

Preparing sex offenders for treatment:
A preliminary evaluation of a preparatory programme

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Abstract

One of the emerging findings in offender rehabilitation is that treatment completion and therapeutic gains can be maximised under conditions where the participant is “ready” for psychotherapeutic intervention. This study investigated the preliminary effectiveness of a Preparatory Programme designed to motivate or prepare sex offenders for treatment. The treatment targets of readiness, hope, self-efficacy, and motivation to change were measured before and after the programme. The Preparatory group showed significant positive changes on self-efficacy and hope. In contrast, sex offenders who completed a psycho-educational programme or who were on a waitlist did not receive such gains. There were no significant increases in measures of motivation however the majority of offenders subsequently commenced a full treatment programme.

Key words: sex offender, motivation, evaluation, preparatory

Introduction

There is now evidence that suggests that sex offender treatment is at least moderately effective in reducing re-offending (Hanson et al., 2002; Losel & Schmucker, 2005). Not all programmes are equally effective however, and a number of sex offenders will re-offend even after treatment – particularly those assessed as high risk (Woodrow & Bright, 2010). For this reason, there remains a focus on improving the effectiveness of treatment. The content of treatment and how it is delivered remains an area of research interest (see, for example, Ware & Mann, 2012).

There are other important contextual aspects of treatment that require additional research attention (Ware, 2011). Treatment will only be effective if sex offenders actually volunteer to participate, then complete the programme, and actually benefit from it (Marques, Wideranders, Day, Nelson, & van Ommeren, 2005). As an example of the significance of the issue of sex offenders refusing to participate in

treatment, Mann and Webster (2002) reported that the rates of refusal offenders across institutions within England and Wales averages over 50%. That is, half of all identified sex offenders did not agree to participate in treatment. Mann and Webster completed a series of qualitative analyses of interviews conducted with these sex offenders who refused treatment and subsequently developed a list of common reasons behind treatment refusals.

Even if these offenders were to agree to participate in treatment, it appears that many would subsequently drop out voluntarily or be discharged. Reported sex offender treatment non-completion rates vary between 18.9% (Marques, Weideranders, Day, Nelson, and van Ommeren, 2005) and 80% (Proulx et al., 2004) in institutional settings. Community based programmes also reports similar levels of attrition (Lee, Proeve, Lancaster, and Jackson, 1996). If sex offenders were to volunteer for treatment and complete the entire programme there is still the risk that they can simply go through the motions and not “get it” (to use the term coined by Marques et al., 2005) and therefore not make any treatment gains. In a large scale evaluation of their treatment programme, Marques and her colleagues demonstrated that sex offenders who did not show the necessary changes during treatment (e.g., did not “get it”) were more likely to re-offend than those offenders who did demonstrate changes.

Given how important these issues are, it is somewhat surprising that there has not been a larger emphasis on preparing sex offenders for treatment both in the clinical and empirical literature. There have been a number of pre-treatment programmes specifically used for sex offenders which have been evaluated however, as Marshall, Marshall, Serran, and O’Brien (2011) noted, these have been aimed at specific issues such, as overcoming denial (Shaw & Schlank, 1996) or increasing awareness of harm (Pithers, 1994) and not increasing motivation or preparing sex offenders for treatment per se. In the instances where increasing motivation has been an explicit target, the evaluations have not separated the effects of the pre-treatment intervention from the effects of the subsequent full treatment programme (e.g., Lee, Proeve, Lancaster, and Jackson, 1996).

Marshall, Marshall, Fernandez, Malcolm, and Moulden (2008) reported on the use of a specific preparatory programme for sexual offenders that was designed to reduce treatment refusal rates, reduce treatment drop outs, and to prepare offenders so that they would be more likely to achieve the goals of treatment. To achieve these

goals they provided high levels of information to offenders about treatment and then focused on assisting offenders to practice the actual treatment components that they feared or worried about – such as offence disclosures, autobiographies, and victim empathy work (see Mann & Webster, 2002). The preparatory programme also included exercises to assist offenders with their low self-esteem or self-efficacy, lack of hope for their future, and lack of adequate coping abilities (see O'Brien, Marshall, & Marshall, 2009, for a full description of programme and its rationale). The emphasis throughout the programme is on positive reinforcement, motivational interviewing (Miller & Rollnick, 2002), accepting the client as a whole person with strengths, and gently building a case for the benefits of change. The programme is typically 12 to 14 sessions, delivered in a rolling group format, and is facilitated by an experienced psychologist.

