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INTRODUCTION

- There have been few published evaluations of treatment programmes for firesetters. Those evaluations that have been published are either case studies (e.g., Clare, Murphy, Cox, & Chaplin, 1992) or have small sample sizes (e.g., Swaffer, Haggott, & Oxley, 2001; Taylor et al., 2002; 2004).
- Difficult to draw meaningful conclusions.

TWO NEW SISTER PROGRAMMES

- The FIPP and FIP-MO are standardised – yet highly flexible – treatment programmes for adult firesetters.
- The programmes are primarily cognitive behavioural.
- Underpinned by contemporary theories of offender rehabilitation
  - The Risk Need Responsivity Model (Andrews & Bonta, 2014)
- As well as the latest comprehensive theory of firesetting – the Multi-Trajectory Theory of Adult Firesetting (Gannon et al., 2011).
- The FIP-MO is for use with both male and female mentally disordered firesetters, while the FIPP is for use in prisons.
- The original evaluations of these programmes were undertaken to examine their effectiveness in reducing key treatment targets/deficits associated with firesetting.

ORIGINAL FIPP EVALUATION

(Gannon et al., 2015)

- 54 male prisoners referred for FIPP treatment.
- Psychologically assessed at:
  - baseline
  - immediately post treatment
  - 3 months post treatment
- Compared to Treatment as Usual group (n=45), the FIPP programme significantly improved firesetting prisoners’:
  - Problematic fire interest and associations with fire
  - Attitudes towards violence
  - Antisocial attitudes
- All key improvements maintained at three month follow up.

ORIGINAL FIP-MO EVALUATION

(Tyler et al., 2018)

- 52 male and female patients complete FIP-MO treatment.
- Psychologically assessed at:
  - baseline
  - immediately post treatment
- Compared to Treatment as Usual group (n=40), the FIP-MO programme significantly improved firesetting patients’:
  - Self-reported interests, beliefs and attitudes about fire
  - Anger expression
- Effect size calculations showed that the treatment group made larger pre-post treatment shifts on the majority of outcome measures compared to the Treatment as Usual group.

UPCOMING EVALUATION

- Initial evaluations only focused on short-term treatment gains.
  - Not possible to draw any conclusions about long-term benefits from engaging in these specialist treatment programmes as evidenced by actual behavioural change (e.g., reduction in firesetting and fire risk-related behaviours).
- The proposed study aims to extend previous research in two ways:
  1. Conducting the first ever longitudinal examination of the effectiveness of specialist treatment for adult deliberate firesetters (i.e., the FIPP and the FIP-MO)
  2. Examining any differences in treatment outcomes when the specialist treatment programmes are delivered in a group versus individual format (i.e., one-to-one).

REFERENCES


