

Individualized cognitive behavioral therapy to reduce criminal recidivism risk among young sexual offenders

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Registration date 20/06/2019	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 03/12/2024	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Systematic literature reviews find only weak support for the recidivism-reducing effects of current psychological interventions for young people who commit sexual offences (YSOs). Hence, we evaluate a new, sexual abuse-specific, individualized Cognitive Behavioural Therapy (CBT) intervention, STOP, for YSOs to improve treatment effectiveness.

STOP draws on the limited existing evidence and psychological treatment modalities such as Dialectical Behaviour Therapy (DBT), Multi-systemic Therapy (MST), Motivational Interviewing (MI) and the risk, need and responsivity principles (RNR) for effective work with offender populations.

STOP aims to reduce future sexual offending through a) active reduction of those research-based, malleable recidivism risk factors that each individual YSO present and b) design of an individual stop plan against relapse to follow also after treatment termination. A supplementary support plan, c) informs the offender's network on how to strengthen skills, reduce problem behaviour and monitor that the plan is followed.

Who can participate?

13 - 21-year-old males who have been convicted of a sexual offence and are resident in one of the participating youth homes.

What does the study involve?

YSOs participate in the individualized psychological STOP intervention; newly implemented and currently provided as part of standard YSO care within SiS. The study involves no additional intervention but five extra self-report and teacher report questionnaires and an additional assessment of potential treatment-related changes in risk.

What are the possible benefits and risks of participating?

Benefits from study participation (beyond STOP treatment as such) are limited but may include improved treatment quality due to additional study-related therapist supervision and the possibility to systematically contribute opinions to improve young offender treatment. No potential risks have been identified.

Where is the study run from?
Karolinska institutet, Sweden

When is the study starting and how long is it expected to run for?
January 2018 to October 2022

Who is funding the study?
Statens institutionsstyrelse (Swedish National Board of Institutional Care R&D)

Who is the main contact?
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Additional identifiers**Protocol serial number**

STOP1

Study information**Scientific Title**

An individualized, emotion dysregulation-oriented, recidivism risk-reducing CBT intervention for institutionalized young sexual offenders: Multi-center feasibility study with pre-postdesign

Acronym

STOP

Study objectives

The STOP intervention reduces sexual recidivism risk in YSOs by lowering intermediate dynamic risk factors.

STOP participants have reduced criminal recidivism 3 years post-treatment compared to comparison YSOs that did not receive STOP.

Ethics approval required

Old ethics approval format

Ethics approval(s)

08/05/2019, Etikprövningsmyndigheten (Swedish Ethical Review Authority, Ethics Examination Authority
Box 2110, 750 02, Uppsala, Sweden; +46(0)10-4750800; registrator@etikprovning.se), ref: 2019-02375

Primary study design

Interventional

Study design

Interventional multi-centre study with pre-post comparison

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Sexually abusive or offending behavior committed by adolescents

Interventions

STOP is a new, sexual abuse-specific, individualized Cognitive Behavioral Therapy (CBT) intervention aimed to reduce recidivism in adolescent sexual offenders.

STOP draws on the limited existing evidence for this offender population and modern theory and practice of established psychological treatments. These include Dialectical Behaviour Therapy (DBT), Multi-systemic Therapy (MST), and Motivational Interviewing (MI). STOP also follows the risk, need and responsivity principles (RNR, according to Andrews & Bonta) found to improve the outcome of treatment with antisocial individuals; adolescents and sexual offenders.

Central to STOP theory is that poor emotional regulation skills contribute substantially to several of the dynamic risk factors implicated in (young) sexual offender recidivism (and assessed with risk evaluation instruments like ERASOR).

STOP aims to reduce future sexual offending through a) active reduction of those research-based, malleable recidivism risk factors that each individual YSO present and b) design of an individual stop plan against relapse to follow also after treatment termination.

A supplementary support plan, c) informs the offender's network on how to strengthen skills, reduce problem behavior and monitor that the plan is followed.

STOP is a multi-modal intervention with four treatment tracks; skills, individual therapy, network and everyday environment.

The skills track takes place individually/in groups, and provides YSOs with social learning-theory-based and sexuality-specific information and a selection of skills to practice.

