

Becoming New Me UK



Type of intervention



Prison



Group Work

Target group, level of prevention and sub-groups:



Tertiary prevention

Young Adults (18 – 20 Years), Adults (21 Years +) | Males | Interventions for those with Disabilities/Learning Difficulties | 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 the actuarial risk assessment RM2000, have an IQ between 60 and 80 and adaptive functioning deficits. Low risk sexual murderers are also placed into this 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 restructuring attitudes that support or permit sexual offending and 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 in custody or community settings.

The Becoming New Me Programme (BNM) is an accredited treatment programme. As such, all providers of the BNM 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 Sex Offender Treatment Programmes (SOTP) 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 qualification 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 centre. Those who are successful will attend training in the fundamental skills associated with working with sexual offenders and then the basic programme specific training for custodial or community settings. Experienced SOTP facilitators are then 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 and two further training events. Only those who are successful at training can go on to deliver the Adapted programmes. Those 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)

The BNM programme comprises 166 hours of treatment (based on eight men attending). Smaller group size is possible. Each session is approximately two hours in length. Treatment takes place up to five times per week.

Description of intervention

- Block 1: Gelling: This is an introductory block aiming to encourage engagement
- Block 2: Getting going: The aim of this block is to encourage group cohesion and instil a sense of optimism for change. In this block group members establish the rules and expectations for treatment and start to talk about managing feelings of shame
- Block 3: Introducing Old Me and New Me: Group members are encouraged to talk about their life to date and are introduced to the ‘Old Me New Me’ model (Haaven, 2006). They are encouraged to strengthen their New Me as they work in treatment. An introduction to the risk and success factors related to sexual offending is also provided via the ‘Success Wheel’
- Block 4: Supporting New Me: New Me needs a support network of others who can help him. This work is started in block 4
- Block 5: New Me and sex: In this block group members agree a shared language and vocabulary for sexual acts and body parts. Some basic sex education is provided. Consent and legal issues relating to sex and law are discussed

- Block 6: Understanding my offending: The aim of this block is for group members to understand what issues caused them to offend. To create a sense of what issues need to be worked on in particular to help the individual avoid any future offending
- Block 7: Risk and success factors mid-treatment individual review session: This is a motivational session to encourage and support learning to date. Group members should perceive this session as an example of personal success – their achievement
- Block 8: Managing my sexy thinking: In this block group members are encouraged to recognise and manage their ‘not ok sexy thinking’. They are also provided with the opportunity to practice skills as New Me to deal with ‘not ok’ thinking about sex and relationships
- Block 9: Managing my problems: In this block group members are encouraged to improve their ability to problem solve by using a 5 step process. They are provided with opportunities to practice
- Block 10: Managing my Feelings: In this block group members are encouraged to identify ‘Old Me’s’ and ‘out of control’ feelings which played a role in offending. Group members are encouraged to develop ways of thinking which strengthen New Me. Various common feelings which are associated with sexual offending are addressed in treatment and group members are provided with opportunities to practice managing their feelings
- Block 11: Managing my relationships: In this block group members are encouraged to explore the impact that relationships have had on group member’s lives. They are encouraged to practice ways to help relationships work better
- Block 12: Moving on: In this block group members are offered opportunities to practice as New Me dealing with risky situations. Group members are informed about future treatment availability and expectations about next steps expectations are also structured

Evaluation

Although sex offender treatment in general has received a lot of research attention over the last 20 years, relatively little is known about the assessment and treatment of intellectually disabled sexual offenders (IDSOs). Yet, IDSOs are likely to constitute approximately 30% of the offender population (Mottram, 2007). The applicability of the cognitive behavioural approaches specifically designed with ID populations has become the subject of various reviews (Lindsay, 2002; Courtney and Rose, 2004). These reviews included behavioural management, problem-solving, psycho-educational and cognitive-behavioural approaches. While most approaches appear to show promise, evaluation studies to date have been quite limited due to methodological shortcomings (small, heterogeneous samples, utilising measures with limited reliability and validity, using poorly defined outcomes etc., Lindsay & Taylor, 2010). Furthermore, there are no controlled treatment trials in this field. Despite this, there are some outcome studies which are worthy of interest.

