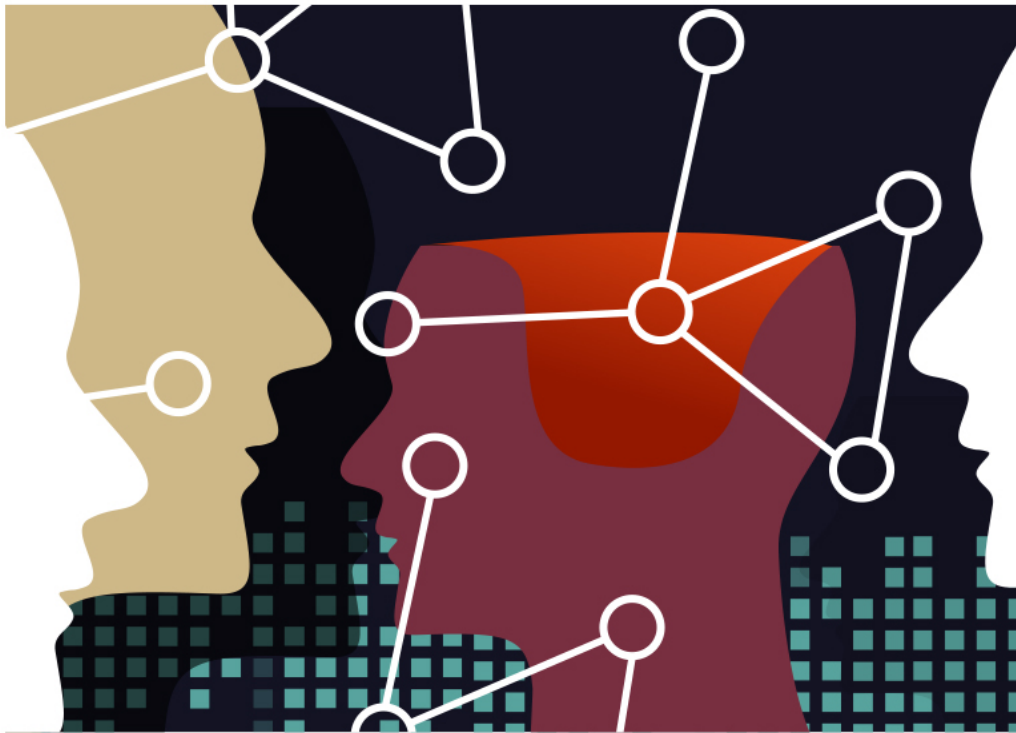




The Role of Preparatory Programming IN INCREASING THE EFFECTIVENESS OF A SEX OFFENDER TREATMENT INTERVENTION



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Introduction

Although the number of sex offender treatment programs has increased nationally (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2009), their effectiveness, as well as the components that produce the greatest impact, remains unknown. Discrepancies between meta-analyses (Grønnerød et al., 2014; Hanson et al., 2002; Lösel & Schmucker, 2005; Schmucker & Lösel, 2015), systematic reviews (Kenworthy, Adams, Brooks-Gordon, & Fenton, 2004), and outcome studies (Marques, Wideranders, Day, Nelson, & van Ommeren, 2005; Wormith et al., 2007) on the efficacy of sex offender treatment programs have yielded inconclusive results on their overall effectiveness (Abracen & Looman, 2004; Grady, Edwards, Davis, 2015; Grønnerød et al., 2014). The main reason that researchers give for these varying results is the concern that there are few studies that hold quality, methodological rigor (Duwe & Goldman, 2009; Grady et al., 2015; Lösel & Schmucker, 2005; Schmucker & Lösel, 2015). Furthermore, beyond the debates of methodology and effectiveness, lie various, clinically relevant, and complex questions such as what works, when does it work, where does it work, and with or for whom does it work (McGuire, 2002).

