



Defining and Developing Good Evidence for Policy and Practice

Ruth E Mann, PhD

National Offender Management Service, England & Wales

Overview

Reflections on the treatment effectiveness literature from an evidence based policy perspective



Targets for change for therapeutic work with sex offenders



Evidence-based methods & new ideas

From sex offender treatment to evidence based commissioning: A change in perspective

From sex offender treatment lead to commissioning strategy

An organisation committed to evidence-based policy

Setting standards for evidence based policy

Assessing the evidence base to inform commissioning strategy

Colleagues and Collaborators

Working in an evidence-led agency

NOMS is committed to **evidence-based commissioning**. Wherever possible, we will use sound evidence to inform the commissioning decisions we will take to obtain our outcomes. Evidence will count more strongly than intuition or habit as we prioritise services and subgroups or “segments” of offenders.

Two aspects of evidence-based policy as opposed to policy-based evidence

Develop policies based on evidence

Identify and read the appropriate evidence, identify the evidence based principles and conditions, develop the policy, acknowledge limitations

Evaluate policies during implementation

Using a high quality research design

Threats to Evidence Based Policy-Making

Vested
Interests

Lack of
data

Ideological
blindness

Attraction of
anecdotes

Vs. the “evil twin”: Policy-based
Evidence-Making

What is the evidence for
sex offender treatment
effectiveness ?



THE PRINCIPLES OF EFFECTIVE CORRECTIONAL TREATMENT ALSO APPLY TO SEXUAL OFFENDERS



A Meta-Analysis

R. KARL HANSON
GUY BOURGON
LESLIE HELMUS
SHANNON HODGSON
Public Safety Canada

BMJ



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Page 1 of 11

RESEARCH

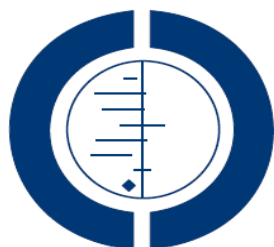
Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions

OPEN ACCESS

Niklas Långström *professor*^{1,2}, Pia Enebrink *clinical psychologist, researcher*³, Eva-Marie Laurén *senior forensic psychiatrist*⁴, Jonas Lindblom *researcher*^{5,6}, Sophie Werkö *researcher*^{5,6}, R Karl Hanson *senior research scientist*⁷

Psychological interventions for adults who have sexually offended or are at risk of offending (Review)

Dennis JA, Khan O, Ferriter M, Huband N, Powney MJ, Duggan C



THE COCHRANE
COLLABORATION®

1

[The effects of sexual offender treatment:

An international meta-analysis of sound quality evaluations

Martin Schmucker¹ & Friedrich Lösel^{1,2}

¹Institute of Psychology, University of Erlangen-Nuremberg, Germany

²Institute of Criminology, University of Cambridge

Psychological interventions for adults who have sexually
offended or are at risk of offending (Review)

Dennis JA, Khan O, Ferriter M, Hubbard N, Powney MJ, Duggan C



RCTs only, any outcome

10 studies, of which 5 had some sort of reconviction outcome,
and 2 were large scale robust reconviction studies

CBT, Behavioural and Psychodynamic

3 studies had outcome variables not now judged criminogenic



RCTs and prospective observational studies, broad reoffending outcome.

Sexual abusers of children only (adults, adolescents, children with sexual behaviour problems).

8 studies included; 5 with adult perpetrators.

**The effects of sexual offender treatment:
An international meta-analysis of sound quality evaluations**

Martin Schmaucker¹ & Friedrich Lösel^{1,2}

¹Institute of Psychology, University of Erlangen-Nuremberg, Germany

²Institute of Criminology, University of Cambridge

Meta-analysis of outcome studies with equivalent treatment and control groups (Maryland 3-5).

Outcome criterion was official measures of sexual recidivism.

28 comparisons identified.

THE PRINCIPLES OF EFFECTIVE
CORRECTIONAL TREATMENT ALSO
APPLY TO SEXUAL OFFENDERS



A Meta-Analysis

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Meta-analysis of outcome studies rated as good or weak (accepted weaker studies than Langstrom et al. or Dennis et al.). Only 5 rated as “good” design.

22 studies, recidivism outcome (incl self report).

