up with an answer to the question of whether or not treatment works, just that overall question, that in and of itself is a challenge. Determining what works is not an easy task. It's not uncommon for studies of the same phenomena, like sex offender treatment, ... it's not uncommon for studies to produce ambiguous or even conflicting results. It's really, really important to base conclusions, ... especially when you're making a definitive statement about the effectiveness of an intervention, to base those conclusions on highly trustworthy and credible evidence. I think you always have to take into account both the quality of the evidence and the consistency of the evidence.

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With this in mind, there are a few considerations that I'd like to touch on as I begin talking about the research and what it's telling us. It's really important to recognize, I think, upfront that sex offender treatment programs, that they've been evaluated using both what I'll call 'single studies' as well as 'synthesis research.' Scott alluded to this in his introduction. Single studies are just, ... for example, if you've got a sex offender treatment program that's operating, let's say hypothetically in the Colorado Department of Corrections, and evaluators, researchers, come in and they evaluate the effectiveness of that program. We're talking there, like a single study. It's an individual, single study.

Synthesis research is focused on looking at what I'll say here is an entire body of evidence, or a number studies. Synthesis research will examine, for example, the findings of the evaluation in that Colorado situation, but also the findings from a study, let's say in New York, or another one in Florida, one in a prison setting, another one in a community setting, and try to synthesis, again, across all these studies what the findings are to come up with a definitive conclusion or a definitive answer about the effectiveness of the intervention.

Sex offender treatment has been examined using both of those types of studies. It's important to recognize that in criminology and criminal justice, in the scientific community, there's general agreement that in certain types of single studies, namely something called a 'randomized controlled trial,' that those studies provide the most trustworthy evidence about an intervention's effectiveness. These [aren't 00:22:37] studies that are basically modeled on laboratory experiments, or something that might be done in the pharmaceutical industry. The key thing here is that the people who are participating in this study, and participate in treatment, that there is something that's called 'random assignment' that goes on here. Of all the folks that are included in the study, the researchers will assign some of those people to receive treatment, and others to be what's called the 'control group.' They won't receive the treatment.

Now, randomized controlled trials are a very, very important method for determining the effectiveness of an intervention, but they can be difficult to implement in real life settings. They're expensive, and they require a level of organizational cooperation that can be difficult to obtain. There can be resistance to the use of that random assignment procedure on the grounds that, let's say withholding potentially beneficial treatment from some people that are going to participate in the research and the study, withholding that treatment is, in a sense, could be considered unethical. In practice, there are a lot of constraints that can preclude a researcher, an evaluator, from using an RCT, this very sophisticated, important study. The fact is that very few of these studies have been employed in the assessment of sex offender treatment.

When an RCT can't be used, researchers examine the effectiveness of an intervention using the best next thing, and that's something that in research, we call a 'quasi-experiment.' If these particular studies are done well ... Now, they

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don't use random assignment, but if they're done well and they match the folks in treatment with the comparison subjects very closely, they can provide very trustworthy evidence. An RCT is considered by many people to be the more trustworthy of approaches in determining effectiveness. The point that I do want to make here is that very few of them have been done in this setting of effectiveness of sex offender treatment.

There's also agreement in the scientific community, if you will, that individual studies, like even one of these RCTs, can't provide a definitive answer about whether or not something like sex offender treatment works. That even when you do one of these very sophisticated studies, and they're done well, and they produce positive findings, that those studies have to be replicated. They have to be done again several times, and produce similar findings to be able to make a definitive conclusion.

In the synthesis studies that I just referenced, keep in mind that the trustworthiness, if you will, of the findings is always going to be contingent on the quality of the studies that are being incorporated into that analysis. Systematic reviews are increasingly using techniques that are much more sophisticated in order to, if you will, reduce bias and come up with very sound conclusions. I'm going to talk about both of these types of studies, single studies and then also the synthesis work that's been done, and hopefully provide some what I think is rather compelling information, especially from these contemporary studies that suggest that treatment can and does work. At least, it provides a modest effect in terms of it's reduction on recidivism.

I'm going to begin by talking about some single studies, and perhaps the correct place, or the place I thought was appropriate to start was to talk about one of the few studies that indeed has used a randomized controlled trial design. That is a study that was done in California that's commonly referred to as the 'California Sex Offender Treatment and Evaluation Project.' This particular piece of research was published in 2005. It examined the effects of a cognitive behavioral relapse-prevention program on the recidivism of sex offenders who were serving prison sentences for child molestation or rape. The research is widely referenced in the literature and in debates about the effectiveness of treatment, again, because of it's use of random assignment.

The researchers here compared the recidivism rates of 204 sex offenders treated in an intensive treatment program. They compared the recidivism rates of those offenders with two untreated control groups. One control group consisted of a little over 200 incarcerated sex offenders who volunteered for treatment, but who were randomly selected not to receive treatment. The other control group consisted of 220 incarcerated sex offenders who did not want to participate in treatment at all. The outcome measures of interest in this study were both sexual recidivism and then non-sexual violent recidivism. The follow-up period for the study here in looking at recidivism was approximately eight years.

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Now, the researchers did not find any significant differences among the three groups in the rates of sexual or violent recidivism. Based on that mean follow-up period of approximately eight years, the observed sexual recidivism rates were 21.6% for the sex offenders who completed a year or more of treatment, and 20% for sex offenders who volunteered for treatment but didn't receive it. Basically their conclusion, their findings was that treatment was not effective. It did not work.

