Sex Offender Treatment and Assessment Programs

DOC Treatment Model

Corey McNally, Clinical Quality Assurance and Training Manager
Cathi D. Harris, Director
(360) 725-8616
Session Overview

- History
- DOC population
- Treatment Program
  - Approach
  - Foundation
  - Structure
  - Future Direction
- Quality Assurance
- Data
- Conclusion/Contact information
Offenders in Confinement

- Murder 1/2, 13.9%
- Manslaughter, 2.1%
- Sex Crimes, 20.0%
- Robbery, 9.6%
- Assault, 25.5%
- Property Crimes, 17.2%
- Drug Crimes, 7.4%
- Other, 3.9%

Source: DOC Fact Card 8/2016
Offenders in the Community

- Murder 1/2: 1%
- Manslaughter: 1%
- Sex Crimes: 18%
- Robbery: 4%
- Assault: 22%
- Property Crimes: 17%
- Drug Crimes: 31%
- Other: 6%

Source: DOC Fact Card 8/2016
Sex Offender Treatment

- Continuum of care
  - Screening
  - Prison treatment
  - Community treatment
  - Aftercare
Treatment Program Foundation

- Risk Need Responsivity Model
  - Risk - who?
  - Need - what?
  - Responsivity - how?
SOTAP and the Risk Principle

Who to treat.

- Screenings upon entry
- Risk Assessment Unit and the Static-99R
  - FY2017 RAU has completed 1057 Statics
- Prioritization matrix
### SOTAP Prioritization Matrix

#### SEX OFFENDER TREATMENT PROGRAM (SOTP) PRIORITIZATION MATRIX

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Static 99R Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Custody Board (CCB)/Indeterminate Sentence Review Board (ISRB) with Court Ordered Treatment</td>
<td>High: 6+</td>
</tr>
<tr>
<td></td>
<td>1A</td>
</tr>
<tr>
<td>Non-CCB/ISRB with Court Ordered Treatment</td>
<td>1B</td>
</tr>
<tr>
<td>Non-CCB/ISRB with No Court Ordered Treatment</td>
<td>1C</td>
</tr>
</tbody>
</table>
### 2016 Calendar Year Treatment and Risk Level

<table>
<thead>
<tr>
<th>Sentence</th>
<th>High 6+</th>
<th>Mod/High 4-5</th>
<th>Mod/Low 2-3</th>
<th>Low -3-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCB/ISRB w/ Court Ordered Tx</td>
<td>(1A) 29</td>
<td>(2A) 52</td>
<td>(3A) 45</td>
<td>(4A) 21</td>
</tr>
<tr>
<td>Non-CCB/ISRB w/ Court Ordered Tx</td>
<td>(1B) 29</td>
<td>(2B) 50</td>
<td>(3B) 18</td>
<td>(4B) 9</td>
</tr>
<tr>
<td>Non-CCB w/ no Court Ordered Tx</td>
<td>(1C) 13</td>
<td>(2C) 14</td>
<td>(3C) 8</td>
<td>(4C) 4</td>
</tr>
<tr>
<td>Total in Tx</td>
<td>24%</td>
<td>40%</td>
<td>24%</td>
<td>12%</td>
</tr>
<tr>
<td>Total evaluated</td>
<td>18%</td>
<td>28%</td>
<td>31%</td>
<td>23%</td>
</tr>
</tbody>
</table>
Dosage

Treatment Dosage

Treatment Effect

Low

High

Common Sense

Low Moderate

High Risk
Dosage commiserate with Risk

- Bourgon and Armstrong (2005) defined dosage as minimum number of hours in cognitive behavioral programming and correlated it to risk level (adhering to RNR)
  - Low risk: 100hrs
  - Moderate risk: 200hrs
  - High risk: 300+

- SOTAP= 400+hrs for higher risk

- SOTAP capacity about 20% of sex offenders in prison (about 600-700 in tx/year)
Need Principle

What to treat.

