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CORRESPONDENCE: Opinion – The Sex Offender Freeze Frame Treatment Technique: A Comment on Larin (2013)

In this article, Larin (2013) presents a therapeutic technique, the "Sex Offender Freeze Frame Treatment Technique" (SOFFTT), as a structured method of addressing aspects of the offending cycle within sexual offender treatment with persons with developmental disabilities. According to Larin, SOFFTT is derived from theatrical performance art and involves the collaboration of therapist and client to develop a model of the offense process in the form of a series of pictures representing the offense itself, what the person was thinking and feeling at the time of the offense, as well as any cognitive distortions and lack of empathy that may have been involved. In addition, the technique also purports to focus on increasing the client's awareness of factors that led to the offense through the exploration of victim empathy, cognitive distortions, denial, exit strategies, and relapse prevention, and proposes a psychodynamic approach to treatment.

There are a number of serious concerns with the technique proposed by Larin. Importantly, a principal concern is that the SOFFTT technique is neither founded in theory nor evidence-based, and is founded on a single case study. While it is recognized that case studies can serve to advance the field, particularly one as under-studied as individuals with intellectual disabilities who engage in sexually concerning behaviours, this article appears to be based on the opinion of the author rather than a review or analysis of existing research, theory, models, and approaches to the treatment of sexual offenders. In fact, much of what Larin proposes as objectives of treatment is contrary to current research and evidence-based practice, such as the lack of effectiveness of relapse prevention with sexual offenders (e.g., Laws, 2003; Yates, 2007; Yates & Ward, 2007) and the absence of a link between empathy and reduced reoffending, and targeting denial in treatment (Yates, 2009). The present article provides a brief response and considerations for clinicians with respect to this article and the SOFFTT technique which Larin advocates.

To begin, the SOFFTT technique is neither grounded in current theory nor supported by research in a number of areas. Specifically, the article leaves the reader with the impression that this technique is appropriate for use with all individuals with different forms of intellectual disability who engage in a range of sexually concerning behaviours. This approach is inconsistent with the risk/need/responsivity approach to intervention (Andrews & Bonta, 2010), which recommends delivering and adapting treatment in a style and mode that is consistent with the risk, criminogenic needs/dynamic risk factors, and abilities and learning styles of individual offenders. Much research has been conducted, including with sex-

ual offenders, indicating that, in order for treatment to be successful, it should adhere to these principles (e.g., Hanson, Bourgon, Helmus, & Hodgson, 2009; for a review, see Yates, 2013). That is, treatment should be tailored to the level of risk posed by the individual, target established criminogenic needs, and be responsive to individual differences in treatment receptivity. There is no research suggesting that the latter approach should not be adopted in the treatment of offenders with developmental disability. As such, advocating a specific technique for all offenders, as Larin does, is not consistent with these principles. Larin makes no reference to the application of the technique based on risk levels and, more importantly, advocates targeting factors that are not established in research to be associated with risk or recidivism (see below). In addition, by advocating a visual task for all offenders, as well as the complexity of the SOFFTT technique, does not adhere to these principles, specifically, the responsivity principle, nor does this take into account individual differences among offenders. That is, this task would not suit the learning styles of many people with intellectual disabilities, even those in the mild range, due to its level of complexity and abstract nature. For example, it would be difficult for many offenders to generalize what is depicted pictorially on cards to their actual behaviour. Furthermore, Larin himself admits that the SOFFTT task is designed for individuals who at best have mild disability, although without a stated rationale, but then leaves the impression that this technique can be used with all offenders with intellectual disability, without due consideration of individual responsivity factors that would influence individuals' ability to utilise the technique. It is clear in reviewing the technique that it would be overly complex for the majority of offenders, and particularly for offenders with intellectual disability. Nor has Larin provided a rationale with respect to why this intervention would be preferable to existing programs that adapt to meet the needs of offenders with intellectual disability.