One of the key things, though, that I need to point out about this study is that in discussing the findings, the researchers explored possible explanations for the study's overall results. They suggested that despite the use of random assignment, that the treatment program ... Let me say, the treatment subjects and the control group subjects likely differed in some very, very important ways. For example, the treatment subjects tended to be higher risk. They may have been less motivated to participate in treatment. In addition, this particular treatment program did not adhere to the principles of risk, need, and responsivity, the core principles of effective correctional intervention.

One of the things that was done in this study is that the researchers also looked at the recidivism rates, so to speak, for various sub-groups of program participants. Low and behold, when they did this, they did find a positive treatment effect for some particular offenders, specifically high risk sex offenders who participated in treatment and demonstrated that they 'got it.' That's sort of a term that may not mean much to us as we talk this afternoon, but in the literature, in the context of the study, it was a term that was really well understood because it basically meant that these offenders were, in a sense, internalizing the treatment messages and the desire to change, and that they pursued treatment goals and were engaged in treatment. These particular types of offenders, that they recognize as internalizing the messages and engaging in treatment, and moving through the process, and achieving treatment goals, that they recidivated as a significantly lower rate than offenders who did not 'get it.' Only 10% of the high risk treated offenders who 'got it' recidivated, compared to 50% of the high risk subjects who did not 'get it.'

While the finding was based on a somewhat small sample, I think it's rather important, because at least in my opinion here, it begins to demonstrate that treatment effectiveness can be effective, but it's also dependent on a variety of factors, including program delivery and how the program participant engages in treatment. In this particular study and this sub-group analysis, I think also begins to suggest and point to the importance, if you will, of something like adhering to the principles of effective correctional intervention, namely risk, need and responsivity. Now, there [have 00:32:05] other studies, and I'll mention a few of these in a little bit, that also provide some pretty compelling evidence and support for the need to adhere to risk, need, and responsivity in the context of sex offender treatment programming.

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Another study that found positive treatment effects looked really at the high intensity sex offender treatment program that was being delivered in a Canadian prison. This particular program employed a cognitive behavioral approach. It did subscribe to the risk, need and responsivity principles of effective intervention. This 2008 study was an extension of an earlier evaluation of the same program that found that treatment worked for both first time and [repeat, and repeat, 00:32:54] sexual offenders. Now, the numbers that are up here on the slide right now come from the more recent study, the 2008 study, which was more rigorous than the original one. It was based on a larger sample size, and it had a longer follow-up period.

This particular study that I'm referencing and the numbers on the slide are from actually had a follow-up period that extended out to 10 years. This study included or incorporated survival analysis and a number of statistical controls on factors that have been empirically linked to sexual recidivism. The sexual re-conviction rates were examined across basically follow-up periods of various lengths of time, the longest being 10 years. If you look at the slide here, you see that there were really rather significant differences that are there between the treated subjects and the untreated offenders. These are the sexual re-conviction rates at 3 years and at 10 years, and these differences are statistically significant in terms of the scientific aspect of things here. As you look at these bullets here, the treated sexual offenders had sexual re-conviction rates of 11.1% after 3 years, and that compares to the 17.7% for the untreated subjects. At 10 years, the re-conviction rate for a sexual crime was 21.8% for the treated offenders compared to 32.3% for the untreated offenders.

Now, there are many other single studies that have also produced positive findings. One of them that I do want to mention here was a recent study of prison-based sex offender treatment in Minnesota. In this particular study, researchers examined treatment effectiveness. This is a sample of over 2,000 sex offenders released from prisons in Minnesota between 1990 and 2003. The reason I thought it was important to mention this particular study is that it did use a particular technique called 'propensity score matching,' which helps to create a high level of equivalence between the treatment and the control groups. This is one of those quasi-experimental studies, but it uses very, very sophisticated techniques to be able to provide, if you will, highly trustworthy and highly credible findings.

This particular study, as [I say 00:35:38], did find positive effects once again. When you look at the numbers that came out of this for the two bullets that are in the middle of the screen, the sex offenders who completed the prison-based treatment program had sexual violent and overall general re-arrest recidivism rates of 13.4%, 29%, and 55.4%, respectively. Now, those rates for the control group sex offenders who did not participate in treatment were 19.5, 34.1 and 58.1%. Again, these differences are [statistically 00:36:21] significant. Now, keep in mind what I mentioned earlier as well is that when you talk about single digit percentage reductions here, it may appear trivial but in practice, especially when we're talking

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about being able to produce these kind of reductions with a significant number of sexual offenders, this is making a significant impact in terms of reductions in real life victimization out there in the real world.

Another study that I did want to mention was done in Colorado here. This is another single study, and this was published back in 2003. It was a study of prison-based sex offender treatment programs basically that were cognitive behavioral in nature, and the program itself was based within a therapeutic community environment. The results of this particular study showed that participation and treatment was significantly related to success on parole. Sex offenders who completed treatment and participated in aftercare had revocation rates three times lower than untreated sex offenders. The length of time that an offender participated in treatment was related to positive outcomes after release. For each additional month spent in the therapeutic community, it increased the likelihood of success upon release by 1%, that means 12% over the course of a year. 79% of the inmates who participated in the therapeutic community treatment and who were released on parole were arrest-free after three years, 79%. That compares to 58% of the sex offender inmates released on parole who did not participate in treatment.