Dosage and Treatment

An issue that has been considered with regards to increasing effectiveness of treatment for individuals with a sex offense is dosage. Matching the needs/risk levels to the dosage of treatment is consistent with the principles of the Risk-Needs-Responsivity approach (RNR; Andrews & Bonta, 2010). Many researchers in the field of sexual violence have advocated for clinical treatment programs to adopt the RNR approach in order to address each individual's specific treatment needs (Hanson et al., 2002; Hanson, Bourgon, Helmus, & Hodgson, 2009), as well as consider the intensity or dosage of treatment (Abracen et al., 2011). As such, based on

their assessed risk and needs, some individuals would receive lower dosages of treatment, while others would receive higher dosages. Although some researchers have advocated that only individuals assessed as high risk should receive intensive treatment because of their risk levels (Abracen et al., 2011; Hanson et al., 2009), some programs continue to provide the same treatment to all of their participants, even to those at low risk (Grady et al., 2017). It is therefore important to continue to explore whether in keeping with the principles of RNR, the dose of the intervention impacts sexual recidivism rates among participants. The issue of programming dosage however, is not a standalone topic. Programming dosage effects must be considered within the context of who remains in treatment and who drops out.

Motivation to Engage in Intervention Programs

There is a high drop-out rate among participants in sexual offending treatment programs (Laroche, Diguier, Laverdière, & Greenman, 2011). In a meta-analysis that examined drop-out rates, the amount of individuals who did not complete sexual offending treatment programs ranged from 15% to 86% (Laroche et al., 2011). The authors state that “discontinuation of treatment among sex offenders constitutes a major problem” (p. 559), as those individuals who do not complete treatment are more likely to offend than those who do complete treatment (Hanson et al., 2002; Lösel & Schmucker, 2005). To address this issue, clinicians report that they spend a significant amount of time considering factors that might increase retention rates among this population, such as outside support, ability to understand program material, as well as overt signs of interest or motivation, and perceived readiness for change (Grady, Sheard-Howe, & Beneke, 2013). One strategy for increasing retention rates is to engage people in programming that aims to prepare individuals for individual change to subsequently enhance engagement in treatment programming (Marshall, 2008).

Preparatory Intervention Programs

Preparatory intervention programs (PIPs) are treatment approaches that have the potential to simultaneously increase retention rates by engaging clients in treatment while bringing these programs in line with RNR principles. Marshall and Moulden (2008) state that one of the primary aims of PIPs is to increase motivation for change and to engage in subsequent treatment, and cite that previous research has demonstrated that by increasing engagement, practitioners may increase treatment retention and in turn lower re-offending rates. Yet, there are few sex offender treatment programs that incorporate PIPs and therefore there is very limited available research on their effectiveness (Harkins & Beech, 2007).

To date, there appears to be one PIP that has been discussed in the literature, which is The Rockwood Preparatory Program in Canada's Millhaven Penitentiary, based in a maximum security prison (Marshall 2008). The program is designed to reduce an individual's resistance to treatment with the expectation that they will be more prepared to engage in future treatment via psychoeducation and orientation to the group setting (Marshall, 2008).

On average, the program lasts between six and eight weeks, consists of 2.5 hour sessions, and meets once a week. The Rockwood program operates as an open-ended group with six to eight clients at a time. The program is offered at the beginning of an individual's federal prison sentence, and is offered to any individual with a sexual offense. The general structure of the program are as follows: clients are given two sessions to get adjusted to the group before the first in-group exercise, which entails a brief disclosure of their offence. Clients also provide a review of life history and attempt to make connections to offending. Clients then engage in an empathy exercise that focuses on the victim.

Two studies have evaluated the Rockwood program (Marshall et al., 2008). The first study was comprised of 26 individuals convicted of a sexual offense who completed pre- and post-treatment measures of motivational effects—conceptualized as hope, self-efficacy, and the stages of change, as well as one readiness for treatment— one week before the program and immediately following the program. For those who participated in the program, there were significant changes regarding both current feelings of optimism, or “state hope,” and hope about the future, as well as agentic thinking and readiness to change. In addition, relative to those who did not participate in the PIP, clients in the PIP scored significantly higher on the treatment readiness measure (Marshall et al., 2008).

