UC Corrections Institute
Cognitive-Behavioral Interventions for Sexual Offending

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Purpose

The University of Cincinnati Corrections Institute (UCCI) is collaborating with Volunteers of America (VOA) and the Ohio Department of Rehabilitation and Correction (ODRC) to develop and implement an evidence-based, cognitive-behavioral treatment program for sex offenders.

Background

• A structured treatment curriculum for prison-based and community corrections programs for sex offenders is being developed by the UCCI and piloted by the VOA CCCF residential program in Cincinnati, Belmont and Chillicothe Correctional Institutions Sex Offender Programs, and the Cincinnati APA.

• The UCCI is also working with staff at the pilot sites to design and implement other evidence-based program elements (e.g., assessment protocol, program schedule, behavior modification system, quality assurance mechanisms).

• Pilot sites are currently involved in training/coaching efforts.

Section I.
Rationale for the Curriculum: Principles of Effective Intervention and “What Works” with Sex Offenders

Principles of Effective Intervention

• Prior research has demonstrated that correctional programs can be effective in reducing recidivism…but not all programs are equally effective.

• The most effective programs are based on the principles of effective intervention.

Principles of Effective Intervention: The RNR Framework

- RISK
  - WHO
    - Deliver more intense intervention to higher risk offenders
  - NEED
    - Target criminogenic needs to reduce risk for recidivism
  - RESPONSIVITY
    - HOW
      - Use CBT approaches
      - Match modality of service to offender
Taking Stock of the Principles of Effective Intervention

Smith et al. (2009)

- There are more than 40 published meta-analyses of the correctional treatment literature.
- Results have been replicated with remarkable consistency; there is considerable support for the RNR framework across quantitative reviews of the literature.

Taking Stock of the Principles of Effective Intervention

Hanson et al. (2009)

- Recent meta-analysis found that the principles of effective intervention are also applicable to sex offender populations.

RNR and Reductions in Recidivism: General Recidivism

Andrews and Bonta (2010)

The Risk Principle: Sex Offender-Specific Treatment

- It is important to measure the risk for both general recidivism and sexual recidivism.
- The dosage of treatment should be varied for individual offenders by risk and need levels.
- Higher levels of sexual deviance and risk/need require more intense treatment.

RNR and Reductions in Recidivism: Sexual Recidivism

Andrews and Bonta (2010)

The Need Principle: Predictors of Sexual Recidivism

Appropriate Treatment Targets

- Deviant Sexual Arousal, Interests and Preferences
- Sexual Preoccupation
- Anger and Hostility
- Emotional Management Difficulties
- Self-Regulation Difficulties/Impulsivity
- Antisocial Attitude Orientation
- Cognitive Distortions that Support Sexually Abusive Behaviors
- Intimacy Deficits and Conflicts in Intimate Relationships
The Need Principle

Inappropriate Treatment Targets
- Victim Empathy
- Denial/minimization of Sexual Offense
- Lack of Motivation for Treatment
- Internalizing Psychological Problems
  - Anxiety and Depression
  - Sexual Abuse as a Child
- Low Sex Knowledge
- Poor Dating Skills/Social Skills Deficits
- Hallucinations/Delusions

The Responsivity Principle

Use cognitive-behavioral strategies to decrease antisocial behaviors and increase prosocial behaviors.

Match the style and mode of service to key offender characteristics and learning styles.

Section II. Overview of the Curriculum

Overview of the Curriculum

The UC Cognitive-Behavioral Intervention for Sexual Offending curriculum is designed to be delivered in a modified closed group format with three general phases and seven modules.

- Please refer to the Facilitator Guide for more detailed information about recommended entry points and prerequisites.