Rated according to compliance with RNR criteria.

What do the systematic reviewers conclude about the quantity and quality of the evidence?

“The main finding of this systematic review is that there was **no evidence from any of the trials** in favour of the active intervention in a reduction of sexual recidivism”.

(Dennis et al., 2012)

“The scientific evidence was **insufficient** to determine if cognitive behavioural therapy with relapse prevention reduces reoffending. **No scientific evidence** was available to determine if [other] psychological interventions reduce sexual reoffending”.

(Langstrom et al., 2013)

What do the systematic reviewers conclude about the quantity and quality of the evidence?

“The sexual and general recidivism rates for treated sex offenders were lower than the rates observed for comparison groups... [but]

Reviewers restricting themselves to the better quality, published, studies could reasonably conclude that there is **no evidence** that treatment reduces sexual offence recidivism”

(Hanson et al., 2009)

“The analyses suggest that treatment of sexual offenders **can be effective**. Sexual offender treatment is a promising part of an evidence-oriented crime policy”.

(Schmucker & Losel, 2013).

More research is always needed...

“[There were] far fewer than the number [of studies] that would give one any confidence in the findings...Our inescapable conclusion is the need for further RCTs”.
(Dennis et al., 2012)

“Better coordinated and funded high quality studies including several countries are needed”.

(Langstrom et al., 2013)

...In this case, it seems to be essential.

“Strong studies are needed. Of the 128 studies examined, none were rated as strong. Skeptics will only be compelled to change their opinions by the strongest possible evidence”.

(Hanson et al., 2009).

“More randomized trials and high-quality quasi-experiments are needed, particularly outside of North America. In addition, there is a clear need of more differentiated process and outcome evaluations that address the question of what works for whom under what circumstances and with regard to what outcomes”.

(Schmucker & Losel, 2013)

So, what's the evidence-based position? Are we OK just to carry on?

“If the programme is of unknown efficacy, is it legitimate to detain individuals [for treatment]?... In practice, it is likely that both **pharmacological and psychological** therapies will need to be used in unison in order to obtain the greatest benefit”

(Dennis et al., 2012)

“The most ethically defensible position would be to assess the presence of treatable **risk factors**... and offer **individualised treatment**. Ensure that the model complies with the risk, need and responsivity principles”.

(Langstrom et al., 2013)

It seems not. We may need to think differently.

“Attention to the need principle would motivate the largest changes in the interventions given to sexual offenders...Consequently it would be beneficial for treatment providers to carefully review their programmes to ensure that the **treatment targets** emphasised are those empirically linked to sexual recidivism”.

(Hanson et al., 2009).

CBT may not be the most important feature of an effective approach; inclusion of **individual sessions** may produce better results (but confounded); **flexible** manuals; focus on **high risk** offenders.

(Schmucker & Losel, 2013)

Getting the Treatment Targets right



Assessing Risk for Sexual Recidivism: Some Proposals on the Nature of Psychologically Meaningful Risk Factors

**Ruth E. Mann¹, R. Karl Hanson²,
and David Thornton³**

Sexual Abuse: A Journal of
Research and Treatment
XX(X) 1–27

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of Sexual Abusers

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DOI: 10.1177/1079063210366039

<http://sajrt.sagepub.com>



Attitudes Supportive of Sexual Offending Predict Recidivism: A Meta-Analysis

**Leslie Helmus¹, R. Karl Hanson², Kelly M. Babchishin^{1,2}, and
Ruth E. Mann³**

TRAUMA, VIOLENCE, & ABUSE

00(0) 1–20

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DOI: 10.1177/1524838012462244

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We have a good understanding of what factors best predict reconviction...

Sexual interests

- Sexual preoccupation, deviant sexual interests

Attitudes and beliefs

- Offence supportive attitudes; hostile schemas

Relationships

- Lack of intimacy with adults, emotional congruence with children

Self regulation

- Impulsivity, poor problem solving, non-compliance with rules

... We are starting to think about what protects people from reoffending...