- Criminogenic Needs are empirically related to recidivism.
  - They are a subset of risk and are dynamic.
    - When changed, the probability of recidivism changes (up or down).

- “Many factors do not meet this test. Offense Responsibility, Social Skills Training, and Victim Empathy have been found to be targets in approximately 80% of tx programs (McGrath et. al 2003) yet are not related w/recidivism (Hanson & Morton-Bourgon, 2004, 2005)”
SOTAP and the Need Principle

- Stable 2007 to identify treatment needs in the following categories:
  - Intimacy Deficits
  - General Self-Regulation
  - Sexual Self-Regulation
  - Cooperation with Supervision

- Treatment plans and Discharge Summaries only have Stable 2007 items
  - Attitude items (From SONAR)
    - Clinical purposes, not risk prediction.

- FY17 SOTAP has completed
  - Stable 2007 - 476
  - Acute 2007 1446
Responsivity Principle

- **General Responsivity**: Deliver the program in style that is consistent with ability and learning style of offender.
  - CBT, social learning (role modeling, role playing), reinforcement, cognitive restructuring etc.

- **Specific Responsivity**: Respond to the individual differences among offenders receiving services.
  - Anxiety, motivation, intelligence, culture, etc.
SOTAP and the Responsivity Principle
How to treat.

- Moving Forward
- Co-Occurring group (SO and CD)
- SOU for psychiatrically impaired individuals
- Female programming
- Additional individual sessions as needed
- Spanish speaking group at AHCC
- Responsivity group at Monroe
- LGBTQI support group at Monroe
- Tutors and study hall at both facilities
Treatment Program Structure
Common and Current

Core Group
- 300hrs
- Cognitive Restructuring
- Assignments
- Skill Development

Individual Sessions

Inconsistent Specialty Groups
Upcoming Program Refinements
SOTAP Theoretical Orientation

- Martinson, 1974- “Nothing Works” doctrine
- Meta-analytic study has concluded correctional programming is effective and has established the “What Works” literature.
  - The Principals of Effective Intervention
    - These principals also work with sex offenders
SOTAP Theoretical Orientation (cont.)

- **Principals of Effective Intervention**
  - Assess risk/needs
  - Enhance intrinsic motivation
  - Target interventions using the RNR
  - *Skill training* with directed practice using CBT methods
  - Increase positive reinforcement
  - On-going support in natural communities
  - Measure Relevant Processes and Practices
  - Provide Measurement Feedback
CBT varies widely in different contexts, programs and environments.

CBT and Motivational Interviewing consistently show positive treatment gains with individuals who are incarcerated.

- Both CBT and MI look closely at belief systems and work pragmatically toward what is important to the client.
Acceptance and Commitment Therapy (ACT)

- ACT combines acceptance and mindfulness with behavioral techniques and a commitment toward change based on value clarification.

- Third wave of CBT and supported by meta-analytic study to be effective in a wide range of applications and in some contexts more effective than CBT.

- ACT’s values component is similar to the Good Lives Model which has shown to reduce recidivism.
The goals for CBT and ACT are to develop belief systems congruent with client’s pro-social values and to develop approach goals supplementing only addressing the risk and needs of clients.

- The clarification of values and the use of mindfulness techniques to manage emotions, fosters motivation and adds to the progress in treatment across the psychotherapy field, not just sex offender treatment.
SOTAP Theoretical Orientation (cont.)