The individual treatment track includes chain analysis of the sexual problem behavior of each individual YSO and establishes the stop plan.

The network track is directed towards key individuals in the youth's network; herein the support plan is created and anchored.

Within the everyday environment track, an assigned treatment assistant works systematically with motivational efforts and to strengthen and generalize skills from the stop plan.

Overall, STOP is carried out during 17-26 weeks and comprises three tracks with 6-10 skills sessions of 90 min each, 10-15 individual sessions of 90 min each, and 6-7.5 h of network work.

Intervention Type

Behavioural

Primary outcome(s)

1. Pre-post changes in expert-completed Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) 2.0-based, pre-specified summary scores of intermediate sexuality-specific and other dynamic risk factors for criminal recidivism, respectively. Assessments are conducted by trained and supervised evaluators (other than the therapist) and cover the past month at baseline and at follow-up the past month immediately before the completion of the intervention.

2. Register-based sexual and (non-sexual) violent criminal recidivism rates (suspicions according to the National Crime Register) for 3 years following completed treatment.

Key secondary outcome(s)

- 1a. Pre-midtherapy-post changes in self-reported emotional instability problems according to the Difficulties in Emotion Regulation Scale (DERS-16).
- 1b. Pre-midtherapy-post changes in teacher-rated impulse control difficulties according to the Swanson, Nolan and Pelham scales (SNAP-IV).
2. Register-based psychiatric diagnoses and psychotropic medication use, 3 years following completed treatment (according to the Swedish National Board of Health and Welfare's a) National patient register, and b) National register of prescribed and dispensed medications, respectively).
3. STOP participants are compared to two comparison groups of male, individually matched (birth year, criminal and psychiatric history) young offenders also convicted to residential treatment within the National Board of Institutional Care
 - I) YSOs for whom, due to logistical reasons (but not treatment refusal), STOP was not provided.
 - II) Young offenders convicted of non-sexual, violent index offences, not eligible for specialized sexual offending-specific treatment.

Completion date

31/10/2022

Eligibility

Key inclusion criteria

1. 13-21 years of age
2. Male
3. Placed in one of 4 locked institutions held by the Swedish National Board of Institutional Care (Statens institutionsstyrelse, SiS)
4. Suspected or convicted of one or more index sexual offences
5. ERASOR-rated moderate to high risk for sexual recidivism
6. Remaining time in custody four months or more
7. Sufficient understanding of Swedish / English or (in some cases) communication with an interpreter

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Mixed

Sex

Male

Total final enrolment

28

Key exclusion criteria

1. Intellectual impairment (Total IQ < 70)
2. Any psychiatric disorder currently characterized by marked instability. This includes, but is not limited to, ongoing manic episode, a psychotic condition or a markedly elevated suicide risk.

Date of first enrolment

01/07/2019

Date of final enrolment

20/12/2021

Locations

Countries of recruitment

Sweden

Study participating centre

SiS Bärby ungdomshem (youth home)

Funbo-Broby 53

Uppsala

Sweden

755 97

Study participating centre

SiS Hässleholm ungdomshem (youth home)

Norregatan 20

Hässleholm

Sweden

281 51

Study participating centre

SiS Johannisberg ungdomshem (youth home)

Johannisbergsvägen 25, Box 20

Kalix

Sweden

952 21

Study participating centre

SiS Råby ungdomshem (youth home)

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Lund

Sweden

224 21

Study participating centre
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Sponsor information

Organisation
Karolinska institutet

ROR
<https://ror.org/04hmgwg30>

Funder(s)

Funder type
Government

Funder Name
Statens institutionsstyrelse (Swedish National Board of Institutional Care R&D)

Results and Publications

Individual participant data (IPD) sharing plan

Data cannot be shared publicly due to ethical reasons; public data availability for this small, vulnerable sample of young people who sexually offended would severely increase the risk of compromising their anonymity. Data can be requested from the Department of Clinical Neuroscience, Karolinska institutet (contact via registrator@cns.ki.se) for researchers who meet ethical and legal criteria for access to confidential data.

IPD sharing plan summary

Available on request