Healthy sexual
interests

Capacity for
emotional intimacy

Constructive
social and
professional
support network

Goal directed
living

Good problem
solving

Engaged in
employment or
constructive
leisure activity

Sobriety

Hopeful, optimistic
and motivated
attitude to
desistance

An Exploration of Protective Factors Supporting Desistance From Sexual Offending

Sexual Abuse: A Journal of
Research and Treatment

1–18

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**Michiel de Vries Robbé¹, Ruth E. Mann², Shadd Maruna³
and David Thornton⁴**

...And we know there are some things
that seem not to be related to
reoffending



Victim
empathy



Taking
responsibility
for offending



Contents lists available at SciVerse ScienceDirect

Aggression and Violent Behavior



How should “acceptance of responsibility” be addressed in sexual offending treatment programs?

Jayson Ware^{a,*}, Ruth E. Mann^b

^a University of New South Wales, Australia

^b National Offender Management Service, England and Wales, United Kingdom

Victim Empathy Intervention With Sexual Offenders: Rehabilitation, Punishment, or Correctional Quackery?

Ruth E. Mann¹ and Georgia D. Barnett¹

Sexual Abuse: A Journal of
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XX(X) 1–20

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Evidence-based methods for addressing criminogenic attitudes and beliefs



Beliefs about sexual offending have been found to be related to recidivism...

Offence-supportive attitudes, including **child molester attitudes** (e.g., children are not harmed by sex with adults), **pro-rape attitudes** (e.g., rape victims enjoy or deserve rape), sexual entitlement (e.g., sexual needs must be met), general assessments of the immediate, **emotional evaluation** (valence) of sexual offending (e.g., sexual offending is fun).

These beliefs may surface in relation to particular offences in the form of **minimisation of harm** (the belief that the victim was unharmed by or even enjoyed the abusive behaviour) and **victim blaming** (the belief that the victim encouraged or was responsible for the abusive behaviour).

And some beliefs about the self and the world (schemas) are also indicated, although the evidence is less extensive

A view of oneself as **disadvantaged** by events of life

A view of oneself as **dangerous, deviant,** and/or **disgusting** (because of one's sexual desires or sexual behaviours)

A **hostile attributional bias**, where the behaviour of others is habitually interpreted as hostile and malign

A belief that **children are sexual beings** who are capable of sexually mature desires and behaviour, including sexual provocation, and who are not harmed by sexual relations with adults

A belief that **the world is dangerous** and that people must attack, dominate and get revenge in order to survive it

A **need for respect** from others, which if not forthcoming must be obtained through dominance

Methods for addressing criminogenic cognitive content & process

Cognitive restructuring
Schema therapy
Empathy training

Assessment and Treatment of Distorted Schemas in Sexual Offenders

TRAUMA, VIOLENCE, & ABUSE

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Anthony R. Beech¹, Ross M. Bartels¹, and Louise Dixon¹

Abstract


The aim of this review is to examine the literature related to the assessment and treatment of sex offenders' distorted schemas. Where appropriate, the review draws upon current insights from the field of social cognition to aid in the critical evaluation of the findings. First, the review considers the various different methodologies for assessing distorted schemas, discussing their strengths and limitations. Second, the review examines the work related to the treatment of sex offenders' schemas. Suggestions for future research, and the implications for clinical practice, are highlighted in the article.

What does “cognitive restructuring” involve?


Collaboratively, therapist and client identify problematic cognitions and agree that they are problematic.



The therapist applies Socratic questioning to assist the client to evaluate the problematic cognition in terms of its rationality and evidence base.



The client is encouraged to identify rational rebuttals to the original problematic cognition,



The client is invited to consider and weigh up the evidence for both the original belief and the newly articulated rebuttal.

Cognitive restructuring:

Evidence review suggests it's “effective”

According to a survey of treatment providers in the USA, cognitive restructuring is the most common procedure adopted to change sexual offenders' cognitions (McGrath et al., 2010), although this survey relied on self-report and so could not verify that the techniques used in these programmes actually met the definition of cognitive restructuring.

Beech et al (2013) identified three studies that evaluated the impact of cognitive restructuring on sex offenders' cognitions (Bumby, 1996; Bickley & Beech, 2003; and Williams, Wakeling & Webster, 2007) and concluded that **this technique is effective** in relation to beliefs about children and sex.

But “cognitive restructuring” may be incorrectly understood in our typical treatment approach

Cognitive restructuring is not a process designed to change an offenders' account of his offence and is **not a method to push someone to take responsibility** for his offending (i.e., present his offence account without minimisation, justification or denial).


