

# NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

*An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.*



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Dear Colleague,  
In our field, we have worked hard to collaborate with victim advocates to ensure that we have a "victim centered approach" to responding to sexual abuse. But our success depends on intervening appropriately and effectively with a wide range of different youth. We must ensure that our interventions do not harm victims or those who abuse. Failure with the latter only increases the risk to future victims.

This month's research paper looks at the impact of our interventions and challenges us all to consider those interventions which may have a negative impact upon our clients. This relatively new research extends the idea of "do no harm" beyond just the victims to include the children and adolescents who sexually abuse. If our work is to prevent future sexual violence and help these children and teens grow into healthy adults, we need to ensure that we are helping them grow into adults with the capacity to have healthy relationships and a healthy sexual life.

## Do No Harm

by Steven Bengis, David S. Prescott, and Joan Tabachnick

### Question

Are there psychotherapy interventions and treatment approaches that not only fail to stop sexual violence and build better lives but actually make things worse? We believe we have an ethical obligation to identify approaches that cause harm to our clients.

### The Research

In 2007, Scott O. Lilienfeld examined psychotherapy interventions in the general population that were known to have a harmful effect. He examined the methodological obstacles to identifying these potentially harmful treatments and provides a thoughtful approach to addressing this issue. This is a relatively recent discussion in the field and even the recently published American Psychological Association's report on evidence-based practice fails to mention explicitly the problem of potentially harmful treatments. Lilienfeld acknowledges both therapist-based (e.g., warmth, genuineness) and model-based reasons for therapeutic success even as he identified meta-analytic results showing that 29% of studies of therapies administered to adolescents for behavior problems produced negative findings. Some examples of potentially harmful treatments Lilienfeld identifies include: scared-straight, facilitated communication with autistic children, "holding" therapies for attachment issues, recovered memory techniques, boot camps, and expressive/experiential therapies for some clients (e.g., encouraging the expression of pent up anger in violence prone clients).

### Implications for Professionals

Most therapists develop therapeutic approaches that stem from their training and resonates with their beliefs and personalities. Over time, studies have indicated whether such approaches work well with

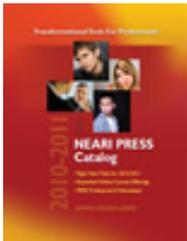
We hope you enjoy the article and we hope you also grapple with these important issues.

As always, we welcome your feedback. And if you want us to examine a particular issue, please let us know.

Sincerely,

Joan Tabachnick and Steven Bengis

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## FEATURED NEARI RESOURCE

Engaging Bystanders in Sexual Violence Prevention  
by Joan Tabachnick

This FREE course is a collaborative project between NEARI Press and the National Sexual Violence Resource Center and funded through the Centers for Disease Control and Prevention. Bystander work is gaining momentum as a valuable and often overlooked primary prevention strategy. Please take a look at the course and feel free to share this information with those in your community who are interested in this kind of resource.

The newly released *Engaging Bystanders in Sexual Violence Prevention* Online Course

certain types of clients. Importantly, Lilienfeld points out that the research about the types of therapy approaches that are harmful is relatively recent and not very widespread.

Over the past decade, professionals have increasingly come to understand that sexual abusing is a behavior and not a disorder in itself. The related and co-morbid disorders that clients bring into treatment can require dramatically different therapeutic approaches. Also, we have learned that certain techniques make things worse, especially when applied to the wrong client. Some examples of potentially problematic treatment in our field include:

- Confrontational or scared straight techniques
- Sexual-abuse cycle work with youth who lack the life experience even to have an established cycle
- Manual-based techniques relying on written assignments for clients with severe learning disabilities (which may be anywhere from 40-80% of those who abuse sexually)
- Group interventions with certain severely traumatized, mental health or developmentally disordered clients whose ability to function in groups is tenuous
- Talk therapies with clients with severe auditory processing disorders

As our understanding of the complexity of sexual abuse treatment grows, so does our obligation to comprehensively assess clients and use the results to select the most appropriate research-based interventions. As professionals, we need to actively seek out the research about potentially harmful treatments, and stop using interventions that may make our clients regress, deteriorate, or fail to progress. Poorly crafted interventions can result in the client's developing adversarial attitudes, poor motivation, or inadequate commitment to their treatment. Lilienfeld's finding remind us that just as we can make things better, we can also make them worse.

### Implications for the Field

For years, the gold standard of abuse-specific treatment was a confrontational style of cognitive-behavioral therapy administered within a group setting run by male and female co-therapists supported by arousal reduction techniques. Until relatively recently, those questioning the relevance of these approaches were too often dismissed. Lilienfeld's paper suggests that a one-size-fits-all approach using harsh confrontation in styles mismatched to the needs of clients can cause harm. To ensure that professionals don't make the same mistake again, particularly when treating those with neurological and mental health problems, severe learning disabilities, trauma, etc.), our field must be willing to engage in dialog about which interventions help and which cause harm. Given the inherent controversies in our work, we must be willing to acknowledge our mistakes and stop those interventions when research supports that conclusion.

provides a quick (one hour), interactive tutorial on research, concepts, tools, and methods on effective bystander intervention. The online course is based upon an NSVRC publication by the same name released in 2008.

You can access the course through NEARI or view more information about it through NSVRC.

NEARI Link: <http://training-center.neari.com/training-center>

NSVRC Link: <http://www.nsvrc.org/elearning/3546>



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About the Editor:  
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[David Prescott website](#)

An internationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and

## Abstract

The phrase *primum non nocere* ("first, do no harm") is a well accepted credo of the medical and mental health professions. Although emerging data indicate that several psychological treatments may produce harm in significant numbers of individuals, psychologists have until recently paid little attention to the problem of hazardous treatments. I critically evaluate and update earlier conclusions regarding deterioration effects in psychotherapy, outline methodological obstacles standing in the way of identifying potentially harmful therapies (PHTs), provide a provisional list of PHTs, discuss the implications of PHTs for clinical science and practice, and delineate fruitful areas for further research on PHTs. A heightened emphasis on PHTs should narrow the scientist-practitioner gap and safeguard mental health consumers against harm. Moreover, the literature on PHTs may provide insight into underlying mechanisms of change that cut across many domains of psychotherapy. The field of psychology should prioritize its efforts toward identifying PHTs and place greater emphasis on potentially dangerous than on empirically supported therapies.

## Citation

Lilienfeld, Scott. Psychological Treatments that Cause Harm. (2007). *Perspectives on Psychological Science*, 2, 53-70.

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## Questions/Feedback

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providing residential treatment to youth. He is a Past President of ATSA and is currently Clinical Director for the Becket Programs of Maine, overseeing inpatient and outpatient services for juveniles.