We have a lot of limitations in the research, as I presented a few studies here, it's obvious for you to keep in mind, only one of them was a randomized controlled trial. I think it's important to recognize that when you look at the findings from these single studies, that the weight of the evidence does indeed suggest that treatment for sexual offenders can and it does work, and that particularly cognitive behavioral approaches appear to be, or at least it's being suggested by the research findings, ... This appears to be a modality or an approach to treatment that does indeed work.

Now, I'm going to shift gears now from the single studies and talk to you a little bit about the findings from synthesis research. One of the most influential, very early reviews of sex offender treatment was conducted by Furby, Weinrott, and Blackshaw. Those were the researchers. This was a study that was published all the way back in 1989. Now, I know that Scott mentioned ... and this is true. I'm not deviating from this, but we focused on contemporary studies over the past 15 years. I want to say a few things about a couple of these very early studies to just make the point. This particular synthesis study that was published back in 1989 was based on a review of 42 individual or single studies. The researchers concluded that due to methodological shortcomings and inconsistent findings across the different studies that very little is known about the effectiveness of sex offender treatment.

Now more recently than that, back in 1996, the US General Accounting Office published a review of sex offender treatment research based on 22 other reviews. There were 550 individual single studies that were examined as part of this synthesis research. In this 1996 GAO report, the Office reported to Congress that definitive conclusions about the effectiveness of sex offender treatment could not

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be made. Now, while both of these early reviews produced inconclusive results at best, systematic reviews that had been conducted more recently I think have produced much more positive and albeit qualified findings.

Now, I want to talk a little bit about what that research is telling us. One example is this: is a meta-analysis of 43 studies of psychological treatment for sex offenders that was conducted by Karl Hanson and his colleagues that was published back in 2002. This particular piece of synthesis research, this meta-analysis, the treatment produced statistically significant reductions in both sexual and overall or general recidivism. The study was based on a total of more than 5,000 treated offenders and the average follow-up period ranged from 1 to 16 years. The median was 46 months, close to 4 years here, I would guess here. My math or arithmetic is okay.

In addition to the overall findings regarding statistically significant reductions in both sexual and overall recidivism. The researchers also reported that newer treatment programs were found to have a positive treatment effect while older programs were associated with a small but not statistically significant increase in sexual recidivism. Now, keep in mind that when we think about older programs relative to the newer ones, it is the newer ones that are going to more likely be based upon or incorporated, if you will, those principles of risk, need, and responsivity. Karl Hanson and his colleagues, in discussing their findings and conclusions, stated that "We believe that the balance of available evidence suggests that current treatments reduce recidivism, but" here's the [qualification 00:42:55], "but firm conclusions await more and better research."

Now this particular meta-analysis was criticized by Rice and Harris in an article that they wrote in 2003. It was the meta-analysis was criticized because they started that it relied on poor quality studies. Now, Rice and Harris described the methodological shortcomings of many of the studies that were included in the meta-analysis. They argued that the positive, albeit tentative conclusion, drawn by Karl Hanson and his [cogs 00:43:31] weren't justified. They stated basically that the evidence is insufficient to suggest the treatment works, and we need far more studies than ... especially studies that are of much more higher quality.

While the Rice and Harris critique of that meta-analysis, I think in my opinion, is a very constructive and a valuable [inaudible 00:43:55], if you will, on threats to validity and the hazards of using poor quality studies. It's also important to recognize that the quality of a study and the credibility of it's findings can be viewed differently by different researchers. I don't want to necessarily spend time going into that, but there's plenty of research that demonstrates that the same study can be perceived differently by different parties, depending ... or, when you look at the [methodological 00:44:27] quality.

The reason I wanted to start with this particular meta-analysis and the criticism is that several meta-analyses that have been conducted after this one, and more recently, if you will, have indeed incorporated, if you will, methodological quality

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considerations. Now, given that critique put forth by Rice and Harris in the overall importance of methodological study quality, I wanted to talk about three meta-analyses that have been done in recent years that I believe are very, very important because of their approach. The first of these was done by Losel and Schmucker, published in 2005. The second was conducted by Doris MacKenzie, published in 2006.

Both of these studies employed one of criminology's most commonly used tools for evaluating the quality of research. This is something that was called the Maryland Scientific Methods Scale, SMS. They use the SMS to assess the methodological quality of the studies that they included in their meta-analyses, and they basically look at methodological quality across a number of different dimensions. One of these is the study's ability to control outside factors, and eliminate major rival explanations for an intervention's effect. In other words, trying to assimilate, if you will, a methodological approaches that are very close to the randomized control trial; and other considerations, like the use of appropriate statistical tests and so forth. But without going into detail, applying this type of approach is basically a practical way to exclude studies that are of low quality and only include studies in your meta-analysis or synthesis research that are of the highest quality.

The third meta-analysis that I'll talk a little bit about findings on is something done by Karl Hanson and his colleagues that was published in 2009. This particular study sought to test the relevance of the principles, the risk, need, and responsivity principles for sex offender treatment, but a secondary aim of this research was to assess treatment effectiveness using only studies that met a minimum level of scientific rigor. They used something that's called the guidelines of the Collaborative Outcome Data Committee, which were guidelines developed in Canada, developed explicitly to assess the quality of research on sex offender treatment programs. Again, in practice, what's going on with this meta-analysis is using an approach that will exclude lower quality studies and only include the higher quality studies, and the mechanism that they used, if you will, to assess the quality of individual studies was a mechanism that was designed specifically to address quality of treatment on sex offender ... quality of the research on sex offender treatment.