While the majority of US programmes have reported that cognitive restructuring is one of their main treatment methods, they have simultaneously reported that “taking responsibility for the offence” is one of their main goals.

What does “schema therapy” involve?


Explain the concept of schemas to the client.



Teach the client to identify and articulate their individual schemas through a process of recognising patterns in their thinking across their lives.



Teach the client self-challenge techniques, especially the need to consciously create alternative explanations and then gather evidence both for the original schema-driven interpretation as well as for alternative interpretations.



The client practices in the therapy setting.

Schema therapy:

Evidence review suggests it's "useful"

Limited research, none examining reoffending outcomes

Schema therapy seems to reduce grievance thinking (Barnett, 2011) and entitlement and suspiciousness schemas (Thornton & Shingler, 2001).

A different programme developed just for rapists (Eccleston & Owen, 2007) fared less well: the schemas held by group members were "intractable and highly resistant to change".

A randomised controlled trial (RCT) of Schema Modal Therapy for personality disordered patients in a high security hospital (Tarrier, Dolan, Doyle, Dunn, Shaw & Blackburn, 2010) reported **no statistically significant impact** on a range of schema measures

Should we move our focus from “victim empathy” to “empathy training”?

“Empathy deficits” in sexual offenders could more usefully be viewed as cognitive deficits.

That is, they arise from weaknesses across a range of cognitive processes, including weaknesses in perspective taking.

Empathy-enhancing sessions often utilise methods that are highly experiential, often involving psychodramatic activities (e.g., Mann, Daniels, & Marshall, 2002; Webster, Bowers, Mann, & Marshall, 2005).

Empathy training:

Evidence review suggests it changes attitudes

Analyses of the effects of these sessions on cognition have established that they appear to bring about reductions in offence-supportive beliefs such as attitudes that children enjoy and provoke sexual contact with adults (e.g. Pithers, 1994; Beech, Fisher & Beckett, 1998).

A move from victim to general focus
retains our strong methods but enables
more generalisation

Such experiential methods are effective approaches for challenging relevant attitudes, but, to avoid inducing shame or undermining the development of a nonoffending identity that can aid desistance from offending, as well as to avoid conflation of treatment with punishment, they should be focused on enhancing the general cognitive skill of perspective taking, rather than narrowly focused on enhancing empathy for the particular victim of a participant's offence.

Methods for improving self regulation

Cognitive skills training

Mindfulness training

What is cognitive skills training? The example of ETS

ETS: 20 two-hour sessions delivered to groups of participants by two trained facilitators.

ETS: designed to boost as problem-solving, perspective taking, empathy, impulse control, and critical reasoning.

A variety of cognitive-behavioral techniques are used including practical tasks, discussions, role-play, and games.

Facilitators are trained to make the training materials relevant to the everyday lives of the participants and to make the sessions as interactive and as little like school as possible.

More complex skills are introduced only after the basic constituent skills have been introduced. Over-learning and repetition enables the assimilation of these new skills.

WHO BENEFITS FROM COGNITIVE SKILLS PROGRAMS?