The second study examining the Rockwood style program focused on long-term criminal justice outcomes. The study compared 94 PIP completers to a matched sample of 94 non-PIP completers (Marshall et al., 2008). Both groups completed a subsequent sex-offense treatment program. The follow-up period ranged from .27 years to approximately 6.5 years, with a mean of three years.

The authors reported that although there were no differences in sexual recidivism among the two groups, they had lower recidivism rates for nonsexual crimes such as technical violations or violent crimes. Additionally, there were no significant differences in time at risk between groups. Based on these findings, Marshall et al. (2008) argued that the Rockwood PIP has numerous benefits to the larger criminal justice system by reducing the overall likelihood of a new conviction. They hypothesize that by increasing the preparation of participants for treatment through heightened states of motivation, hope, and other factors, these individuals fare better during the rest of their incarceration time, as well as once they are released. While these findings are encouraging, they are based on one program’s evaluation of their preparatory program. More

research is needed on such programs to better understand their impact on reducing various forms of recidivism.

Current Study

The current study builds on the prior work by adding to the literature on the impact of low-dose preparatory programs on recidivism rates among those who participate in sexual offense specific treatment programs. As noted previously, there is limited research on this topic and this study aims to add to this literature. In addition, this study builds on the work of Marshall and colleagues' (2008) study in two important ways. The first is that this study included a longer follow-up time. The second is that this study included a third group comprised of those who had received the low-dose preparatory program as well as the high-dose treatment program, resulting in a three-arm study.

This study's primary aim was to explore the impact of PIP participation on recidivism for individuals convicted of a sexual crime. Specifically, the current study examines recidivism rates among those individuals who participated in and completed the programs administered by the North Carolina Department of Public Safety (NCDPS): Pre-SOAR (the PIP), SOAR (full high-dose treatment program), and the combination of both Pre-SOAR and SOAR. SOAR is an acronym for the Sexual Offender Accountability and Responsibility program (<http://www.doc.state.nc.us/dop/health/mhs/special/soardesc3.htm>). The research question that guided this project was how does participation in a preparatory intervention program impact recidivism compared to those who did not? Although this study may be considered rather exploratory in nature given the research on PIPs is rather nascent, based on the limited existing literature, we predicted that those who had participated in the combination of both programs (i.e.,

the highest possible program dosage) would have the lowest rates of recidivism compared to those who had participated in only one of the programs.

Methods

Sample

The original sample included 3,866 individuals convicted of a sexual crime who had been released from a North Carolina Department of Public Safety (NCDPS) prison to a community in North Carolina from January 1, 1999 to October 31, 2015. The individuals were tracked for ten years after exit to determine whether the individual returned to prison. For this analysis, only completers of the interventions Pre-SOAR and/or SOAR were used. Of these 3,866 prisoners, 103 completed pre-SOAR, 147 completed SOAR, and 93 completed Pre-SOAR and SOAR.

Selection criteria used for acceptance at SOAR. The Sex Offender Accountability and Responsibility (SOAR) program is introduced to all men with a sexual offense entering the NCDPS prison system at the time of admission, along with all other vocational, educational, and treatment programs within the NCDPS system. If an individual is interested in participating in the SOAR program at any time during his incarceration, he applies through his case manager who is located at his base prison. There is a standard application process through the NCDPS that is used when an individual is interested in participating in any program sponsored by the NCDPS. Their applications and any supplemental materials the individual chooses to include, such as letters from professional or personal references, are forwarded on to the SOAR program. At the time of the study, the SOAR clinicians did not have a formal selection process that was operationalized or standardized. In our conversations with them about their process, they identified that the director of the program would first receive all applications and screen them for whether their participation was feasible due to the time of their release or the type of prison in

which they were sentenced (e.g. SOAR is based within a medium-based security prison and if they needed maximum security custody they were ineligible to attend). Once the director reviewed the applicants, the clinicians then reviewed the information they had about the applicants that were contained in their prison records. Included in these records were items such as the number of infractions the individual had received in the last year, as well as if they had entered one of the “Pre-SOAR” groups and their performance in one of those groups. In addition, SOAR clinicians indicated that there were times when an individual from outside the prison system would contact the program directly and discuss the applicant with them and offer support. These individuals included family members, clergy, or former SOAR graduates.

