Better Lives Booster and Adapted Better Lives Booster Sex Offender Treatment Programme
UK

Type of intervention

Prison

Group Work

Target group, level of prevention and sub-groups:

Tertiary prevention

(Potential) Offenders

Young Adults (18-20 Years), Adults (21 Years +) | Interventions for Those with Disabilities |Male | Prison, Group Work | English

Target population

Men aged 18 years and over with a conviction for a contact, or attempts at a contact, sexual offence who are medium, high or very high risk of reconviction according to an RM2000 and who have an IQ over 80. There is also an adapted programme available for men with intellectual disabilities. Low risk sexual murderers are also placed into this programme. Men should have previously successfully completed primary treatment (for example the Core Sex Offender Treatment Programme, SOTP, or the Becoming New Me programme) and any relevant secondary treatment (for example Extended SOTP or Healthy Sex Programme, HSP).

Delivery organisation

National Offender Management Service (England and Wales)

Mode and context of delivery

The Better Lives Booster (BLB) programme is available in two versions. The BLB is for non-intellectually disabled sexual offenders and the Adapted BLB (ABLB) is for intellectually disabled sexual offenders.

The treatment method is broadly cognitive-behavioural. That is, methods aim to intervene in the pathway to offending by restructuring attitudes that support or permit sexual offending and changing previous dysfunctional behaviours by

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building new skills and resources. The BLB and ABLB are group based treatment approaches for nine (BLB) or eight (ABLB) adult male sexual offenders in custody settings.

The BLB/ABLB Programme is an accredited treatment programme. As such, all providers of the BLB/ABLB programme are subject to audit procedures. The purpose of audit is to ensure that the programmes are being delivered as intended, both operationally and clinically. Operationally, audit ensures that programmes receive appropriate management support and attention, that delivery is not compromised by insufficient resources, that staff are supported and that assessments and other paperwork are completed in an appropriate and timely way. The clinical assurance process ensures that the quality of treatment delivery is in line with expectations. Each programme is rated against two criteria: the quality of delivery of the programme and the quality of treatment management. The process involves examination of treatment documents such as "products" (work completed by participants) and logs and reports by programme staff; viewing at least three recordings of sessions and examining the supervisor's records, such as observational notes and supervision records.

Level/Nature of staff expertise required

The SOTPs are designed to be delivered by "para professional" staff, for example prison officers, education officers and assistant psychologists. Suitability for this work is competency based, not based on professional qualifications/ background. All staff working on sex offender programmes in custody undergo a nationally-prescribed comprehensive selection process followed by residential training during which their understanding, competencies and abilities will be assessed. Staff must first be assessed as suitable to become a facilitator. This will involve completion of various psychometric assessments and interviews with local managers. They then have to pass an assessment centre. Those who are successful will attend training in the fundamental skills associated with working with sexual offenders and then the BLB programme specific training. Those staff who pass the training will provide treatment under the supervision of a Treatment Manager or designated supervisor at all times.

Intensity/extent of engagement with target group(s)

BLB provides approximately 80 hours of treatment. It is only available in custody settings. It is available in two versions; high intensity and low intensity. The high intensity version should be delivered from 2 – 3 sessions per week within the final 12 months of a sentence, as it aims to prepare the offender for release. The low intensity version is intended to act as a 'top up' treatment approach for men who are serving long sentences. BLB is a group work intervention for nine men. The programme is a fixed programme; group members start and finish treatment at the same time.

- Low intensity programme is delivered once a week
- Group work intervention for nine men

The Adapted programme is a fixed programme that provides approximately 95 hours of treatment. It is a group work intervention for eight men. It is only available in custody settings. It is available in two versions; high intensity and low intensity. The high intensity version should be delivered 2 – 3 sessions per week. The high intensity version should be delivered within the final 12 months of a sentence, as it aims to prepare the offender for release. The low intensity version is intended to act as a top up treatment approach for men who are on long sentences. The programme is a fixed programme

Description of intervention

Treatment targets and methods by block of the BLB and ABLB programme.