- SOTAP Theoretical Orientation Summary:
  - Firmly rooted in CBT
    - Emphasizing the clarification and commitment to values and using approach goals to continuously move in a valued direction.
  - Mobilize internal strengths with MI, values clarification and mindfulness.
  - Directed skills practice
  - Plan for the future (Relapse Prevention)
Treatment Phases

- Phase 1 - Awareness and Appreciation of Risk, Values and Strengths
  - Identify and understand

- Phase 2 - Action and Risk Management
  - Implementation and skills practice

- Phase 3 - Self Management and Skill Generalization
  - Application

- Phase 3b - Community Treatment
Sex Offender Treatment and Assessment Program (SOTAP)

Model of Change
Balancing Empathy and Accountability to reduce and manage risk for recidivism

More intense therapist efforts

Cognitive Behavioral Therapy

Motivational Interviewing

Mobilize Strengths and Values

Relapse Prevention

Less intense therapist efforts

Supportive/Empathetic Therapist Approach

WCC Screening for SOTAP Amenability
Static 90R Risk Assessment SOTAP prioritization

Phase I
- Begin SOTAP
- Awareness & Appreciation of Dynamic Risk Factors (DRF’s), Values and Strengths
- Initial Assessments
  - STABLE 2007
  - Treatment Planning
  - Group/Treatment Socialization

Phase II
- Action
- Self-Management & refining interventions for DRF’s
- Mid-Treatment Review
  - Refine Treatment & Responsivity Planning

Phase III
- Self-Management, Skill Generalization & Increasingly Self-Reliant
- Reassessments
  - STABLE 2007
  - Treatment Summary
  - Aftercare

Phase IV
- Community SOTAP Treatment
- Skill Application and Generalization
- Learn from and Adapt to Adversity
- Increase Autonomy
- Increase Self-Maintenance
- Skill Generalization and self-maintenance

Initial/Reassessments
- ACUTE 2007
- Collaborate with CCO
- Reestablish protective factors

Start treatment closure process before discharge

Final Assessments
- STABLE 2007
- ACUTE 2007

Discharge from SOTAP
Treatment Program Structure
Future

Core Group
- 200hrs
- Values Clarification
- Approach Goals
- Cognitive Restructuring
- Core Assignments

Individual Sessions
DBT Core mindfulness
DBT Emotional Regulation/Distress Tolerance
Social Skills
Problem Solving
DRF Specific Groups
Quality Assurance

- Program Evaluation
  - This will help with continuous improvement in many areas.
- New Manual
- Developing the QA department
- Training
Quality Assurance
Treatment Improvement as a function of therapeutic factors (Lambert & Barley, 2001)
Therapists are the greatest change agent in the pursuit of the reduction of recidivism.

“Our Series of articles have led us to conclude that sexual offender therapists will maximize their influence, and increase the chances their clients will overcome their offender propensities, if they display: Empathy and warmth in a context where they provide encouragement and some degree of directiveness. In addition, however, the general literature on therapist characteristics indicates quite clearly that flexibility is an essential feature of effective therapists...essentially capturing what Andrews et al. refers to as the ‘responsivity principal’” (2005).
SOTAP Program Data

- **Treatment**
  - **FY2017 (July 1 2016 to present)**
    - Total treatment hours - 54,166
    - Unique Clients served - 843
  - **Completions since April 1 2014**
    - AHCC - 451
    - MCC - 407
Recidivism Data - SOTP

- 2013 Treatment cohort (2013 release; follow-up 3 years FY16)
  - 663 Sex Offenders released from prison that year (9% of total releases)
  - 31% of released sex offenders completed SOTAP
  - 6.8% were readmitted to prison within 36 months
    - 60% were for a new sex offense
    - 77% were for failing to register with no additional hand-on or hands-off offenses.

- 2012 Treatment cohort (2012 release; follow-up 3 years FY15)
  - 709 Sex Offenders released (9% of total releases)
  - 22% completed SOTAP
  - 6.5% were readmitted to prison within 36 months
    - 60% were for a new sex offense
    - 86% were for failing to register
Take home messages

- Treatment works
- Value of the therapeutic relationship
- Value in using the risk assessment instruments
- Structured treatment programming to meet the needs of the client
Contact information

Corey McNally, MS, LMHC - Clinical Quality Assurance and Training Manager
cmmcnally@DOC1.wa.gov

Cathi Harris, MA - Director
cdharris@DOC1.wa.gov

360-725-8616