Now, all three of these I want to talk about briefly here. Let's go ... If I can move the slide here to the Losel and Schmucker meta-analysis. This particular study, again, excluded studies that did not employ a control comparison group. It all together looked at 69 independent single studies, and across all of these studies, there was a total of more than 22,000 study subjects. This makes it one of the largest meta-analysis of effectiveness of sex offender treatment that has ever been undertaken. In 40% of the comparisons equivalence between the group that received treatment and the group that did not could be basically demonstrated. This particular analysis here now may not be the most perfect one, but again, it makes a very, very spirited attempt to be able to weed out those lower quality studies and focus on the high quality ones.

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Low and behold, what did this particular study find? This meta-analysis, the synthesis research found that significant reductions in sexual violent and any recidivism were in place or were found there for the treated versus the untreated sexual offenders. If you look at the chart that's on the slide, in terms of sexual recidivism, the treated offenders had an 11.1% sexual recidivism rate compared to 17.5% for the untreated. Going down to the far right-hand side of the chart, looking at any type of recidivism, treated sex offenders had a recidivism rate of 22.4% compared to [32.5 00:49:49] for the untreated sexual offenders. Even though the study protocol excluded studies that didn't employ a control comparison group or, in other words, sort of these lower quality studies, the findings here I think based on the percentages are pretty compelling.

Losel and Schmucker, again, because the exclusion of lower quality studies and the inclusion of the higher quality ones, it wasn't a perfect fit here, which I alluded to earlier. They suggested that they're drawing some very, very cautious conclusions, if you will, that "The most important message," and I'll quote them, "Is an overall positive and significant effect of sex offender treatment," and "Sex offender treatment also has an effect on general recidivism." I think this is really an important set of findings that comes out of this, not only because we're moving now in a direction of focusing on higher quality studies, but again, you're seeing these differences that occur not only in sexual recidivism but in any recidivism overall. Recidivism research is telling us that sexual offenders do tend to recidivate, not only with sexual crimes, but others types of crimes. This is a rather important set of findings.

Another important meta-analysis is this that was conducted by Doris MacKenzie, published in 2006. Her particular analysis here focused on 28 evaluations, 28 single independent studies. MacKenzie employed that scientific method scale, the Maryland SMS, and excluded studies, again, that did not employ a no treatment comparison group. The findings from this particular study really, once again, are compelling in my opinion here. What you look, what we see when we look at the recidivism rates, and these are actual sexual recidivism rates, that treated offenders had a sexual recidivism rate of 12% compared to the 22% rate for untreated sexual offenders.

What MacKenzie did is also once she looked at the findings from the 28 single studies as a whole, she whittled it down and looked only at the findings for the highly, highly rigorous studies. What we find, based on her results here, is that the average recidivism rate for treated offenders was 9% compared to 21% for the untreated offenders. The point being is that when you looked at the results from the most trustworthy studies, the effect of treatment was even larger. Once again, what MacKenzie found here is that cognitive behavioral really [inaudible 00:52:55] treatment tended to be most effective.

The last bullet on the screen here I think is important as well, because MacKenzie

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did a number of sub-group analyses. What she did also find here is that treatment worked regardless of whether it was delivered a criminal justice agency or some other organization, behavioral health organization, [which 00:53:18] if you will, or whether it was delivered in an institutional or secure setting, or in the community. Regardless of where it was delivered, treatment tended to work, and I think that's an important finding to take out of this particular synthesis research.

Now, another important meta-analysis was conducted by Karl Hanson, and his colleagues, and published in 2009. This study, as I mentioned earlier, it's primary aim was to determine whether the risk, need, and responsivity principles also applied to sex offender treatments. In other words, we know they're critically important in delivering interventions to criminal offenders overall, but can we find similar evidence about their importance when we're talking about specifically treatment programs or interventions for sexual offenders. I alluded to earlier that there was evidence that's being accumulated in the research that is pointing to the importance of these principles, prior to this particular meta-analysis by Karl Hanson and his colleagues.

The RNR principles re-emerged from really more than 30 years of research on interventions from criminal offenders. When you basically look at the common themes that are found for the most effective programs, they are this notion that we need to focus on higher risk offenders, that they're the ones that are likely to benefit from treatment, compared to lower risk offenders. That we need to effectively target, if you will, criminogenic needs, dynamic needs that can be changed through programming, and then also the notion that successful programs are responsive to the motivation, the cognitive ability, the other characteristics of the offender. In essence, the intervention must be tailored to the learning style and the capabilities of that offender.

Research has demonstrated, as I said, that programs incorporating these principles are far more effective at reducing recidivism than those that don't include them. In this particular test, if you will, of the applicability of RNR in sex offender treatment, what Hanson and his colleagues found is that they were especially important. Again, this is a study that focused on higher quality studies using a method for excluding lower quality studies, including the higher ones. A method that was designed specifically to look at the quality of sex offender treatment research, so this is important. Based on a follow-up period of almost five years, 4.7 years on average, Karl Hanson and his colleagues found that the average sexual recidivism rates of 10.9% for the treated offenders compared to 19.2 for the untreated offenders. Then, looking at overall or any type of recidivism, the average overall recidivism rate was 31.8% for treated subjects compared to 48.3% for the untreated subjects.