The characteristics that increased the likelihood that an individual would be accepted into SOAR by the clinicians included a lower number of infractions in the last year, demonstrating active and appropriate participation in a previously attended Pre-SOAR group, and having the support of an outside party. To participate in either Pre-SOAR or SOAR, individuals have to meet eight criteria: must be aged 21 years or older, must read at a sixth-grade level, must have a felony conviction, must be held in medium or minimum security custody, must admit to having committed a sexual offense, must volunteer for the treatment program, must be cognitively and emotionally functioning to the extent that they understand program requirements, and must be willing and able to participate in highly confrontational groups as part of treatment (<http://www.doc.state.nc.us/dop/health/mhs/special/soardesc3.htm>).

SOAR program. SOAR is a 20-week residential treatment group located in one prison within the NCDPS system. All individuals are transferred to this prison for the program and they are housed together in the same dormitory. While the SOAR program frames their group as confrontational, this is done always in the context of challenging the participants to have

accountability and responsibility. The clinicians seek to provide an environment in which the participants feel comfortable to engage fully in the therapeutic process. For example, they use confrontation to the extent that the group format encourages the peers to challenge the individuals regarding their offense supportive cognitions or their lack of responsibility. To successfully complete the SOAR program, individuals must satisfactorily engage in cognitive behavioral therapy (CBT) interventions based in experiential learning techniques. The components of SOAR are consistent with other prison-based treatment programs specifically designed for individuals with a sex conviction used across the country (Duwe & Goldman, 2009; McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2009). Similar to these other programs (McGrath et al., 2009), the SOAR program focuses on reducing criminogenic needs through their program (Andrews & Bonta, 2006; Hanson et al., 2009), and includes similar core treatment targets to other prison-based programs, such as addressing offense supportive attitudes, intimacy/relationship skills, and victim awareness and empathy (McGrath et al., 2009). The interventions used in SOAR are designed to reduce or resolve participants' cognitive distortions while improving or increasing the capacity for self-awareness, empathy, decision making, assertiveness, and social skills (NCDPS, 2007). The program includes daily participation in six to eight hours of group therapy. The SOAR program staff includes two full-time psychologists, one part-time psychologist, and peer counselors who are inmates who successfully completed the SOAR program (NCDPS, 2007).

Pre-SOAR. Pre-SOAR addresses the same topics as SOAR and also uses a closed group format but is less intensive than SOAR. Groups meet over the course of eight weeks for 1.5 hours per week with eight to 12 inmates per group. SOAR and Pre-SOAR include the same topics to address the risk factors associated with offending behaviors

Data

This analysis utilized data that were obtained from two databases and a file review. The databases included: (a) the SOAR program and (b) the Offender Population Unified System (OPUS) database, which is the NCDPS administrative database. The databases contain the following information: SOAR participation, demographics, mental and physical health conditions, participation in and completion of other correctional interventions designed to rehabilitate the individual, and criminal histories including official crime versions. In addition, the OPUS database has information for each individual regarding all entries to NCDPS, whether that be admission into a prison facility or assignment to community supervision by the North Carolina Division of Community Corrections, and any discovered infractions of institutional rules while incarcerated. All aspects of this study were approved by the Institutional Review Board of the NCDPS.

Measures

Grouping variable. Level of program completion was used as the grouping variable. Participants were placed in one of three groups: Pre-SOAR only, SOAR only, and those who received both Pre-SOAR and SOAR. Data from the SOAR program file was used to place individuals into their respective groups. Program level for the three groups was dummy coded for analysis purposes with the reference group being Pre-SOAR only.