Pre-treatment:

All group members undertake an individual session with a psychologist or facilitator. Here the areas identified as needing practice from the previous treatment programmes will be discussed. The aim is to collaboratively formulate an individualised treatment plan for each offender, which he can work on in the treatment group.

Block One: Understanding offending:

The aim of this block is for group members to review their offending account, contributory factors and treatment needs. The Good Lives Model is introduced and men review Life goals from previous programmes and set personal approach goals for the future.

Methods include presentations by group members followed by discussion facilitated by Socratic questioning and presentations and guided learning by facilitators.

Block Two: Better feelings:

The aim of this block is to review treatment target areas linked to emotions including emotional control, expressing emotions, inadequacy factors (low self-esteem, loneliness and external locus of control) and emotions associated with grievance thinking (anger, suspiciousness and paranoia). This is referred to as "stinking thinking" on the Adapted version of the programme. Each group member is then given opportunity to practice applying skills to current problems associated with these treatment targets. Group members work on the treatment targets relevant to them, as identified in their Structured Assessment of Risk and Need (SARN).

Methods include discussion facilitated by Socratic questioning, analogy and using case examples to provide the basis for exploring issues. Practice sessions include role-play, presentations, feedback (peer and facilitator) and discussion.

Block Three: Better Relationships:

The aim of this block is to review the skills needed to form successful adult relationships. Also to review the factors that can block successful intimacy including dysfunctional attitudes to women and children. An application of skills, to their current situations if possible, are then practiced by group members. Group members work on the treatment targets relevant to them, as identified in the SARN.

Methods include small group discussions and presentations and analogy using case examples facilitated by discussion. Practice sessions use role-play, presentations, feedback (peer and facilitator) and discussion.

Block Four: Better Sexual Attitudes (Better thinking about sex):

The aim of this block is to review learning about dysfunctional sexual attitudes, including adversarial attitudes to women, sexual entitlement and offence supportive attitudes (to rape and child offending) and healthy/unhealthy (OK/ not OK) sexual behaviour and fantasy. The role of sex, including pornography, is discussed. Another aim is to train urge management skills through Socratic learning. Application of skills is practiced with group members working on treatment targets relevant to themselves.

Methods include group exercises using attitude card statements, discussion and training of urge management techniques through Socratic learning. Practice sessions use role-play, feedback (peer and facilitator), presentations and discussion.

Block Five: Better Life:

The aim of this block is to develop a plan for an offence free and fulfilling life. Personal goals are reviewed and set for the future. Individual risk factors (risky things) are reviewed and coping strategies (tactics) practiced. There is also a Release Planning (high intensity version only) and Support session.

Evaluation

Maintenance interventions have been important in both maintaining gains achieved during primary treatment and enhancing treatment effects (Tolan, Gorman-Smith, & Schoeny, 2009). In fact, some studies (with young people) have found overall treatment effects only for those conditions exposed to booster sessions (Botvin, 2000; Metropolitan Area Child Study Research Group, 2002; Tolan et al., 2009). In spite of the promise of maintenance sessions, few studies on maintenance effects have been conducted (Eyberg, Edwards, Boggs, & Foote, 1998; Tolan et al, 2009). The study of maintenance effects is challenged by the conflicting treatment aims, lack of standardised implementation, varied content of the intervention and the personal characteristics of the individual. Despite various methodological issues, several articles have cited reduced recidivism for men who participated in a maintenance programme. The research in this area is focused on non-intellectually disabled sexual offenders (there are no reported studies on men with intellectual disability).

Gordon and Packard (1998) found that sexual offenders released from a prison treatment programme who received follow-up sex offender treatment along with community correctional supervision reoffended at a statistically significant lower rate than those who received supervision alone.

McGrath and colleagues (2003) retrospectively examined the recidivism rates of 195 sexual offenders who either completed (*n* = 56), had some (*n* = 49), or refused (*n* = 90) a maintenance component. They found that the sexual recidivism rates for men who had completed a maintenance programme (5.4%) to be lower than those who refused (30%). The authors concluded that community aftercare was important and that the longer an individual participated in aftercare services, the less likely overall they were to sexually reoffend.

References

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