Overview of the Curriculum

- Treatment Readiness
- Basic CBT Concepts
- Sexual Arousal Control
- Cognitive Restructuring
- Emotion Regulation
- Social Skills
- Relapse Prevention
- Maintenance Sessions
Overview of the Curriculum

<table>
<thead>
<tr>
<th>Module</th>
<th># of Sessions</th>
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<tbody>
<tr>
<td>Treatment Readiness</td>
<td>7</td>
</tr>
<tr>
<td>Introduction to Cognitive-Behavioral Concepts</td>
<td>4</td>
</tr>
<tr>
<td>Sexual Arousal Control</td>
<td>**</td>
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<td>Cognitive Restructuring</td>
<td>5</td>
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<tr>
<td>Emotion Regulation</td>
<td>16</td>
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<tr>
<td>Social Skills</td>
<td>**</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>10</td>
</tr>
</tbody>
</table>

Module 1. Treatment Readiness

- This module includes sessions to review program rules and expectations, teach the basic skills needed for successful participation and enhance motivation for treatment.

Module 2. Introduction to Basic CBT Concepts

- This module includes sessions to introduce the basic components of the relapse prevention plan to be completed in the final module of the program. Participants will explore life history and current lifestyle factors associated with sexual abuse and criminal behavior.
- Participants will also learn about the behavior chain and identify high risk situations.

Module 3. Sexual Arousal Control

- This module will include sessions that can be delivered to participants on an individual basis. These sessions will include behavioral strategies that can be used with the subsample of sex offenders who possess deviant patterns of sexual arousal and/or sexual preoccupations.

Module 4. Cognitive Restructuring

- This module includes sessions to identify cognitive distortions and explore attitudes/beliefs that support antisocial and sexual offending behavior. Participants will also learn thought stopping and other cognitive coping strategies.

Module 5. Emotion Regulation

- This module includes sessions to target deficits in emotional regulation and impulsivity. Examples include skills for managing emotions generally, reducing anger and hostility, and dealing with rejection and failure.
Module 6. Social Skills

- This module includes sessions to teach social skills that address intimacy deficits and conflicts in interpersonal relationships. Problem solving will also be covered in this module.

Module 7. Relapse Prevention

- Participants will complete relapse prevention plans in the final module of the program and have opportunities for graduated rehearsal of skills.

- Successful completion of the program requires participants to present their relapse prevention plan.

Overview of the Curriculum

- The curriculum also includes a structured format for ongoing maintenance sessions:
  — Booster sessions to review core treatment concepts
  — Graduated rehearsal of self-regulation skills
  — Activities to enhance application and generalization
  — Strategies to engage family and other social support networks

Overview of the Curriculum

These modules will therefore include a total of 80 sessions and approximately 120 hours of treatment (80 x 1.5 hours = 120 hours).

Additional social skills and maintenance sessions can then be used to increase the dosage accordingly.

Eligibility Criteria for Program Participants

- For the purposes of this course, the term sex offender refers to a person who has committed a sex crime.

- What constitutes a sex crime differs by culture and legal jurisdiction. The majority of convicted sex offenders have convictions for crimes of a sexual nature; however, some sex offenders have simply violated a law contained in a sexual category of the offense code.

Eligibility Criteria for Program Participants

- The curriculum is considered to be appropriate for sex offenders who score moderate to high risk on an actuarial measure of sexual recidivism.

- The curriculum is designed to address a combination of traditional criminogenic needs as well as sex offender-specific dynamic risk factors.

- The duration of treatment (i.e., dosage) should be varied based on risk and need levels.
Requirements for Facilitators

- Facilitators must successfully complete the formal training session, and will be assessed for both knowledge of content and group facilitation skills.
- It is strongly recommended that facilitators have a experience in sex offender-specific treatment as well as previous training on cognitive-behavioral interventions and group facilitation.
  — Please note that the Association for the Treatment of Sexual Abusers (ATSA) offers a number of useful resources for practitioners in this regard.

Group Structure

- The recommended number of participants is 8-10 per facilitator (and should not exceed a maximum of 16 participants with 2 facilitators).
- Each session is designed to be 90 minutes in length.
- Facilitators should plan to spend approximately 30 minutes to prepare before each session.
- Homework assignments (referred to as Practice Work in the curriculum) are intended to assist with skills transfer.