Haaven, Little and Petre-Miller (1990) described treatment (the “Social skills” programme) for this client group at Oregon State Hospital. The treatment incorporated social skills training, sex education and the promotion of self-control of aberrant sexual behaviour. The treatment also included cognitive behavioural strategies addressing skills for self-regulation, monitoring, and self-management. Following treatment a re-offence rate of 23% was seen in comparison to general rates of reoffending of 44%.

Rose, Jenkins, O'Connor, Jones and Felce (2002) describe a group treatment programme for five ID sexual offenders. The treatment included self-control procedures, consideration of the effects on victims, identification of emotions in oneself, sex education, assertiveness training and avoiding risky situations. They reported a decrease in the strength of attitudes supportive of sexual offending. Yet, the only significant change was described in relation to locus of control. Post treatment the participants reported a more external locus of control. The authors suggest that this might be due to a significant part of the sessions emphasising the possible external consequences of any future offending. A one year follow up suggested that there had been no subsequent reoffending.

Craig et al (2006) reported on a 7 month CBT treatment group. The content of the group work included sex education and the law, identifying and reconstructing cognitive distortions, developing victim empathy and relapse prevention skills. None of the offenders in the study reoffended within a 12 month follow up period. It is not clear, however, whether this was a consequence of the intervention or not.

Keeling et al. (2006) report on the treatment of 18 moderate or high risk "special needs" men in Australia who had undertaken treatment in custody. The programme consisted of "process" groups that addressed the fundamental issues relating to the treatment of sexual offenders (for example sex education and sexual abuse education, disclosure, victim empathy, cognitive distortions, life time patterns, offence cycle and relapse prevention) and "issues" groups which addressed the broader skills based issues (for example communication, problem solving, decision making, victim awareness, emotions, sexual self-regulation, attitudes and beliefs, relationships, goal setting and New Me). Results showed that group members demonstrated significant change post-treatment on measures of attitudes associated with sexual offending, victim empathy, and self-control. Less change was noted in relation to improving general criminal attitudes, social intimacy and reducing emotional loneliness, although the authors do point out the limitations of the assessment tools used.

Murphy et al (2007) report on CBT group treatment for 15 men over a one year period (one 2 hour session per week-approximately 100 hours of treatment). Some of the men in the sample attended two treatment groups, others only one. Significant changes in sexual knowledge and attitudes, victim empathy and cognitive distortions are reported. Whilst treatment was running, all of the men (except one) did not engage in sexually abusive behaviour. Following treatment (six months) two further men had engaged in sexually abusive behaviour. Murphy et al. note that the men who engaged in sexually abusive behaviour during and after treatment all had a diagnosis of autistic spectrum disorder.

Nezu et al. (2006) outlined their treatment programme which includes individual, family and group treatment. A recidivism rate of 4% is reported over three years. The authors report that individuals who were in "combined" treatments showed the most improvement.

Murphy and Sinclair (2008) described a project known as SOTEC- ID which is a collaborative project across nine sites spread across the UK. Over the period of treatment, the men showed statistically significant increases in sexual knowledge and empathy and reductions in cognitive distortions. These changes were maintained at six month follow-up. Few men showed further sexually abusive behaviour during the one year period when they were attending treatment and a few showed such behaviour in the six month follow-up period.

Williams, Wakeling & Webster (2007) examined pre to post treatment change on psychometric tests with a sample of over 200 offenders who had taken part in the Adapted programme (a predecessor to the BNM). There was significant pre to post treatment change in all of the major targets of treatment, including relapse prevention, attitudes supporting offending, denial and distortions, victim empathy and self-esteem.

An outcome and process evaluation of the Becoming New Me programme has been undertaken. Significant pre to post treatment change in all of areas of criminogenic need was established. The process evaluation revealed that in general treatment was considered to be responsive to needs.

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