Marshall, Marshall, Fernandez, Malcolm and Moulden (2008) described two studies in which the benefits of the preparatory programme were demonstrated. They evaluated the preparatory programme in terms of its ability to achieve its targets (e.g., increasing motivation) and then separately compared sex offenders who had completed the preparatory programme with a matched sample who had not. Marshall and his colleagues reported that sex offenders who completed this programme were subsequently more motivated to complete treatment and had higher levels of hope and self-esteem.

In comparison to a group of sex offenders matched on variables such as age, offence history and risk, those who completed the preparatory programme ($n = 94$) were more likely to be moved to lower security classification goals and were assessed as requiring less intensive treatment, relative to offenders who had not undertaken the preparatory programme ($n = 94$). Marshall and his colleagues concluded, somewhat tentatively, that the decisions to place these offenders in lower security facilities and in lower intensity treatment programmes may have been due to the preparatory programme participants displaying more insight regarding their offences and a greater levels of motivation to address their issues.

Most importantly, Marshall and his colleagues also compared the recidivism rates of sexual offenders who completed the preparatory programme against than sexual offenders who completed treatment but did not participate in the preparatory programme.

With a follow up period ranging from 0.27 years to 6.82 years ($M = 3.06$ years), they found that only 1% of offenders who had completed the preparatory programme and treatment re-offended compared to 5% of those who only completed treatment. There was no statistically significant differences in time at risk between the two groups. This suggests that the preparatory programme appears to have increased the overall effectiveness of sexual offender treatment. This is presumably due to the offenders being more motivated and engaged with treatment from the outset.

Corrective Services NSW has long recognised the need for some sort of pre-treatment programme to demystify sex offender treatment programmes and to motivate offenders to voluntarily seek to undertake treatment. Since 1996, a brief 8-session group-based educational programme, currently named “Education for Sex Offenders” (ESO), has been periodically offered to sex offenders. This programme was designed to be facilitated by non-treatment staff. An early version of the ESO programme was evaluated where a range of psychometric questionnaires completed pre- and post-ESO participation and a participant evaluation form was analysed for a group of 40 child sex offenders (Young, 1999). Results suggested that participants of the ESO had greater knowledge about sexual offending, more positive attitudes to treatment, a more honest disclosure about their offences, a decreased tendency to lie about their offences, and a reduction in their endorsement of justifications for the sexual abuse. There were no subsequent analyses of whether or not these offenders volunteered for and completed treatment, however, which is problematic in terms of understanding the full implications of these results.

Corrective Services NSW commenced the preparatory programme (labelled “PREP”) in 2006. The PREP programme is available to all sentenced sex offenders irrespective of their assessed risk of sexual re-offending and irrespective of whether they are motivated to commence treatment or not. The content of the CSNSW PREP programme and the manner in which it is delivered is identical to that of the preparatory programme described by O’Brien, Marshall, and Marshall (2009).

This study is the first attempt to evaluate the effectiveness of the PREP programme within Corrective Services NSW. Specifically, the aims of this study were to examine whether sex offenders completing the PREP programme would attain higher levels of hope, self-esteem, and motivation to change as was the case in the Marshall, et al (2008) research. It was also hypothesised that these targets would not be met within (1) the ESO programme, which focused purely on non-therapeutic

psycho-education or (2) a control group of sex offenders who were awaiting commencement of the preparatory or ESO groups.

Other potential benefits of the preparatory programme, such as higher levels of subsequent treatment referral, improved treatment retention, increased ability to obtain subsequent treatment targets, or lower recidivism rates, will be examined in a separate study.

