Living as New Me 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

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, have an IQ between 60 and 80 and have adaptive functioning deficits. Men should have previously completed the Becoming New Me programme. This programme is applicable for both custody and community delivery.

Delivery organisation

National Offender Management Service (England and Wales).

Mode and context of delivery

The treatment method is broadly cognitive-behavioural. That is, 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. The treatment approach has been specifically developed to meet the needs of this client group. This is a group based treatment approach for eight adult male sexual offenders at a time in custody or community settings.

The Adapted Living as New Me (LNM) Programme is an accredited treatment programme. As such, all providers of the LNM programme are subject to audit procedures. The purpose of an audit is to ensure that the programmes are being delivered as intended, both operationally and clinically. Operationally, audits ensure 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

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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, for example 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 or 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 attend training for the fundamental skills associated with working with sexual offenders and then the basic programme specific training for custodial and community settings. Experienced facilitators are eligible to apply to become an Adapted Programmes Facilitator once they have a proven track record of good delivery. They are then required to pass an Adapted Programmes specific assessment centre and two further training events. Only those who are successful at training can go on to deliver the Adapted programmes. The staff that pass the training will provide treatment under the supervision of a Treatment Manager or designated supervisor

Intensity/extent of engagement with target group(s)

The LNM programme constitutes of between 20 and 36 hours of treatment (based on a group of eight men attending). It is a rolling programme. Each session is approximately two hours in length. Treatment takes place up to twice a month.

Description of intervention

This is a rolling programme which aims to maintain treatment gains.

There are five modules which rotate. The modules include;

- Managing my problems
- Managing my sexy thinking
- Managing my relationships
- Managing my feelings
- Guest speaker from a relevant agency/ supporter

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.

This programme is expected to be commissioned from 2014. An evaluation of treatment impact is planned in line with accreditation requirements.

References

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