The research has also found that adhering to that risk, need, and responsivity set of principles, that that increased treatment effectiveness, while treatment that adhered to one or two of the principles was more effective than treatment that did

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not adhere to any of the principles. The treatment programs that adhered to all three, they were the programs that were most [ineffective 00:57:18]. The importance of RNR is now becoming more and more established.

A study by [Lovins, Lowenkamp 00:57:28] and [Latessa 00:57:28] was tested that was published in 2009 was done in Ohio, and this further provided evidence about the importance of RNR in sex offender treatment. The researchers in this study sought to determine whether an intensive treatment program was more effective for higher risk sex offenders, and whether less intensive treatment had greater effects for lower sex offenders. The study included about 348, and not a really, really large sample, but big enough, of 348 sex offenders who were paroled from the state correctional institution. 110 of these were released to a halfway house for residential sex offender treatment, and about 230 were released directly to the community. While offenders released directly to the community may have received some outpatient treatment, the ones that were released to the halfway house were subjected to a very intensive level in treatment.

What was found in this study is that the intensive treatment was effective in reducing recidivism for all risk categories of sex offenders, except the low risk offenders. In fact, high risk offenders who completed intensive residential treatment were more than two times less likely to recidivate than high risk offenders who did not receive intensive treatment. Conversely, and this an important point, low risk sex offenders who received intensive treatment were 21% more likely to recidivate than low risk sex offenders who were released directly to the community. These findings do indeed lend further support to the importance of the RNR principles in sex offender treatment programming.

Finally, there are a few more meta-analyses that ... let me get the slide changed here ... that I just wanted to briefly mention. One of them was conducted in 2006. It's a meta-analysis of 30 studies conducted by [Long and Moremoth 00:59:51]. It found that sex offenders who received treatment, again, recidivated at a significantly lower rate than sex offenders who did not receive treatment. Again, in this particular study, cognitive behavioral approaches were found to be most effective.

I also want to very briefly mention here the study that was done by the Washington State Institute for Public Policy. This is referenced in this first bullet that's up here on the slide. As part of a larger study, basically, on evidence-based public policy options to reduce crime, Drake, Aos, and Miller, conducted a meta-analysis of six very highly rigorous studies of adult sex offender treatment with aftercare and found that these programs reduced recidivism on average by 9.6%. One of the key reasons that I wanted to include a brief mention of this particular study is that the Washington State Institute for Public Policy is very well known for their highly rigorous work around cost benefit analysis.

In addition to examining basically the recidivism reductions on these sex offender

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treatment programs, they also looked at how the program costs compared to program benefits in monetary terms. They found, low and behold, that these programs produced a net return on taxpayer investment of more than \$4,000 per program participant. In other words, this is making the transition here, or translating it, it's more than \$1.30 in benefits per program participant for every \$1 that was spent on the program.

The last meta-analysis that I have here was something that was done by Prentky, Schwartz, and Burns-Smith published in 2006, and I just wanted to include it because it makes one final conclusive statement about what we find when we look at the effectiveness of treatment programs. Prentky, Robert Prentky and his colleagues suggested that the most reasonable estimate at this point is that treatment can reduce sexual recidivism over a five year period by 5 to 8% . I think we can debate or argue, if you will, about what the percentages might be, but I find in my interpretation of the research findings that the basic conclusion that treatment can and does work. I would agree with that based on my interpretation of the evidence. While researchers can agree that the evidence is far from definitive, I think findings from both single studies and systematic reviews conducted in recent years suggests that treatment can and does work.

One of the things that I want to do before I end up talking about basic conclusions here is to also mention that in recent years, surveys of treatment programs across the country that have asked about the primary approach or modality, if you will, that's being incorporated, that these surveys have documented an increase in the use of the Good Lives Model in sex offender treatment. This is coincided, if you will, with criticisms that have been leveled by practitioners and researchers in some circles, criticisms against relapse prevention approaches, because the relapse prevention approach, if you will, [are 01:03:51] some of the dominant approaches that have been there in the past. I think you could probably lump cognitive behavioral into this. There's an over-emphasis, this is the criticism, there's an over-emphasis on risk avoidance as opposed to focusing on or really working with the offender's strengths in that to get at what the offender's goals are in that.

Now, I'm not an expert in something that's called the 'Good Lives Model' here in this particular approach, but the Good Lives Model was developed, at least in part, to address some of the perceived shortcomings in these approaches that focus on risk avoidances instead of the strengths of the offender. The Good Lives Model, based on my understanding, is grounded in a belief that sex offenders, like most individuals, that they're seeking to achieve some psychological, if you will, well-being, and that offenders will desist from criminal behavior when pro-social behavior provides them with a more fulfilling life. Rather than focusing solely on risk avoidance and risk management, GLM attempts to equip sex offenders with skills and attitudes, and resources, needed to lead a pro-social life, a fulfilling life, thereby reducing the likelihood of reoffending. This particular approach also is postulates, if you will, that sex offenders follow different pathways to offending behavior, and that treatment will be most effective if it takes into account those

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pathways.

While there's both statistical and anecdotal evidence, suggesting that the use of the good life model in sex offender treatment has indeed become more prevalent, ... I think very, very little is known right now about the efficacy and the effectiveness of this particular approach. That's because to date, very few studies have been done on the Good Lives Model, and basically the research is in its very early stages. We have a need for more studies, and a need for evaluation of this particular model, but it will take some time to get to a place where we're able to, in essence, be able to address the effectiveness issue.