Differential Impact by Risk and Offense Type

ROSIE TRAVERS

RUTH E. MANN

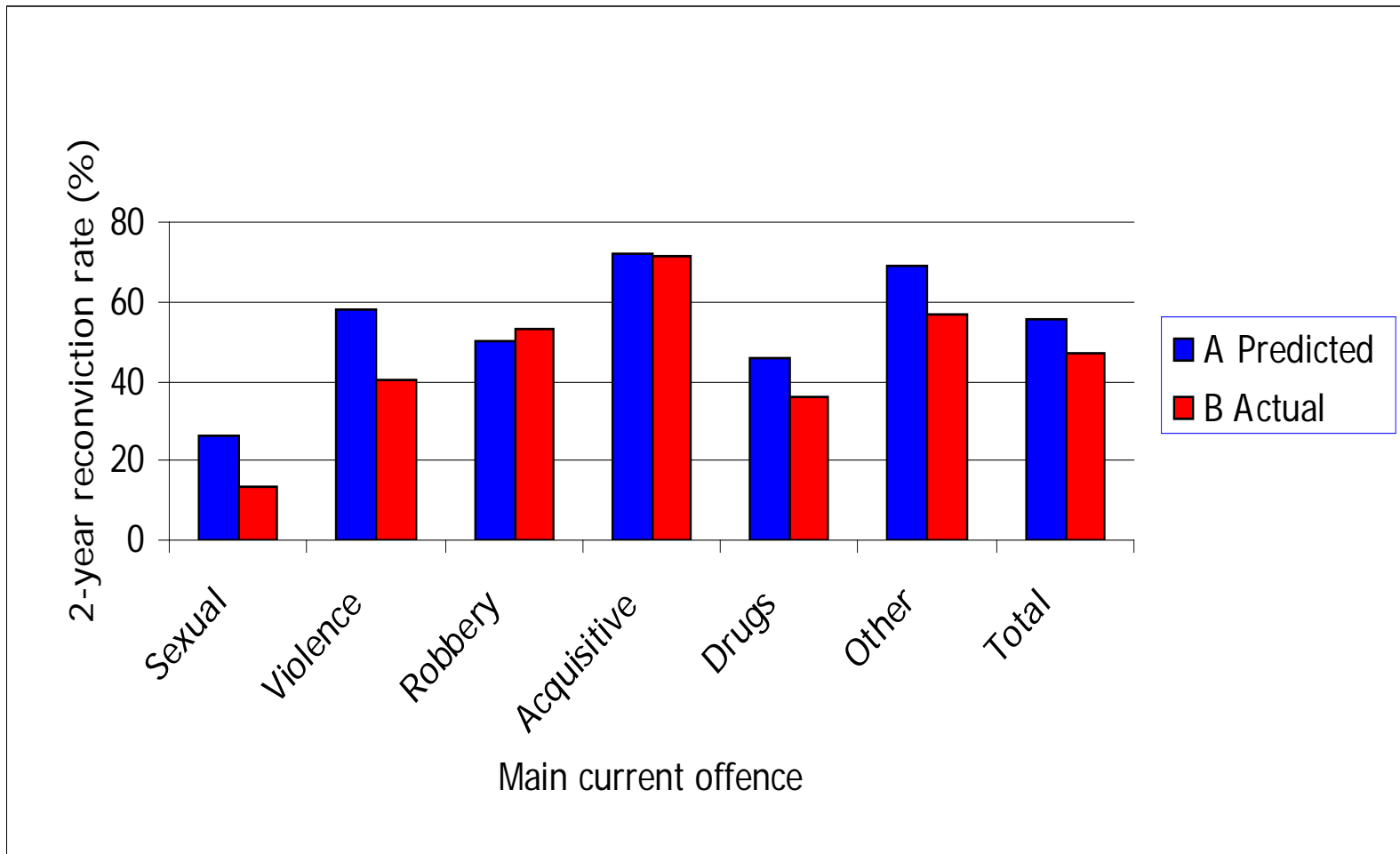
National Offender Management Service