In addition to the above, Larin proposes that the primary use of the SOFFTT technique is to develop insight into offending behaviour, to overcome denial of offending, and to develop victim empathy. However, neither denial nor victim empathy is associated with sexual or non-sexual reoffending in meta-analytic research (Hanson & Morton-Bourgon, 2005; see Yates, 2009, 2013 for a review), nor is there any research evidence to suggest that raising awareness or developing insight, in the absence of behavioural and cognitive techniques, functions to reduce reoffending, yet these are the primary foci of the SOFFTT technique. As such, the use of this technique does not adhere to established principles of effective intervention by targeting known risk factors for recidivism and by its focus on factors unrelated to sexual offending, contrary to research. In fact, the strong focus of this technique on helping the person who has engaged in sexually concerning behaviour to explore the thoughts and feelings of the victim might actually increase the risk of reoffence for certain people who engage in sexually concerning behaviours, as they might potentially find this exercise to be arousing. More specifically, those who are aroused by the suffering of others or cues of non-consent or coercion may find a discussion focusing on their victim's emotional reactions to be sexually exciting. Leaving a therapy session in such a state of arousal is not in keeping with the goal of risk reduction, and potentially poses an immediate risk.

Larin also advocates the procedure of writing "victim letters," a practice that has been abandoned by virtually all credible treatment programs as unnecessary and ineffective, particularly in light of the absence of a relationship between victim empathy and offending behaviour, and the potential to be detrimental to the victim's healing process. Even if not delivered to the victim(s), which would require the consent of the victim and his or her therapist, there is no research support for this technique which has been abandoned by most credible treatment programs.

Finally, the SOFFTT technique is based on the relapse prevention (RP) model and its attendant strategies. Relapse prevention was originally developed in the addictions field by Marlatt and Gordon in 1982 and later adapted by Pithers and colleagues in 1990 for application to sex offenders. A number of researchers, beginning in the mid-90s, began questioning the value of the use of relapse prevention with people who engage in sexual offending behaviour (Hanson, 1996; Laws, 2003; Marshall & Anderson, 1996; Yates, 2003; Yates, 2005; Yates & Kingston, 2005). There is an absence of research on the effectiveness of relapse prevention in its application to sex offenders, and its use is no longer supported in

sexual offender treatment. This method of treatment has predominantly been replaced by cognitive-behavioural approaches, as well as the Good Lives Model (GLM) of offender rehabilitation (Ward & Gannon, 2006; Ward & Stewart, 2003) and the Self-Regulation Model (SRM) of the offense process (Ward & Hudson, 1998, 2000) which were combined into an integrated treatment approach by Yates and colleagues (Yates, Prescott, & Ward, 2011; Yates & Ward, 2008). The GLM is a strengths-based, positive and motivational approach with the goals of attaining a fulfilling life and managing risk through the identification of life goals, a good life plan, as well as the development of the capacity to achieve that plan (Yates, 2012). The integrated GLM/SRM has a number of foci, including assisting the individual to build the capacity to achieve their primary life goals and to manage risk of reoffending based on the identification of their offense pathway (Yates, 2012). However, Larin misinterprets the Good Lives Model as being focused on "coping," which it is not. (As an aside, the reader of Larin's paper should not be left with the impression that the Good Lives Model was developed by the National Institute of Corrections, 2011. The primary source is Ward, Yates, and colleagues (Ward & Gannon, 2006; Ward and Stewart, 2003; Yates, Prescott, & Ward, 2010; Yates & Prescott, 2011)).

In summary, at best, the SOFFTT technique is likely to result in the expenditure of treatment resources toward factors unrelated to recidivism risk and, at worst, to potentially increasing risk. This is exacerbated by the psychodynamic focus of the method of treatment advocated by Larin, which has been shown to be ineffective in reducing reoffending among sexual offenders (see Yates, 2003).

In conclusion, while innovative approaches to the treatment of sexual offenders are important to advancing the treatment of sexual offenders, and while individual case studies can provide ideas for future research, the SOFFTT technique proposed by Larin (2013) is not consistent with contemporary research in the treatment of sexual offenders, does not reflect current best practice, theory, and models of sexual offending and sexual offender treatment, and misrepresents or misinterprets a number of key constructs of the Good Lives Model (Ward & Stewart, 2003; Yates & Ward, 2008; Yates et al., 2010). Its use, therefore, should be approached with caution.

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