Now, there has been research that's been done to date. I don't want to leave you with the impression that it hasn't been looked at all, but that research is basically beginning to lay the empirical foundation or support for, let's say, if you would like the proof of concept that this has possibilities to work. That research has produced positive findings and promising findings, but we still have a rather long way to go, in the sense to be able to make some definitive statements about this particular approach, despite the fact that it's being used more and more. Okay.

It's sort of winding down, time-wise, and I want to spend a few minutes talking about what I think the basic conclusions and policy implications are. Also, it wouldn't be fair ... It's important that I also talk, at least briefly, about the limitations and the research, and the needs that exist in terms of future research as we move forward. Given the impact sex crimes do have on victims in the larger community and all of that, the really good scientific evidence about the effectiveness of treatment is important. As I said earlier, I think we do have compelling evidence about the effectiveness of therapeutic interventions for criminal offenders in general, but the notion that we've had sort of inconsistent findings and research limitations has and continues to somewhat plague our ability to answer the question about does treatment for sex offenders work?

But, based on the weight of the evidence that we've seen, both in single studies and in synthesis research, and the fact that single studies have become more sophisticated, and these meta-analyses are using more and more sophisticated techniques, ... I think it is reasonable to conclude, as I said earlier, that sex offender treatment can and does work, that we can at least see modest reductions in sexual and general recidivism when we use treatment, and cognitive behavioral ... really, that's prevention approaches, do seem to be effective.

Now, one of the things that I think have on a bullet here in a slide that's upcoming is that it's very difficult at this stage to talk about, with any sense of certainty or trustworthiness about what works for whom in which situations? We've got a long way [to be able 01:09:16] to go [to be able 01:09:17] to address those issues. The basic question about whether or not treatment can and does work, I think we can come away with by saying "Yes indeed, we can produce at least modest reductions in sexual and general recidivism."

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What I alluded to a few minutes ago, or a moment ago, is that when we look at the research, we are seeing that the studies are becoming more and more sophisticated. One of the greatest problems that exists is that we do not see, we've not had additional studies that are based on random assignment, these randomized controlled trials, but we are seeing basically much more sophisticated single studies like the one I alluded to that used propensity score matching. We're seeing much more prudent exclusion area criteria being used in meta-analyses. I think this is a basis to say that the [weight of 01:10:12] the evidence is pointing in a positive direction here.

We really do have to take a look at sub-groups of offenders, and there are many studies that corroborate what I mentioned early on that was found in the California study ... is that when we examine sub-groups of treatment participants who are engaged and actually pursued treatment earnestly, that we can be most effective in those situations. Now, that can be a very difficult thing to try and ... engender, if you will. I don't have specific answers. Other than what we do know about interventions in general, and the fact that really most offenders aren't that interested in change right off the bat. But if we can move into this area of responsivity and engage offenders, I think that the chances that we're going to be effective are going to be heightened considerably.

There's no question that treatment is going to have a differential impact on different offenders, and that we need to be considering the characteristics of the treatment participant, as well as many other contextual factors. When I think about policy implications and what this really, it's this basic understanding that a 'one size fits all' approach is less likely to be effective, that that's not the way to go. Treatment is apt to be most effective when it's tailored to the risks, needs, and offense dynamics of the individual. This, again, points to the importance of adhering to the principles of effective intervention. But the notion of tailoring our treatment approaches to the individual in what that individual is presenting I think is critically important, and we're seeing that sort of born out in the research and the scientific findings.

I want to finish up, as I said, with a few words about the limitations and the future needs that are there, in terms of research. There is absolutely ... It's unequivocal. Everyone will agree on this, that we need more, more high quality studies on treatment effectiveness. One of the things I want to comment on here is that everyone points to ... Not everyone, I'm overgeneralizing, but so many people point to the fact that we have not had more than a handful, or the one basically single study in terms of an RCT. There are a few others that are out there, but we don't have these RCTs, and that's what's missing here. I want to point out that we need both, more RCTs, but also, high quality quasi-experiments as well here.

One of the misnomers about an RCT, and I'm not taking the point of view that they're not critically important, but just because an RCT is done does not

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automatically mean that we have produced trustworthy credible findings. An RCT still has to be designed and executed properly, soundly, to produce really trustworthy findings. We can't overlook that fact. Given the difficulty of being able to really design and implement an RCT in the real world setting with sexual offenders, the problems, the challenges that are there organizationally, administratively, I think it's unlikely that we're going to see a number of RCTs on treatment effectiveness for sexual offenders emerge in the next few years. This notion of having high quality quasi-experiments is really, really important. We need to continue to do synthesis research. That, as I mentioned, is going to be based on prudent exclusionary criteria and that it employs the most rigorous methods that are available, the most rigorous science that we have, to really control bias and provide trustworthy answers. We need all of this.

One of the things that we can do is ensure that we're using these newly developed and emerging scientific techniques, and just summarizing really what's in place on this slide here is this notion that we are getting things in place right now. We can use things like propensity score matching and other techniques to improve the trustworthiness of quasi-experiments. We've got a great example of it in the sex offender treatment research already, and really, the methods for being able to apply something like propensity score matching to small samples, as well as large ones, is now out there and we need to draw upon that.