CLIVE R. HOLLIN

University of Leicester

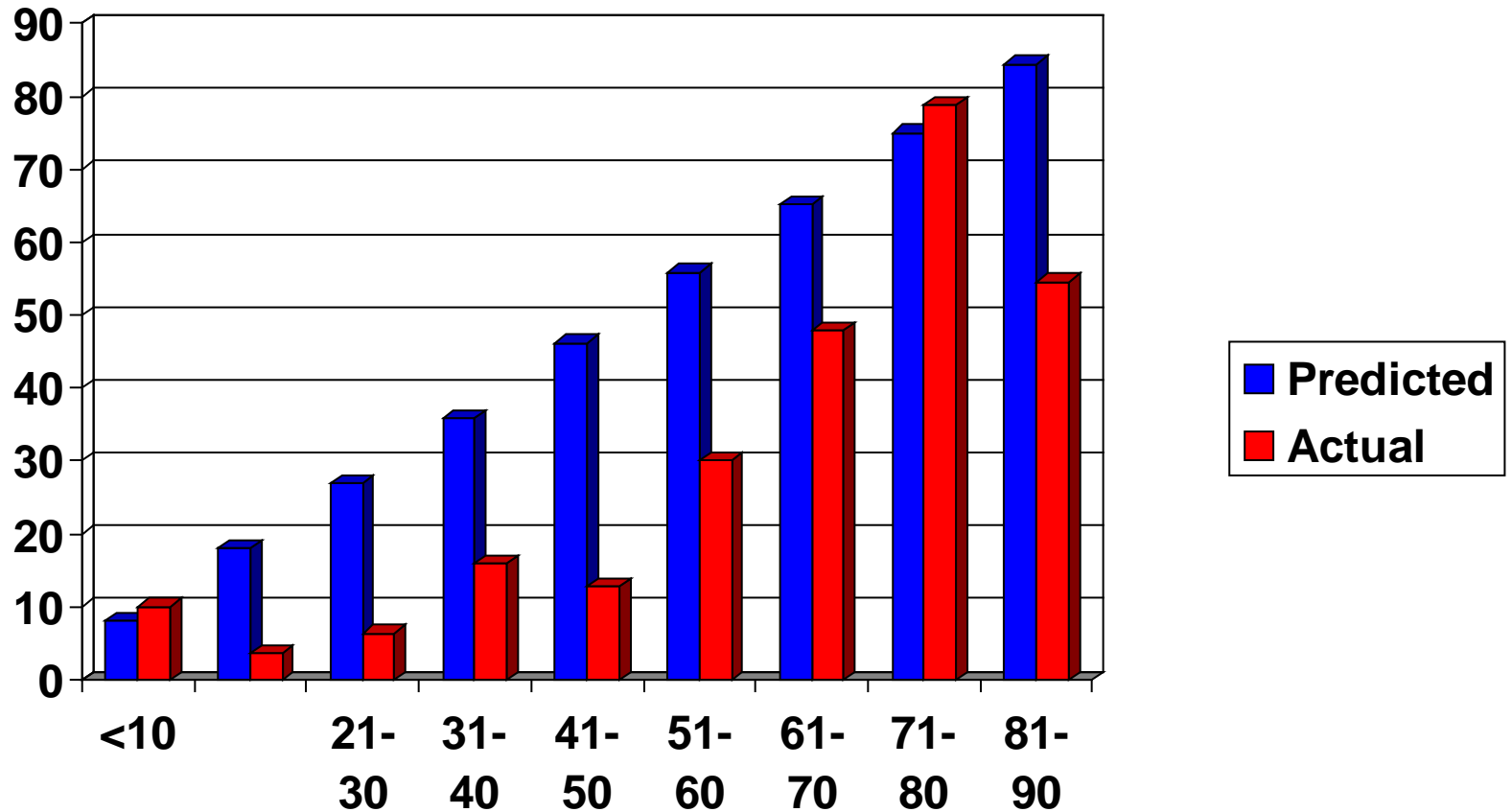
Criminal Justice and Behavior, September 2014