Control variables. Years of education, race, personality disorder, prior sex offense, and community supervision were used as statistical controls. Years of education was computed by calculating the total number of years in school, including primary, secondary, and post-secondary education. Values ranged from six to 18 years. Race, personality disorder, prior sex offense, and community supervision were all dichotomized for the analysis. The inclusion of

these variables was informed by previous literature demonstrating their covariation with ongoing criminal justice involvement (Hanson et al 2009; Harkins & Beech, 2007; Harkins et al., 2012; Kansal, 2005; Langan & Levin, 2002; Leschied, Chiodo, Nowicki, & Rodger, 2008).

Furthermore, individual and contextual factors play an important role in the effectiveness of treatment. For example, in terms of personality disorders, there has been research to demonstrate that high psychopathic traits may present as obstacles for therapy, particularly in group settings where they may be an influence on the therapy group (Harkins & Beech, 2007; Beech et al., 1999),

Dependent variable. Recidivism was the dependent variable and it was narrowly defined as an event of re-incarceration because of a new crime. Recidivism was measured in two different ways: (a) dichotomized event of interest (yes/no did the event occur) and (b) the time-to-event (the number of days from prison release to recidivism event). Study participants who did not have a recidivism event at the end of the respective study period or who experienced a recidivist event that was not of interest were defined as censored and coded 0. Those who did experience a recidivism event were coded 1.

Data Analysis

Statistical analyses include descriptive statistics, bivariate tests, survival analysis, and Cox proportional hazards modeling. All data analyses were performed using SPSS 23; statistical significance was determined at .05 alpha level. For the Cox modeling, the dichotomous predictor variables were entered with the reference group set to the value of one. Table 1 presents the descriptive characteristics of the sample.

Table 1. Demographic Characteristics

Variable	Pre-SOAR Only (n=103)	SOAR Only (n=147)	Pre-SOAR & SOAR (n=93)
	Mean (SD) / N(%)	Mean (SD) / N(%)	Mean (SD) / N(%)

Race			
White	67 (65.0%)	106 (72.6%)	74 (78.7%)
Other	36 (35.0%)	40 (27.4%)	20 (21.3%)
Years of Education			
	10.75 (1.65)	11.3 (1.86)	11.51(1.93)
Community Supervision			
No	47 (45.6%)	44 (30.1%)	29 (30.9%)
Yes	56 (54.4%)	102 (69.9%)	65 (69.1%)
Recidivated			
No	51 (49.5%)	96 (65.8%)	70 (74.5%)
Yes	52 (50.5%)	50 (34.2%)	24 (25.5%)
Personality Disorder			
No	79 (76.7%)	110 (75.3%)	62 (66.0%)
Yes	24 (23.3%)	36 (24.7%)	32 (34.0%)
Prior Sexual Offenses			
No	86 (83.5%)	117 (80.1%)	66 (70.2%)
Yes	17 (16.5%)	29 (19.9%)	28 (29.8%)

Results

Survival Analysis

Survival analysis, as described below, was conducted for recidivism. First, cumulative probability of the event (recidivating) during days in the community (survival function) was estimated via the Kaplan-Meier product-limit method; the groups were then compared by a log-rank chi-square test. Next, Cox proportional hazards models were sequentially fitted to examine group difference in the hazard function – i.e., the risk (hazard) of returning to prison– adjusting for race, personality disorder, years of education, and prior sexual offense. A strength of survival analysis is the ability to analyze time-to-event data for individuals that released throughout the study timeframe from January 1, 1999 to October 31, 2015.

The groups significantly differed in the estimated survival function to be reincarcerated (log-rank $\chi^2 [2] = 10.82, p = .004$). *Pre-SOAR program only* participants spent a mean of 2,627.79 days in the community ($SD = 139.61, 95\% CI = [2,354.15 - 2,901.43]$) in the

community prior to being reincarcerated. Those who received the *SOAR program only* spent 3,117.07 days in the community ($SD = 92.94$, 95% CI = [2,934.91 – 3,299.23]). Lastly, the participants who completed *both Pre-SOAR and SOAR programming* remained in the community for 3,114.75 days ($SD = 116.36$, 95% CI = [2,886.67 – 3,342.82]). Thus, the participants who took part in the *SOAR only programming* remained in the community for the longest period of time before being reincarcerated, approximately 489 days more than the *pre-SOAR program only* and three days longer than participants in the *Pre-SOAR and SOAR programming*.