Future research also really needs to build a much broader, much stronger evidence base of a differential impact of treatment on different types of sex offenders. This was a comment I think I made very early on, and in the hour, we know very little right now about which treatment approaches work for which offenders in which situations. We need to really be able to draw upon sound findings in this area to be effective, so I think is a research priority.

Engaging in sub-group analyses is also very, very important. We learned this from the California study, because simply looking at the program overall ... It's not to dismiss those findings, but simply looking at a program overall can mask important treatment effects that simply aren't produced for all participants as a whole. This notion of being able to dig deeper and drill down into the sub-groups of program participants I think is also a research priority, something that we need to do. Then finally, given the emergence, the prevalence of the use of the Good Lives Model, we certainly need to see more research that has focused on examining the efficacy and effectiveness of that approach. That should be a priority as well.

In my mind, based on my understanding of the research, those are some of the limitations or needs that are out there ... I'll just mention that at the end of the slide deck here, there's a notes page which I've just put up here which is all the research studies that are referenced in the slides as I went through them. Then, there is also two pages of references here that relate to all the research that I talked about. If anybody is interested in getting ahold of any of these studies, you have the reference material in these slides. I know that all these slides will be

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available for download, as well as online, looking ahead, if you will, on the NCJA website. I think I've pretty much used up all my time. I think I've gotten through everything I wanted to say, and I'll turn things back over. I think Scott's going to take control here.

Scott Matson: Thank you, Roger. That was really fantastic, really very thorough and comprehensive. Believe it or not, I think there might even be more in the SOMAPI report, if you want to dive a little bit deeper. If you have any questions, we're going to open it up now for Q&A. On the screen there, you see instructions on how to submit questions, so if you have any, please submit them. We've got a couple of minutes here. I think there are a couple of questions that were submitted during the registration process that I'll just bounce one off Roger before we dive into any that you might submit.

Roger, there have been some questions about 'Good Lives' and I know you've stressed that there really isn't a lot of solid research support for the report right now; but I thought one of the questions was interesting, to the extent you might know something about it. Do you know if the Good Lives Model is complete if it's not integrated with other treatment models for sex offenders? Can you really comment on that?

Roger Przybylski: Actually, that's an interesting ... That's a good question, it's an interesting one. The Good Lives Model as I know it right now is actually a combination of two approaches that had sort of been in place before. There was an original Good Lives Model, if I'm not mistaken, that was out there. Then another approach that I'm actually blanking on ... The acronym was SRM. Both of these were combined a while ago in order to be able to address the strengths of the offender and focus on treatment that's going to be individualized based on those strengths and the pathways to offending. In some ways, the Good Lives Model that is being incorporated and used in treatment programs right now is already a combination of a couple of different approaches that have been melded to be able to be most effective. Now granted, [we'd only 01:20:10] the research that's going to establish efficacy in that, but as I alluded to, the early research is very positive.

There's the broader question about how does risk, need, and responsivity fit in. What about what we've learned about cognitive behavioral approaches and that. I think it's very difficult, in a sense, for me to be able to answer that without being able to draw on the research that's there. I don't think that, at least in my understanding of how 'Good Lives' has been incorporated and used to date in sex offender treatment programs, but I don't believe that it in any way sort of suggests that risk, need, and responsivity are irrelevant but that you can't just emphasize or focus exclusively on risk management, that you've got to incorporate strengths-based approaches as well.

Without being able to actually draw on research findings, and I may be going out on a limb, that I think that based on the knowledge that we do have to date, that

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'Good Lives' is going to be most effective when ... At least, I would anticipate this is what the research will tell us, is that it's going to be most effective when there is a good incorporation and in balance, if you will, of RNR with focusing on strength-based approaches and individual tailored treatment approaches based on the pathways that an offender takes to get to the ideology that's in place to get to that particular offender's motivations and offending patterns. I hope that makes some sense.

Scott Matson: Well it does to me, but I think you're pretty clear there. There was another question about current research, and I just wanted to throw this out there that we in the SMART Office have authorized the refresh of the SOMAPI report. As I mentioned in the beginning, the research was really only current up until 2012. We're going to go back and ask the authors to update the findings from each of these chapters, and incorporate them, the new research, into the chapters. The question related to current research on GLM, we'll have the answer to that in the next year or so when we have the update to the report completed.

There are also a couple of questions that came in related to webinars we've done in the past, like recidivism rates, or use of polygraph for other management strategies. Those webinars are available. There's one specifically on recidivism rates and it deals with different types of populations. There's a specific section of one of the webinars on sex offender management strategies that looks at polygraph with sex offenders, so I encourage you to go back and check out those webinars or go to the SOMAPI report to check out the chapters on those topics.

There was another question that came in, Roger, related to whether or not there's any research on the effectiveness of treating sex offenders who are in denial. Who are denying committing their crimes.

Roger Przybylski: Yeah, that's a good question, too. The way that I would answer that ... There's not, to the best of my knowledge, there is not a great deal of research that's directly looked at that issue. However, when you look at the findings, for example, from the California study, and that terminology, the offenders who 'got it.' What that study found in looking at the sub-group of offenders who were engaged and pursued treatment goals, that means whether or not they were in denial at the beginning is that once they began becoming engaged in treatment and moved through the treatment program, that the notion of denial was now out of the picture here ... that they acknowledged that their behavior and pursued treatment, pursued all of the methods, all of the things that were being done in treatment, to be able to do something about that. They were no longer in a position where they're in denial, that for those offenders, treatment worked.