Method

Participants

Participants were 117 sex offenders who completed either the PREP (n=64) or ESO (n=53) programme. These offenders completed either PREP or ESO and no offenders completed both. An additional waitlist group of 40 sex offenders waiting to commence either ESO or PREP was used as a comparison.

Pre- and post-treatment measures were administered to 157 incarcerated men convicted of sexual offences. All participants were informed about and subsequently consented to this research being undertaken. Participants ages ranged from 22 years to 78 years ($M=49$, $SD=12$). Ages was distributed evenly between the groups. Only 19 identified as being Aboriginal or Torres Strait Islanders. Eighty-six of the participants had offended sexually against a child. The average risk level of all participants was 2.8 ($SD = 2.18$, range 0 to 8) on the Static-99 (Hanson & Thornton, 1999). The average static risk level for the PREP programme was 3.47 ($SD = 2.02$) in comparison with the ESO group where the average was 2.73 ($SD = 2.23$).

Programmes

Preparatory (PREP) programme

PREP is a 12 session motivational programme aimed at increasing an offender's motivation and/or readiness to participate in a sex offender treatment programme. It is delivered in a group therapy format to allows participants to prepare for treatment. There are no exclusion criteria and all sex offenders are encouraged to seek a referral to PREP. Participants are informed about, and can start to experience, the actual content and process of treatment through PREP. They have an opportunity to briefly complete a number of discussions/exercises relating to coping styles, self-esteem, relationship skills, victim empathy, and have an opportunity to start the

process of understanding how and why they offended sexually. PREP is facilitated by psychologists with experience treating sexual offenders.

Education for Sexual Offenders (ESO) psycho-educational group

ESO is an 8-session psycho-educational programme that is designed to provide sexual offenders with basic information about the nature of sexual offending and what is involved in treatment programmes for sexual offenders. It is available to all sexual offenders. The content of ESO includes discussions regarding issues of consent, offence supportive beliefs and attitudes towards sexually abusive behaviours, how to understand or work through denial and minimisation, and information regarding sex offender treatment programmes.

Materials and measures

Four measures assessed the clients' stage of change, self-efficacy and hope. These measures are part of a standardised battery of psychometric instruments administered to all sex offenders who complete a sex offender treatment programme within Corrective Services NSW.

The University of Rhode Island Change Assessment (URICA)

The URICA (McConaughy, Prochaska & Velicer, 1983) is a 32-item measure of change readiness based on the trans-theoretical model of change (DiClemente & Prochaska, 1998). The URICA measures four stages of change: precontemplation, contemplation, action, and maintenance. Participants are asked to what extent they currently agree or disagree with each statement about their participation in a treatment programme, which they then indicate using a 5-point scale. The scores for each of the four stages are summed and the stage with the highest score is taken to indicate the respondent's current position regarding his understanding of his current need for change. The URICA has been found to have acceptable reliability (McConaughy et al., 1989; Pelissier, 2007) and validity (Amodei & Lamb, 2004).

The Self-Efficacy Scale (SES)

The SES (Scherer, Maddux, Mercandante, Prentice-Dunn, Jacobs & Rogers, 1982) is a measure of the respondent's sense of self-efficacy. The participant

responds to 30 statements regarding their perception of their own competence using a 5-point scale. The higher the score, the greater the belief of self-efficacy. The measure has shown good internal consistency. As might be expected, the scores on the SES are significantly correlated with measures of self-esteem, interpersonal competency, as well as vocational and monetary goals (Sherer et al., 1982).

The Adult Dispositional Hope Scale (ADHS)

The ADHS (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, Yoshinobu, Gibb, Langelle & Harney, 1991) is a measure of hope as a dispositional quality or trait. The participant is required to respond to 12 items regarding trait hope by rating on a 4-point scale the degree to which each statement describes them. The higher the score, the greater the level of dispositional hope. The ADHS has good internal reliability, and satisfactory test-retest reliability (Snyder et al., 1991). Scores on the *ADHS* have been shown to be significantly related to scores on measures of self-esteem (Lopez, Ciarlelli, Coffman, Stone & Wyatt, 2000), and inversely related to measures of hopelessness, and depression (Snyder et al., 1991), demonstrating concurrent construct validity. The ADHS has also shown a significant relationship with coping, well-being, and psychological health (Snyder, Cheavens & Michael, 1999).