Prior to Cox modeling, the proportionality hazards assumption – i.e., shapes of survival functions are the same for all levels of covariates over time – was evaluated by inspecting the interaction between time and each of the covariates in the model (Tabachnick & Fidell, 2013). A Bonferroni-adjusted p value was used for statistical significance because of the number of interactions being evaluated ($.05/7 = .007$; Tabachnick & Fidell, 2013). No significant interactions were found between time to reincarceration and the covariates. Thus, no interaction terms were included in the final model.

After adjusting for the model covariates, both participants in the SOAR program only and Pre-SOAR and SOAR program significantly differed from the Pre-SOAR only program participants in the hazard to incur reincarceration. Pre-SOAR only participants had a greater hazard of incurring reincarceration compared to those individuals who either completed SOAR only (hazard ratio [HR] = .58, $p < .05$, CI = [.37 – .92]; $1/.58 = 1.72$) or completed both Pre-SOAR and SOAR programming (HR=.53, $p < .05$, CI = [.30 – .92]; $1/.53 = 1.89$). Participants who had a personality disorder, were non-white, and had a lower education level were found to be at a significantly greater hazard of being reincarcerated. Those who had a personality

disorder had 1.79 times greater hazard of returning to prison (HR = 1.79, $p < .01$, CI = [1.17 – 2.74]). Non-white participants (HR = .53, $p < .05$, CI = [.35 – .81]; $1/.53 = 1.89$) had 1.89 times greater hazard of returning to prison. In terms of education, for each one-year increase in school, the hazard ratio of reincarceration decreased by 16% (HR=.84 $p < .05$, CI = [.76 – .94]). The estimates from the reincarceration model are detailed in Table 2

Table 2. Cox Proportional Hazards Model

Parameter	<i>b</i>	<i>SE</i>	Wald χ^2	<i>p</i>	HR	95% CI for HR	
						Lower	Upper
Personality Disorder <i>Reference= No</i>	.58	.22	6.85	.01	1.79	1.17	2.74
Race <i>Reference = African-American</i>	-.62	.21	8.57	.00	.53	.35	.81
Years of Education	-.17	.06	8.73	.00	.84	.76	.94
Community Supervision <i>Reference = No</i>	.26	.22	2.39	.23	1.30	.85	2.00
Prior Sex Offense <i>Reference = No</i>	.35	.23	2.39	.13	1.42	.90	2.25
SOAR Only Group <i>Reference = Pre-SOAR Only</i>	-.55	.23	4.81	.02	.58	.37	.92
Pre-SOAR and SOAR Group <i>Reference = Pre-SOAR Only</i>	-.64	.28	5.10	.02	.53	.30	.92

Note. *b* = unstandardized regression coefficient, *SE* = standard error, HR = hazard ratio; CI = confidence interval

Discussion

Summary of Findings

The primary aim of this study was to explore whether participation in a PIP would decrease recidivism among individuals who have sexually offended. Based on the previous literature, we predicted that those who participated in the combination of both programs would have the lowest rates of recidivism. The findings of this study did not support our hypothesis; men who participated in both Pre-SOAR and SOAR had the second lowest rates of recidivism. Those who participated in Pre-SOAR-only had the highest rates of recidivism among the three

groups. In fact, the Pre-SOAR only group returned to prison over a year sooner than the other two groups. As such, these findings indicate that the Pre-SOAR program is not sufficient or the most efficacious as a stand-alone program to reduce recidivism among ISOs. However, as stated previously, the Pre-SOAR program did show benefit when combined with the SOAR program in that approximately 8% fewer of the individuals were reincarcerated during the study window when compared to those who only completed the SOAR program. While those individuals who participated in the Pre-SOAR and SOAR programming group returned to prison three days faster than the SOAR-only group, we do not see this to be a significant difference.