Then, when you add to that the growing body of evidence around RNR, and I think that I mentioned the Ohio study ... or it was the Hanson meta-analysis, which showed that the most effective treatment program ... If you focused on one or two of the RNR principles, you are going to be more effective than not focusing on any.

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But, when you focused on all three, and included in that as responsivity, that those were the most effective programs.

The reason that I'm alluding to that is that people that are now engaged are no longer in denial. I think there's an acknowledgement that many of the offenders are in denial, and that's also the case with criminal offenders across the board. When they become engaged and move past that, then I think we have ... the notion of being effective has increased, and the programs that are able to move people past denial are going to be the ones that are most effective. I think conversely, I think being in denial, or moving past denial, has to be a prerequisite, and I'm not a clinician, as I said early on, but it has to be a prerequisite for treatment success. Being in denial and being engaged in treatment, those two things don't go together. I hope that makes sense.

Scott Matson: Yeah, yeah. Thanks, Roger. Before I ask another question, I want to make sure everybody has a chance to answer a survey or a poll about the webinar, if Bethany, you want to open that up and let people have a chance to respond. That'd be great. Roger, was there any studies that you looked at, any treatment studies that focused on female offenders, or was this all just male sex offenders?

Roger Przybylsk: The bottom line answer is all male. Now, there may have been some female offenders that were included in a handful studies, but there is nothing that I'm aware of that we can point to that would give us some sort of really trustworthy answer about what type of treatment works ... or being able to just isolate treatment effectiveness for female offenders. Just the research on the recidivism of female offenders is pretty sparse in nature. I mean I think that we know that female sex offenders recidivate is a much lower than males do, but I'm pointing to that research as, again, something like ... Even in the area of recidivism, we have very little research that's focused specifically on females. Then, when you try to ... If you think about the fact that we need to know something about the recidivism to be able to study that in the context of treatment programs, there just isn't much that's out there. There's nothing really that's out there that we can hang our hat on.

I think that's a need, as is focusing on all different types of sub-groups of offenders, whether it's based on demographics, or motivations, pathways to offending, all those things. We've had a great challenge just answering the basic question, and there will remain skeptics about that answer. I think as we move forward as Director deBaca said, these issues of looking at sub-groups of the population will become more and more important, and hopefully we'll get answers.

Scott Matson: Yeah, yeah. No, that's a good response. Right on, Roger. I guess we just have one more minute, if you can quickly try to answer this one. I'll try to squeeze it in. It relates to longer term treatment, longer term containment or management kinds of strategies for offenders who might present low risk. Is this something that's effective?

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Roger Przybylsk: Yeah, that ... You throw a policy question at me, so ... I'm the researcher ... But, let me respond in this manner: this is at the heart of the debate in many ways about what should be done long-term. Now, what I'm going to point to is that there is a very important study that was done with a long follow-up period, like 15 years, that I think Karl Hanson and colleagues were the researchers who did it. They found that the longer ... the more time that went on that someone was offense-free, and again, we know the challenges that are there in terms of observed recidivism. ... The longer the time period went on, so once you're moving on to 15 years with no detected recidivism, the likelihood that someone will reoffend after that is extremely minimal. The answer, policy-wise, would be those policies that continue to focus on containment of those individuals are probably not cost effective, not being very effective.

On the other hand, Robert Prentky and his colleagues did a study where they modeled follow-up periods for 25 years. Their conclusion was that a first-time re-offense or a first time [detected 01:30:09] re-offense could occur as long as 25 years out. The Prentky studies that that's based on are very hard to use, in terms of generalizing to sex offenders today, because these were studies that were done quite a long time ago. They focused on very high risk sex offenders who were basically the equivalent of being civilly committed. It's very small samples, so it's very hard to generalize, but that Prentky research and some follow-up work by Dennis [Dorin 01:30:43] keeps telling us "Oh, don't be fooled. 25, 30 years out, somebody can reoffend." So it's a tough policy question, but I think of those two streams of research, it's much more ... I think it's much safer to generalize the Hanson study and his findings than we can with the older Prentky research.

In some ways, I'm punting on that, but it's at the heart of the controversy. It really, really is. Yeah, but anybody that is interested in that issue, take a look at the chapter in the SOMAPI website, or go back to the webinar that dealt with adult sex offender recidivism, and those studies are talked about ... and draw your own policy conclusions, because I'm just a researcher.

Scott Matson: That's a good non-answer, Roger. I appreciate that.

Roger Przybylsk: Thank you.

Scott Matson: That's very ... You're very forthright in that. I just want to thank you, Roger, and all the other authors who presented during this webinar series, and thank NCJA again, for really putting together a wonderful series here. Thank you all for joining us today. I know that a lot of you have been on multiple webinars, and I apologize for the redundancy in some of the intro materials, but I hope you found these valuable. Again, the webcast and all the slides from the webinars will be available on the NCJA website. Please visit SMART.gov if you want to find the report, the SOMAPI report that we've based this on, and to keep [attune of 01:32:34] our Twitter feed and of our upcoming symposium. We're really hoping it will take place

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in early 2016. Again, at that symposium, we will showcase the findings from the SOMAPI report and hopefully get a lot of the authors to attend. We'd love to see you there. Again, thanks NCJA and thank you all for attending, and have a great day.

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