Section III. Curriculum Pilot

Curriculum Pilot

- Curriculum training
- On-going coaching
- Participant Progress Forms
- Pilot Feedback Forms
- Group Observation Forms

Participant Progress Forms

- To be completed after each session by the participant and facilitator
- Will assist in the measurement of participant progress in treatment

Pilot Feedback Forms

- The facilitator feedback form is to be completed after each session by the facilitator
- The participant feedback form is to be completed after each module by each participant
Group Observation Forms

- The UCCI will regularly observe group sessions using the Facilitator Group Evaluation Form
- Program leadership should also regularly observe group sessions using the Facilitator Group Evaluation Form
- Feedback will be delivered directly to facilitator’s after observation
- The form will assist in identifying areas for additional training and coaching

Section IV.
A Program’s Perspective…

Project Overview

Phase I:
Curriculum Development/Program Design

- A Multidisciplinary Implementation Team (MIT) will be established at each site to plan and monitor the implementation of new program elements.
- The MIT should incorporate at least one member from each discipline/job title that has regular contact with program participants.
  - Administration
  - Supervisors
  - Clinicians and/or group facilitators
  - Case managers
  - Resident Supervisors
  - Training and/or quality assurance coordinators

Phase I:
Curriculum Development/Program Design

- Sub-committees were developed to focus on four key implementation areas:
  - Assessment and case management
  - Structured treatment curricula and program schedule
  - Behavior modification system
  - Training and quality assurance

- The UCCI played an active role in this process to ensure that planned changes are consistent with evidence-based practices and the program model.

Phase II:
Training

- Training hours and topics will vary based on program needs.
- The UCCI and/or contractors will provide the majority of the training, but the MIT at each site will assist with training on specific program elements.
Phase III: Implementation and Coaching

- During this phase, modified program components were piloted with staggered implementation.
- On-site coaching is provided on a regular basis (weekly to monthly, depending on phase and need), and includes observation of service delivery with feedback.
- Implementation teams meet regularly to monitor progress and provide feedback.

Phase IV: Quality Improvement

- MIT continues to meet in order to review progress and sort out logistics and make further modifications if needed.
- On-site coaching will continue to be provided at this stage.
- The UCCI has begun to focus on individuals responsible for supervision and oversight of the program in order to ensure fidelity over time.

Phase IV: Quality Improvement

- Several feedback mechanisms have been established:
  - Surveys of participant and staff satisfaction
  - Exit evaluations
  - Standardized assessments to measure client progress in treatment
  - Structured staff evaluations of skills associated with service delivery

Assessment/Case Management

- Standardized and validated measures of risk and need factors will be used to guide case management and treatment decisions.
  - ORAS
  - Static-99
  - Stable and Acute 2000
- Assessments to evaluate a range of specific responsivity factors will also be administered.
- Structured behavioral ratings as well as pre/post tests to measure client progress in treatment will be implemented.

Treatment Model

- The UCCI has reviewed the program materials currently used by the VOA CCCF program in order to identify components that will be integrated into the current model.
- Additional program materials will be developed and piloted as needed.

Behavior Modification System

- Cognitive-behavioral model
  - Incorporates effective use of reinforcement and punishment as well as other core correctional practices
- Phase (or level) system
  - Progression through phases (or levels) based on behavioral indicators
  - Privileges also based on phase advancement
Quality Improvement

• Initial and ongoing training needs will be established.

• The internal capacity for training will be developed where appropriate (i.e., training for trainers) in order to ensure that the program can be maintained over time.

• A quality improvement protocol for assessments and treatment will be developed and implemented. This will include regular observation of services with structured feedback to staff.

VOA Implementation

• Development experience
• Implementation experience
• Lessons learned

DRC Implementation

• Organizational Support and Leadership
• Policy Development
• Adherence to the RNR Model
• Interdisciplinary Relationships and Protocols
• Staffing and Training
• Program Fidelity

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