In addition, those participants who had a personality disorder, were non-white, and had a lower education level were found to be at a significantly greater risk of being reincarcerated. These findings are not surprising given the existing literature on reincarceration rates among formally incarcerated individuals (Durose et al., 2014; Olson et al., 2016). While these results are important to note, they are not unique to this study or this population.

Implications

The findings of this study have several implications. The first is that while it is possible that treatment program should consider adding in PIPs, our findings do not indicate that they alone significantly decrease recidivism rates among ISOs. As such it may not be worth adding in extra staff time to programs that are already struggling to meet the needs of their organizations. It is possible that the reason that no differences were found between the combination group and the SOAR-only group is that the risk levels among the individuals in each group did not vary. In a previous study examining this sample, the risk level was found to be very low (*authors' names removed for blind review*). In that study, we surmised that it was difficult to determine

differences between the groups on recidivism as the rates of recidivism were low in general for this group, thus there was not enough variance among the participants to show group differences.

A second implication is that dose does appear to matter for this study population. The study findings show that Pre-SOAR as a stand-alone intervention was not enough to reduce recidivism even for this low risk group, indicating that dosage does matter, even in the context of individuals at a lower risk of offending.

Finally, although the factors that predicted which individuals had the highest recidivism rates are not unique to this study, these results are important to consider in the context of this population and the type of crime that they commit, especially around education levels. Some previous research has indicated that often ISOs return to prison most often on charges related to probation violations or violations related to the numerous and complex laws that specifically target individuals with a sex offense (Grady et al., 2017; Marshall et al., 2008). It is possible that those who are the greatest risk of recidivism are the least educated and who struggle to navigate the complex world in to which they enter post-release. While it is possible that PIPs as standalone programs may aide participants in understanding the inappropriateness of their own behavior, they likely do not prepare individuals for managing their behavior within a post-release context. A full course of treatment offers may provide them with more time to understand the complexity of their life post-incarceration.

Limitations of Current Study

There are several limitations that must be taken into account when considering the results of this study. First, this study used a pre-existing data set containing administrative data. It is possible that there are other variables that could strengthen the predictive ability of the model but were not recorded within the OPUS system and, therefore, were unavailable. Second, this study

was quasi-experimental and did not use an experimental design. While we did have comparison groups, we did not have control over who was placed within the three groups, including who received which combination of treatment. In addition, we did not have a comparison group that included non-treatment, so it was not possible to compare those who had any of the interventions with those who had none.

Another limitation was the small number of subjects we were able to include in the various groups. The small sample size limited our ability to analyze the differences in types of recidivism or to match the sample by certain factors such as risk levels with any power. A larger sample would have allowed us to assess how the various combinations of programming might have predicted the types of recidivism, and whether risk levels had any impact on these various crime types or recidivism as a whole. Such analyses would have allowed us to more effectively address whether PIPs are a potential intervention using the RNR principles. In addition, if the sample had had more variance in risk levels, the analysis may have yielded different results.

Finally, this study's aim was limited to assessing whether PIPs influence recidivism. The study did not discern which factors within such programs might influence recidivism rates. Therefore, we cannot answer what readiness, motivation or other factors may have influenced the results of this study. Future research should explore these factors, as well as include larger samples, and ought to include information about risk levels, criminogenic risk factors, drop-out comparisons, and include experimental designs to address some of these limitations.

Conclusion

Preparatory programs are a potential way to improve treatment outcomes for individuals who have committed sexual offenses. The findings of this study, however, indicate that if a program is limited in resources, preparatory programs may not lead to significantly lower rates

of recidivism as compared to full-dosage programs, even for individuals assessed as low-risk.

More research should be conducted on such programs before firm conclusions are drawn about

how important PIPs are in improving outcomes aimed at reducing recidivism.

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