The Adult State Hope Scale (ASHS)

The ASHS (Snyder, Sympson, Ybasco, Borders, Babyak & Higgins, 1996) is a measure of the current state of the respondent's perception of hope in a given moment; as such, the ASHS seeks to measure State Hope. Respondents are required to respond to 6-items by indicating how true each item is for them using an 8-point scale. Higher scores indicate a greater level of current hope. The ASHS has shown high reliability, test-retest reliability and concurrent construct validity (Snyder et al., 1996).

Procedure

All PREP and ESO participants were invited to participate in this research one week prior to the commencement of the programme and then again immediately upon its completion.

A wait-list control group was also used. These were sex offenders who were awaiting commencement of the preparatory or ESO groups but who were unlikely to receive an offer within the course of this research. The wait-list control groups were tested twice on the same measures with the same nine week period between testing administration. Interestingly, given that these were all untreated sex offenders, only a very small number of any of the three groups refused to participate in this research. Those who refused did so primarily due to their low levels of literacy.

It was also noted that on scoring the URICA, a significant portion of the scores were difficult to interpret; in that individual respondents had obtained the same score for multiple stages of motivation at the same occasion of testing (thus, appearing to be simultaneously in a number of motivational stages, such as pre-contemplation and action). This scoring tendency reduced the number of interpretable URICA data sets by over one third, which in turn interfered with subsequent analysis.. It may simply be that many respondents did not fully understand the URICA test items. It may be a response style bias. Another possibility is that it may be an artefact of ambivalence in the studied population. This might be particularly relevant to offenders denying their convictions, as they struggle to come to terms with conflicting emotions regarding their convictions, such as simultaneous feelings of persecution versus shame. For these reasons we have interpreted all results relating to this instrument with caution.

Results

There were no significant differences between sex offenders commencing PREP, ESO, or in the wait-list group in terms of initial scores on the Self-Efficacy Scale (SES), Adult Dispositional Hope Scale (ADHS), or Adult State Hope Scale (ASHS). Descriptive statistics are shown in Table 1.

Table 1. Mean scores and Standard Deviations of SES, ADHS, and ASHS pre-treatment

Group	<i>n</i>	SES		ADHS		ASHS	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ESO	53	93.70	(12.50)	23.62	(3.34)	33.19	(7.26)
Wait-list	40	95.55	(14.07)	23.58	(3.55)	31.65	(8.53)
Prep	64	93.34	(15.00)	23.41	(4.29)	33.25	(8.70)

The pre-treatment scores on the SES measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant for the SES, $F(2, 154) = 0.33, p > .05$, or for the ADHS, $F(2, 154) = 0.05, p > .05$, and finally for the ASHS, $F(2, 154) = .55, p > 0.05$. This finding supports the assumption that there were no pre-existing differences between the test groups on these indices that may have contributed to differences identified at post-testing.

It was also hypothesised that there would be no differences in motivation stages of change (using the URICA) between sex offenders commencing PREP, ESO, or in the wait-list group. With α set at .05, a two-way chi-square revealed no significant relationship between the offenders within PREP, ESO, and wait-list and stage of change as measured on URICA at pre-treatment, $\chi^2(4, N = 91) = 7.74, p = .10$. The frequencies are shown in Table 2.

Table 2. Pre-test Distributions for the Preparatory Group on a Measure of Motivation to Change (URICA)

URICA	ESO	Wait-list	Preparatory Group
Pre-contemplation	13 (39.4%)	8 (42.1%)	23 (59%)
Contemplation	13 (39.4%)	3 (15.8%)	8 (20.5%)
Action	7 (21.2%)	8 (42.1%)	8 (20.5%)
Maintenance	-	-	-

$\chi^2(4, N = 91) = 7.74, p > .05$.

