

New Me Coping UK



Type of intervention



Prison



Group Work

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



Tertiary prevention

Young Adults (18-20 Years), 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 are at a lower risk of reconviction according to an RM2000 and who have an IQ between 60 and 80 and adaptive functioning deficits. 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 in custody or community settings.

The Adapted New Me Coping (NMC) Programme is an accredited treatment programme. As such, all providers of the NMC 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 question and answer 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 the 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 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. 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)

The NMC programme constitutes 56 hours of treatment (based on a group of 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: New Me Goals: 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. New Me needs a support network of others who can help him.
- Block 4: 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 5: Managing my problems: In this block group members are encouraged to improve their ability to problem solve by using the five step process. They are provided with opportunities to practice.
- Block 6: Managing my Feelings: In this block group members are encouraged to identify Old Me's '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 7: 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 8: 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 about next steps are also structured.

Evaluation

A number of studies have shown that, for offenders classed as low risk of general recidivism, treatment has either only a mild effect in reducing recidivism (Andrews & Bonta, 2006; Andrews & Dowden, 2006), or that, in the case of some intensive programmes, treatment can actually increase recidivism rates (Andrews et al., 1990; Andrews & Dowden, 2006; Lowenkamp, Latessa, & Holsinger, 2006; Bonta, Wallace-Capretta & Ronney, 2000). Research with sexual offenders attending Core SOTP indicated that, in terms of recidivism rates, low risk offenders did not benefit significantly from treatment (Friendship, Mann & Beech, 2003). Barnett, Wakeling and Howard (2010) found that, over a four year follow-up, less than one percent of the low risk sexual offenders in their sample had a proven sexual re-offense. This is similar to the rate of sexual offending found in nonsexual offender samples (Thornton, 2013). As such, it is important that we articulate carefully why a treatment approach for lower risk intellectually disabled sexual offenders has been developed.

Offenders with intellectual disability (ID) form a marginal group, with whom the RM2000 has not been specifically tested. We argue that a programme for low risk IDSOs is needed to help this client group address their various offence related treatment needs. Offence related needs focus on broader skill-based issues related to offending, for example communication skills, relationship skills, problem solving skills. Lambrick and Glaser (2004) noted that clients often have particular social skills deficits in the area of problem solving, anger management, communication skills, assertiveness and conflict resolution. Haaven and Shlank (2001) described the importance of learning interpersonal skills. They suggest that these skills are critical in relapse prevention with this population. Good interpersonal skills allow the offenders the opportunity to develop and maintain support systems which are critical. They recommend that interpersonal skills training should include communication, anger and stress management and relationships. Lindsay, Hamilton, Moulton, Scott, Doyle and McMurrin (2011) argue that if an individual develops cognitive and social problem solving skills, it may act as a protective factor for future reoffending. So, although the New Me Coping programme is not specifically targeting any offence specific needs, it is providing treatment to help strengthen the offence related needs which will help to support and strengthen New Me.

In order to ensure that this programme does not raise the likelihood of reconviction, this intervention is a short, structured, resettlement-focused programme which does not increase the salience of sexual offending and which carefully avoids labelling or any other activity that could create a sense of personal deviance. The aim of treatment for low risk sexual offenders must be to enhance the “redemption” script, not the “doomed to deviance” script.

This programme is expected to be commissioned from 2014. A programme of evaluation will be in place to support delivery of this accredited programme.

References

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