We found differential responses to ETS according to nature of index offence



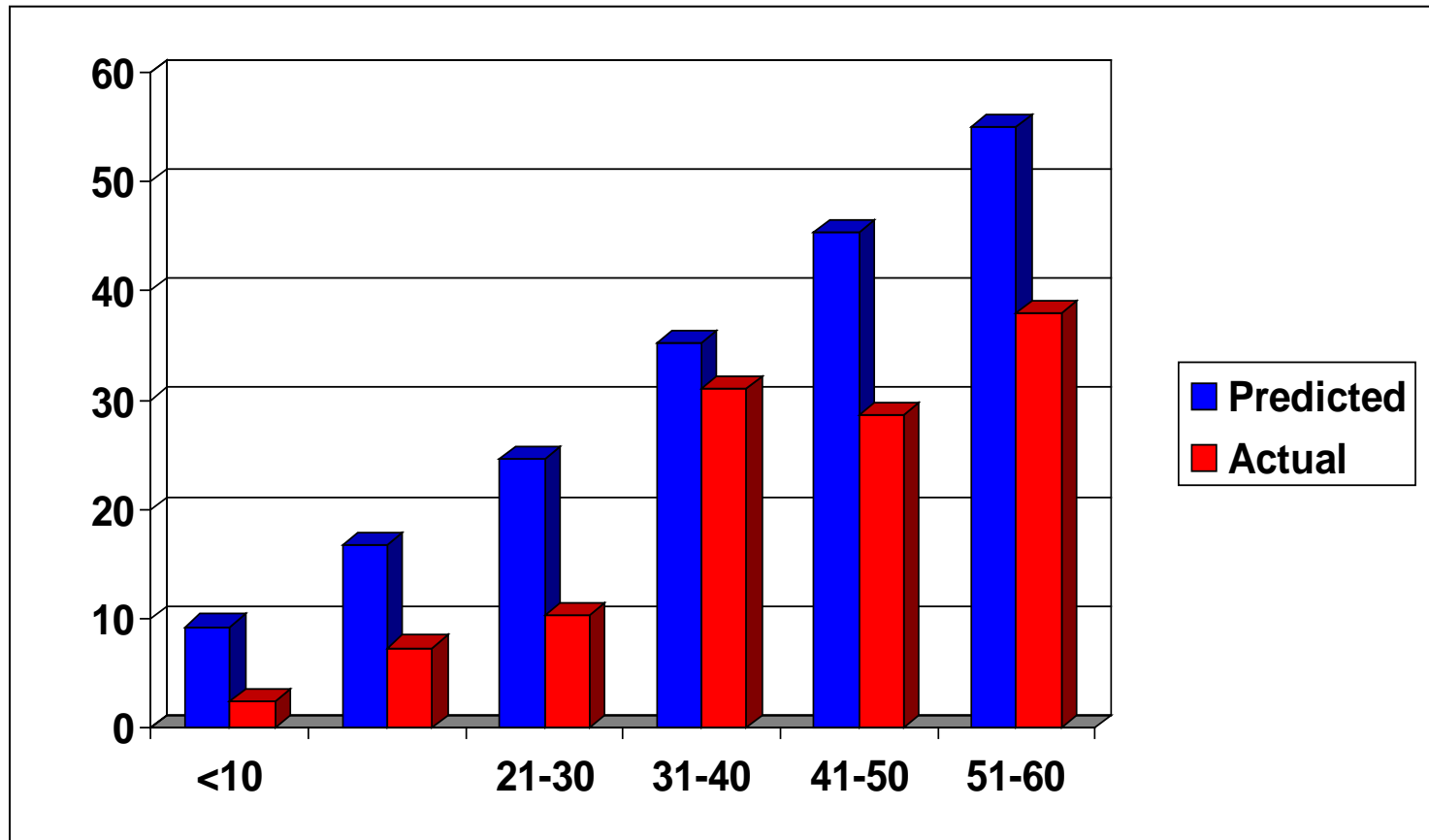
ETS in custody 2000-2005, for adult males. N = 21,373

Reoffending after ETS – sexual offenders with adult victims



Sex offenders in custody, 2000-2005, N = 589

Reoffending after ETS – sex offenders with child victims



Sex offenders in custody, 2000-2005, N = 1235

The diagram consists of two blue triangles pointing upwards. The left triangle is labeled 'CAVEATS' at its base and contains four light blue rounded rectangular boxes with black text. The right triangle is labeled 'STRENGTHS' at its base and contains two light blue rounded rectangular boxes with black text.

No sexual
offence
specific
information

Unusual for sex
offenders to
complete ETS
only– Denial
may be the
protective
factor?

Small n,
especially at
higher risk
levels

Not a
prospective,
matched, study;
no comparison
group.

CAVEATS

Real world
delivery

Consistent
with
Robinson,
1995.

STRENGTHS

If ETS did reduce sexual reoffending, what can we learn from this?

No need for an
offence focus?

Teaching skills is the
most important
thing?

Better for an
intervention to avoid
implying a sex
offender identity?

Let's look at some other approaches that fit these principles

Mindfulness training

Aggression and Violent Behavior 17 (2012) 333–343



Contents lists available at [SciVerse ScienceDirect](#)

Aggression and Violent Behavior



Treating disturbed emotional regulation in sexual offenders: The potential applications of mindful self-regulation and controlled breathing techniques

Steven M. Gillespie^a, Ian J. Mitchell^a, Dawn Fisher^b, Anthony R. Beech^{a,*}

^a School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK

^b St Andrews Healthcare, Stirchley, Birmingham B30 2XR, UK

The case for mindfulness training is mainly theoretical...

Negative emotional states can lead to disturbances in individuals' ability to control sexual behaviours.