PREP programme – pre to post changes

It was hypothesised that there would be a significant increase in sex offender self-efficacy, trait hope, and state hope following participation in the PREP programme. Pre- and post-PREP programme means for the three measures are shown in Table 3.

A dependent *t*-test was conducted on the mean test scores for pre- and post-testing of measures of self efficacy, trait hope and state hope for the PREP programme. Alpha was set at .05 and assumptions of normality were met. The result indicated a statistically significant difference between the pre- and post-test scores on the self-efficacy measure $t(63) = - 3.98, p < .001$, the Trait Hope measure $t(63) = - 3.76, p < .001$, and the State Hope measure $t(63) = - 5.46, p < .001$.

Table 3. Pre- and Post-Test Means for the PREP Programme

Measure	Pre-test	Post-test	<i>t</i> Value	<i>p</i> Value
Self-efficacy	93.34 (14.99)	98.25 (12.99)	- 3.98	< .001
Trait Hope	23.41 (4.3)	24.91 (3.91)	- 3.76	< .001
State Hope	33.25 (8.7)	38.75 (5.44)	- 5.46	< .001

It was also hypothesized that there would be a significant increase in motivation after completion of the PREP group as measured by the URICA. This was not found. With α set at .05, a two-way chi-square revealed *no* significant relationship between the stages of change as measured on URICA and the timing of testing (Pre- and Post) for the PREP programme offenders. The frequencies are shown in Table 4.

Table 4. Pre- and Post-Treatment Distributions for the PREP programme on a Measure of Motivation to Change (URICA)

URICA	Pre-PREP	Post-PREP
Pre-contemplation	23 (59%)	22 (56.4%)
Contemplation	8 (20.5%)	8 (20.5%)
Action	8 (20.5%)	8 (20.5%)
Maintenance	-	1(2.6%)

$\chi^2 (1, N = 78) = .16, p > .05$.

ESO programme – pre to post changes

It was hypothesised that there would also be a significant increase in sex offender self-efficacy, trait hope and state hope following participation in the ESO programme. Pre- and post-ESO programme means for the three measures are shown in Table 5.

A dependent *t*-test was conducted on the mean test scores for pre and post testing of measures of self efficacy, trait hope and state hope for the ESO group. Alpha was set at .05 and assumptions of normality were met. The result indicated no statistically significant difference between the pre- and post-test scores on the Self-Efficacy measure $t(52) = - 1.11, p > .05$, or the Trait Hope measure $t(52) = - 1.69, p > .05$. The mean score of 35.53 ($SD = 7.18$) on the state hope measure at post-ESO was significantly higher than the mean at pre-ESO ($M = 33.19, SD = 7.26$), $t(52) = - 2.44, p < .05$. These results suggest that there appeared to be a positive effect on sex offenders' current hope.

Table 5. Pre- and Post-ESO Means for the ESO Programme

Measure	Pre-test	Post-test	<i>t</i> Value	<i>p</i> Value
Self-efficacy	93.70 (12.5)	95.04 (13.58)	- 1.11	> .05
Trait Hope	23.62 (3.33)	24.75 (5.27)	- 1.69	> .05
State Hope	33.19 (7.26)	35.53 (7.18)	- 2.44	< .05

Waitlist group – pre to post changes

It was hypothesised that there would be no significant differences in self efficacy, trait hope and state hope for those sex offenders in the waitlist group who were tested twice over the 10 week period in which offenders were completing the PREP or ESO programmes. The means and standard deviations for the three measures assessed in week 1 and week 10 are shown in Table 6.

A dependent *t*-test was conducted on the mean test scores for week 1 and week 10 testing of measures of self efficacy, trait hope and state hope for the wait-list group. Alpha was set at .05 and assumptions of normality were met. The result indicated no statistically significant difference between the pre- and post-test scores on the Self-Efficacy measure $t(39) = 1.92, p > .05$, the Trait Hope measure $t(39) = - 1.29, p > .05$, or the State Hope measure $t(39) = .76, p > .05$.

