Extended Sex Offender Treatment Programme UK

Type of intervention

Prison

Group Work

Target group/s, level/s of prevention and sub-group/s:

(Potential) Offenders

Tertiary prevention

Adults (21 Years +) | Male | Prison, Group Work | English

Target population

Males aged 18 years and over with a conviction for a contact or an attempted contact sexual offence, who have a high or very high risk of reconviction according to an RM2000 and have an IQ over 80. Low risk sexual murderers are also placed into this programme. Offenders must have successfully met the treatment goals of the Core Programme (or equivalent) and have been recommended to complete the Extended Programme.

Delivery organisation

National Offender Management Service (England and Wales).

Mode and context of delivery

The treatment method is broadly cognitive-behavioural, i.e. methods aim to intervene in the pathway to offending by (1) restructuring attitudes that support or permit sexual offending and (2) changing previous dysfunctional behaviours by building new skills and resources. This is a group based treatment approach for nine adult male sexual offenders in custody settings.

The Extended Programme is an accredited treatment programme. As such, all providers of the Extended 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: (1) the quality of delivery of the programme and (2) the quality of treatment management. The QA 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. Those who are successful will attend training in the fundamental skills associated with working with sexual offenders and then the Core Programme specific training. Experienced Core SOTP facilitators are eligible to apply to become Extended Programme facilitators once they have a proven track record of good delivery. They are then required to pass an Extended Programme specific assessment and two weeks of training. At the end of the training, delegates are graded as either 'Primary' or 'Secondary.' As 'Primary' therapists are 'leads' for the programme, it is normal for people to be graded as 'Secondary' initially. Those who pass the training provide treatment under the supervision of a Treatment Manager or designated supervisor.

Intensity/extent of engagement with target group(s)

The Extended Programme constitutes 76 sessions of treatment. Each session is approximately two and a half hours in length. Treatment takes place up to five times per week.

Description of intervention

Treatment targets and methods by block of the extended programme:

- Block One: The principal targets of this block are to create a good basis for the establishment of group cohesion, assisting group members to create new, appealing life goals to work towards a non-offending life, enhancing motivation to change, and improving skill in self-disclosure. The principal methods are goal setting and self-disclosure of brief offence accounts.
- Block Two: The principal target of this block is to review life histories, and identify etiological factors that may have contributed to vulnerability to becoming a sexual abuser. The principal methods are self-disclosure of life histories and guided discussion using Socratic questioning to assist group members in identifying patterns of thinking.
- Block Three: The principal targets of this block are to increase awareness of dysfunctional thinking styles and the establishment and practice of new more functional thinking styles. The principal methods are the use of analogy (to facilitate understanding of schemas), self-disclosure and cognitive therapy.

- Block Four: The principal treatment target is to review progress so far and set goals for continued work towards a non-offending lifestyle. The principal methods are feedback and goal setting.
- Block Five: The principal treatment targets are to increase awareness of deficits in coping with emotion, and to assist in the development of emotion regulation strategies. The principal treatment methods include guided discussion, self-disclosure and skills practice via role-play.
- Block Six: The principal treatment target is to increase awareness of intimacy deficits. The principal treatment methods include Socratic questioning and self-disclosure.
- Block Seven: The principal treatment targets are to increase awareness and acceptance of deviant sexual arousal, and to highlight skills needed for the development of successful intimacy and satisfying sexual relationships. The principal treatment targets include discussion facilitated by Socratic questioning, analogy (using case examples to provide the basis for exploring issues) and self-disclosure.
- Block Eight: The principal treatment target is the practice of skills needed for forming successful adult intimate relationships. The principal treatment methods include group discussion facilitated by Socratic questioning and role-played skills practice.
- Block Nine: The principal treatment targets are to review risk factors, and to set motivational life goals for living a satisfying life free from sexual offending. The principal treatment methods include goal setting and feedback.
- Block Ten: The principal treatment target is to enhance motivation for continued behaviour change. The principal treatment methods are positive reinforcement and feedback.

Evaluation

Large-scale research indicates that sex offenders who receive treatment, in both prison and community settings, have a lower sexual reconviction rate than those who do not receive treatment. Cognitive-behavioural treatment is the most effective, especially if paired with pharmacological treatment (for example hormonal drugs that reduce sexual drive). Other approaches (psychotherapy, counselling and non-behavioural treatment) generally do not reduce reconviction.

Hanson, Bourgon, Helmus, & Hodgson (2009) examined 23 studies that met minimum standards for methodological quality and found an eight percentage point difference (10.9% and 19.2%, respectively, or a relative 43% reduction) between treated offenders and untreated controls in sexual reconviction. Sex offender programmes which follow the risk, need and responsivity principles lead to the largest reductions in reconviction. Medium and high risk sexual offenders benefit most from treatment.

Schmucker & Losel (2009) combined 26 high-quality research studies of sex offender treatment. The sexual offending reconviction rate for treated offenders was on average 3.4 percentage points lower than that for untreated offenders (this can also be phrased as a 27% reduction in sexual offending). The general reoffending rate was also reduced by treatment. Mandatory treatment had as much impact as voluntary treatment. The treatment effect was better for juveniles and for high risk offenders and was better in well-documented programmes and programmes that were delivered through individual sessions as well as group work.

The impact of cognitive behavioural interventions with sexual offenders is as good as, and in some cases better than, the impact of many well accepted medical and psychological treatments (Marshall & McGuire, 2003). There is an empirical literature into risk factors for sexual recidivism (for example Hanson & Morton-Bourgon, 2004), which provides useful guidance on the essential targets for treating those who have engaged in sexually abusive behaviour (Mann,

Hanson, & Thornton, 2010). The established risk factors are often viewed as clustering into four domains (Craissati & Beech, 2003; Hanson, 2000): sexual arousal factors; attitudes tolerant of sexual deviance; interpersonal deficits; and self-regulation deficits.

Evaluation of SOTP has demonstrated that the areas targeted by the SOTP Core Programme do not seem sufficient for reducing reconviction in high risk offenders (Friendship, Mann and Beech 2003). Additional treatment should be provided to high risk sexual offenders. The Extended Programme was developed to meet this need.

References

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