Teaching mindfulness techniques to those convicted of sexual offences can change prefrontal activity and improve heart rate variability, reducing anxiety and worry and improving emotional control.

Training in mindful breathing meets the criteria for responsive treatment – it is a physical rather than cognitive activity, it does not require introspection, and it produces immediate benefits in terms of a subjective sense of well-being.

But review of the early evidence suggests there's an impact on criminogenic factors

Tested variants
with psychiatric
and forensic
samples

- meditation on the soles of the feet
- controlled breathing with biofeedback
- mindful observation of thoughts

Early studies
suggest impact
includes

- Enhanced frontal/amygdala functioning
- Decreased anger & hostility
- Increased emotional regulation
- Decreased anxiety and worry
- Improved affect labelling

The “wise intervention” literature offers important evidence-based principles about intervention design



The New Science of Wise Psychological Interventions

Gregory M. Walton
Stanford University

Current Directions in Psychological
Science
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What are “wise interventions”?

Wise interventions draw on a long tradition of research (e.g., Dimidjian et al., 2006; Lewin, 1952; McCord, 1978). But they are novel in that they **are psychologically precise**, often **brief**, and often aim to **alter self-reinforcing processes** that unfold over time and, thus, to improve people's outcomes in diverse circumstances and long into the future. By changing the self over time, many wise interventions go beyond simple “nudges”—changes to a specific situation or decision framework to encourage better behavior in that context (Thaler & Sunstein, 2008). Wise interventions are **special remedies for social problems** and afford important implications for theory.

“Do Good Be Good” – a wise intervention principle that fits with the desistance literature on identity

Psychology, Crime & Law, 2014

Vol. 20, No. 9, 902–920, <http://dx.doi.org/10.1080/1068316X.2014.888429>



Accumulating meaning, purpose and opportunities to change 'drip by drip': the impact of being a listener in prison

Christian Perrin* and Nicholas Blagden

*Sexual Offences Crime and Misconduct Research Unit, Division of Psychology,
Nottingham Trent University, Nottingham, UK*

(Received 8 February 2013; accepted 20 December 2013)

Established in 1991, the Listener scheme, regulated by the Samaritans, is currently the best-established peer support scheme in place to help reduce suicide in prisons. Each prison Listener team is comprised of a group of inmate volunteers who provide face-to-face emotional support to their peers. Although the scheme has been in operation for over 20 years, empirical research on the scheme is limited. A deeper understanding of how being a Listener affects prisoners' attitudes, beliefs, emotions and experiences of imprisonment is needed. The present study is a qualitative analysis on the experience of being a Listener and the impact it has on individuals and their prison experience. Interviews were analysed using interpretative phenomenological analysis. The analysis revealed two main superordinate themes: 'Listening and Personal Transformation' and 'Countering Negative Prison Emotions'. These themes are unpacked and the analysis focuses on their implications for desistance and offender reform. Results suggest that prisoners who adopt Listener roles experience profound internal changes, shifts in self-identity and gain meaning and purpose from prison. Implications for how such schemes may be utilised in the future and suggestions for further research are offered.

Keywords: desistance; rehabilitation; prison inmates; offending behaviour; peer support

Five Minutes Daily – a wise intervention that improves goal setting

SUCHT, 57 (3), 2011, 203–214

Themenschwerpunkt

Fünf Minuten täglich: Kompass –
eine stationäre Kurzintervention für
junge Cannabis-/Partydrogen-
patienten nach dem „Bonner Modell
– Junge Sucht“

Wolfgang Dau¹, Axel Schmidt¹, Alexander F. Schmidt², Tatjana Krug¹,
Stefanie E. Läßle¹ und Markus Banger¹

Conclusion 1

The evidence for our current approach to treating sex offenders is not strong in quality or quantity. The evidence that we do have is not convincing enough.

Conclusion 2

A constant theme from the systematic reviews is that we need to get our treatment content more firmly fixed on what we know to be criminogenic needs for sexual offenders.

Conclusion 3

“Evidence-based”
means precise
targeting, strong
theory of change, wise
methods, appropriate
dose, and a
demonstrated impact.

Thank you

Ruth.Mann@noms.gsi.gov.uk

@Ruth_E_Mann