Table 6. Pre- and Post-Test Means for the Wait-list group

Measure	week 1	week 10	<i>t</i> Value	<i>p</i> Value
Self-efficacy	95.55 (14.07)	93 (14.58)	1.92	> .05
Trait Hope	23.58 (3.55)	24.10 (3.26)	- 1.29	> .05
State Hope	31.65 (8.53)	30.48 (8.97)	0.76	> .05

Differences between PREP, ESO, and Wait-list

It was expected that there would be significant differences between sex offenders who had completed PREP, ESO, or in the wait-list group in terms of scores on the Self-Efficacy Scale (SES), Adult Dispositional Hope Scale (ADHS), or Adult State Hope Scale (ASHS). Descriptive statistics are shown in Table 7.

Table 7. Mean scores and Standard Deviations of SES, ADHS, and ASHS post-treatment

Group	<i>n</i>	SES		ADHS		ASHS	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
ESO	53	95.04	(13.58)	24.75	(5.28)	35.53	(7.18)
Wait-list	40	93.00	(14.59)	24.10	(3.26)	30.48	(8.97)
Prep	64	98.25	(12.99)	24.91	(3.92)	38.75	(5.44)

Contrary to expectations, there were no differences in self efficacy scores between the PREP, ESO, and the waitlist group. Scores on the Self Efficacy measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant, $F(2, 154) = 1.97, p > .05$. Similarly, again in contrast to expectations, the post-test scores on the Trait Hope measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant, $F(2, 154) = 0.46, p > .05$.

The post-test scores on the State Hope measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha =$

.05. The ANOVA test assumptions were found to be satisfactory with the exception of homogeneity of variance, which found to be violated. Therefore, Welch and Brown-Forsythe Robust Tests of Equality of Means were used. The result was statistically significant, $F(2, 154) = 16.88, p < .001, \eta^2 = .18$ (Power = 1). Due to the number of tests conducted using one way ANOVA, the possibility of family wise (Type I) error was addressed by adjusting the significance level via the Bonferroni Test. The adjusted alpha level is .008, and therefore, the results were still significant. The Levene test of homogeneity of variance assumption was significant ($p < .01$) and a post hoc comparisons test using the Games-Howell test was conducted. This revealed a significant difference between all three treatment conditions with highest State Hope score achieved by the PREP programme condition, followed by the ESO Programme. The wait-list condition post score was the lowest.

Whether or not there were differences between PREP, ESO, and waitlist participants in terms of the state of change (URICA) at post -test was also examined. With α set at .05, a two-way chi-square revealed no significant relationship between group membership and stage of change as measured on URICA at the post-test stage, $\chi^2 (1, N = 91) = 0.19, p = .66$. The frequencies are shown in Table 11.

Table 8. Post-test Distributions for the Preparatory Group on a Measure of Motivation to Change (URICA)

URICA	ESO	Wait-list	Preparatory Group
Pre-contemplation	20 (60.6%)	10 (52.6%)	22 (56.4%)
Contemplation	6 (18.2%)	6 (31.6%)	8 (20.5%)
Action	7 (21.2%)	3 (15.8%)	8 (20.5%)
Maintenance	-	-	1(1.1%)

$\chi^2 (1, N = 91) = 0.19, p > .05$.

Preliminary examinations of sex offenders post PREP, ESO, or waitlist

Forty-eight of the 64 sex offenders (75%) who completed the PREP programme subsequently commenced a treatment programme. Only 8 declined to commence treatment (12.5%). The remaining offenders have yet to receive an offer at the time of writing. Thirty-five of the 40 sex offenders (87.5%) on the waitlist have commenced treatment. Twenty-seven of the ESO group commenced treatment (70%)

however 25% also declined an offer of treatment. These results are difficult to interpret

Discussion

This study reports on a preliminary evaluation of the PREP programme within Corrective Services NSW. Specifically, it was hypothesized that sex offenders who completed the PREP programme would attain higher levels of hope, self-esteem, and motivation to change than those offenders who completed the ESO psycho-educational programme and a control group of sex offenders who were awaiting commencement of the preparatory or ESO groups. As expected, sex offenders who completed the PREP programme had higher levels of trait and state hope and self-efficacy post programme. In other words, they were more likely to approach their future with a sense of optimism and felt that they were in a position to manage their lives more effectively. Sex offenders who completed the ESO psycho-educational programme or who were on a waitlist did not achieve such gains. These results were in contrast to previous research in which sex offenders who completed ESO were more positive towards treatment, although this was only assessed through a survey (Young, 1999). In the present study, sex offenders who completed the ESO programme had a significant increase in state hope. This is perhaps unsurprising if these offenders were now anticipating being able to commence a sex offender treatment programme.

It was also hypothesized that there would be a significant increase in motivation after completion of the PREP group, as measured by the URICA. This was not found for PREP, ESO, or the waitlist. The main measurement used in this study to quantify motivation (URICA) showed no significant change for sex offenders in the PREP, ESO, or waitlist group. There may be a number of ways to interpret this finding. It might simply be asserted that none of these programmes was successful in targeting motivational change in the sample population. This would not however, explain the preliminary finding that a large proportion of these sex offenders subsequently commenced a treatment programme. There also appear to be differences between the sex offenders who completed the CSNSW PREP programme and those who completed the programme as evaluated by Marshall and his colleagues (2008). Whereas over half of all the sex offenders in this study were assessed as pre-

contemplative (i.e., not motivated to change), none of the 26 offenders within the Marshall et al study were assessed as pre-contemplative.

In contrast, it would appear that sex offenders within this study had higher levels of self-efficacy and state hope than those in the Marshall et al study. This included the ESO and waitlist groups. These differences may be attributable to different contextual issues. The sex offenders in the Marshall et al study were within an Assessment Unit and therefore, were likely to have been recently incarcerated. In contrast, the sex offenders within this study were at varying stages of their incarceration. This may have resulted in a lower level of motivation but increased sense of self-efficacy (as they were now used to managing their lives as convicted sex offenders in prison).

A further finding of note was that mean scores for self-efficacy and state hope were lower at post-testing than at pre-testing for offenders subject to the wait-list condition. Although the difference did not reach the threshold for statistical significance, these means were the only ones observed in this study to regress between pre- and post-testing. Further investigation may be warranted to examine the effects of waiting in custody (without pre-treatment programmes) for programme participation, particularly as it is not unusual for sex offenders in custody to remain on treatment waiting lists for extended periods of time.

This is a preliminary evaluation of the PREP programme and as such, there are a number of limitations that limit its generalisability. Sex offenders were not randomly assigned to the PREP, ESO, or waitlist groups, as this was not possible given the pre-allocated waitlists (the offenders were informed in advance of their acceptance into a programme). There may be differences in the skills of the facilitators of the PREP and ESO programmes. Facilitator variables were not controlled for.

Other potential benefits of the preparatory programme such as higher levels of subsequent treatment referral, improved treatment retention, increased ability to obtain subsequent treatment targets, or lower recidivism rates, will be examined in a separate study. Similarly, the views of therapists who have treated sex offenders subsequent to the preparatory programme will be surveyed in future research. O'Brien, Marshall, and Marshall (2011) noted that therapists in treatment programmes described sex offenders who had previously completed their preparatory programme as making "more rapid involvement in treatment, improved self-disclosure, advanced understanding of risk factors, increased responsibility and appropriate group

behaviour”(p.25). Anecdotally, therapists within CSNSW have noted similar advantages of the PREP programme, although we are yet to empirically examine these issues. Additionally, sex offenders who had previously completed the PREP programme were often reported to be less resistant (or more engaged) at commencement of treatment and also were more likely to progress through rolling groups more quickly (see Ware & Bright, 2008 for discussion regarding rolling groups). These issues clearly require further research attention.

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