

SOCCPN

Annual Survey of Sex Offender Civil Commitment Programs

SOCCPN Research Committee

Rebecca Jackson, PhD

Tara Travia, PhD

Jennifer Schneider, PhD

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Data Gathering: Building

Purpose

- SOCCPN wants to provide a collection of data for this area of the field to examine, utilize, and add to in order that each program may improve their services and help others to do the same.
 - Allows summary of own work
 - Encourages maintaining own database
 - Many states did not answer certain questions, some reported they did not have access to the data
 - Comparison
 - Each program has similarities and differences
 - Constant questions from various sources takes time

Data Gathering: History

- Fitch and Hammen (1999)
- Hennessy (1999)
- Lieb and Nelson (2001)
- Fitch and Hammen (2001)
- Lieb (2003)
- Nayda/Liberty Healthcare (2004)
- Report on Sexually Violent Predator Programs (RSVP News)
- Deming (2006) Presentation to Association for the Treatment of Sexual Abusers, Chicago

Data Gathering

Methodology

- 19 States
- Getting the contact info- research in itself
- Developing the survey questions – continuity from past years
- The use of Survey Monkey
 - a few glitches we found as time went on
- Building the database
 - We want it to be used by others

Data Gathering

Methodology

- Inpatient
- Outpatient/Aftercare
 - The need for the study to be relevant to both
- Stopped gathering on 10/10/08 with 18 out of 19 States
- Most programs had a director or COO/CAO respond
 - 2 had a rehab specialist and 2 chose a psychologist

Variables: Inpatient

- Civilly Committed residents census
- Percentage of CC residents in treatment
- Type of facility
- How are they referred to
- Treatment opportunities and approaches
- Assessment
- Staffing
- Safety and Security
- Accreditation
- Diagnoses

Variables: Outpatient/Aftercare

- Number of Discharge/Conditional release
- Number of treatment recommended releases
- Living arrangements and barriers
- Recidivism
- Treatment opportunities
- Supervision components
- Risk assessment, protocols, progress measurements
- Registration

Respondents

- Arizona
- California
- Florida
- Illinois
- Iowa
- Kansas
- Massachusetts
- Missouri
- Minnesota
- New Hampshire
- New Jersey
- New York
- North Dakota
- Pennsylvania
- South Carolina
- Texas
- Virginia
- Washington

Inpatient Census

❑ Inpatient census ranged from 20 to 779 clients

4 > 500

6 = 150-499

1 = 101-149

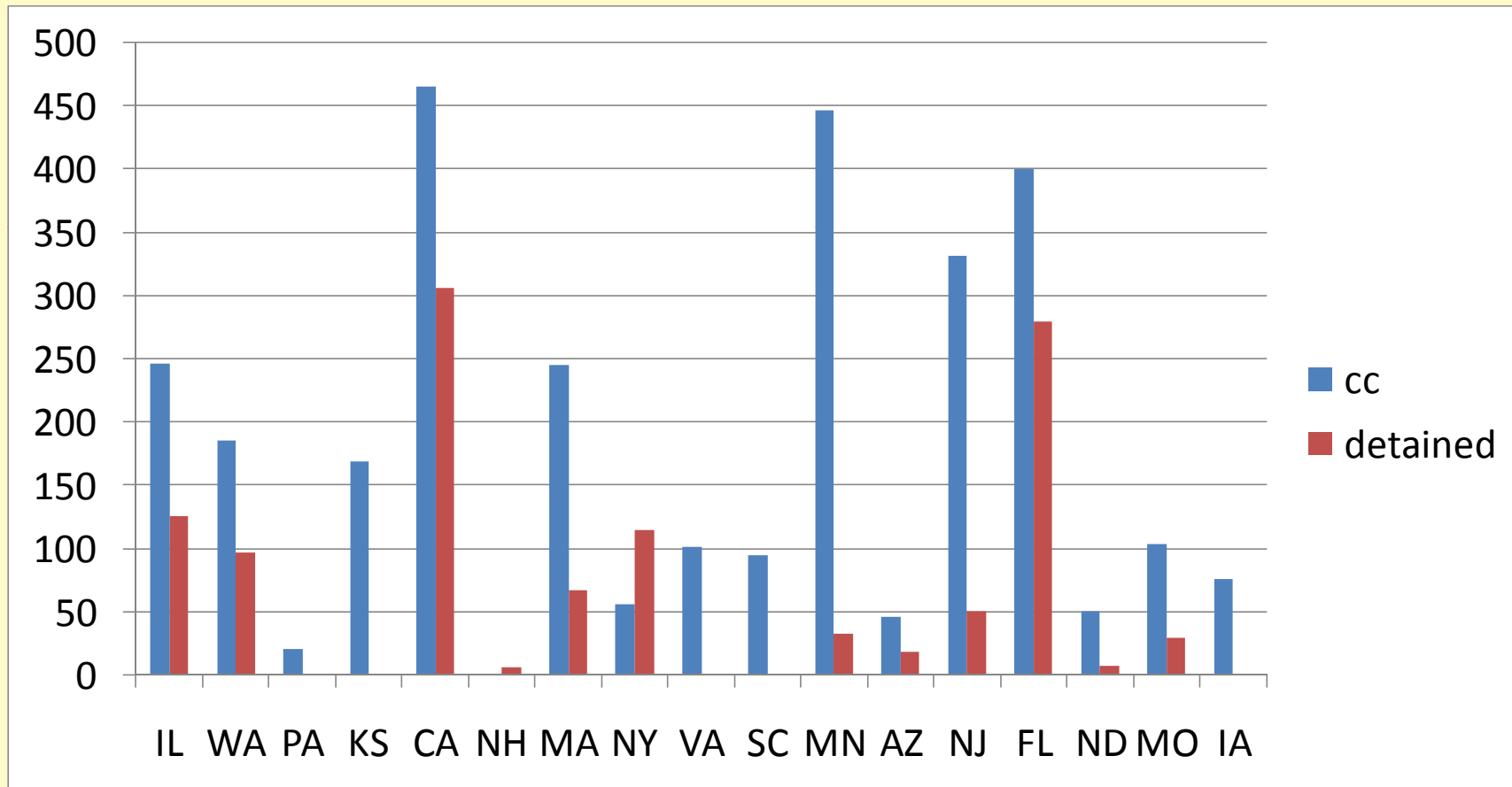
5 <101

1 = only detainees and one outpatient only

❑ Total civilly committed inpatient = 3200

❑ Total detained inpatients= 1128

Inpatient Census



Age and gender

- 13/18 responded ages ranged from 18-94
- 12/18 reported individuals having individuals spanning 20-94 and (one state 20-25 years)
- 12/18 age averaged in mid 40's (PA in the mid 20's)
- 4/14 reported civilly committed females, with two reporting those females were housed off-site

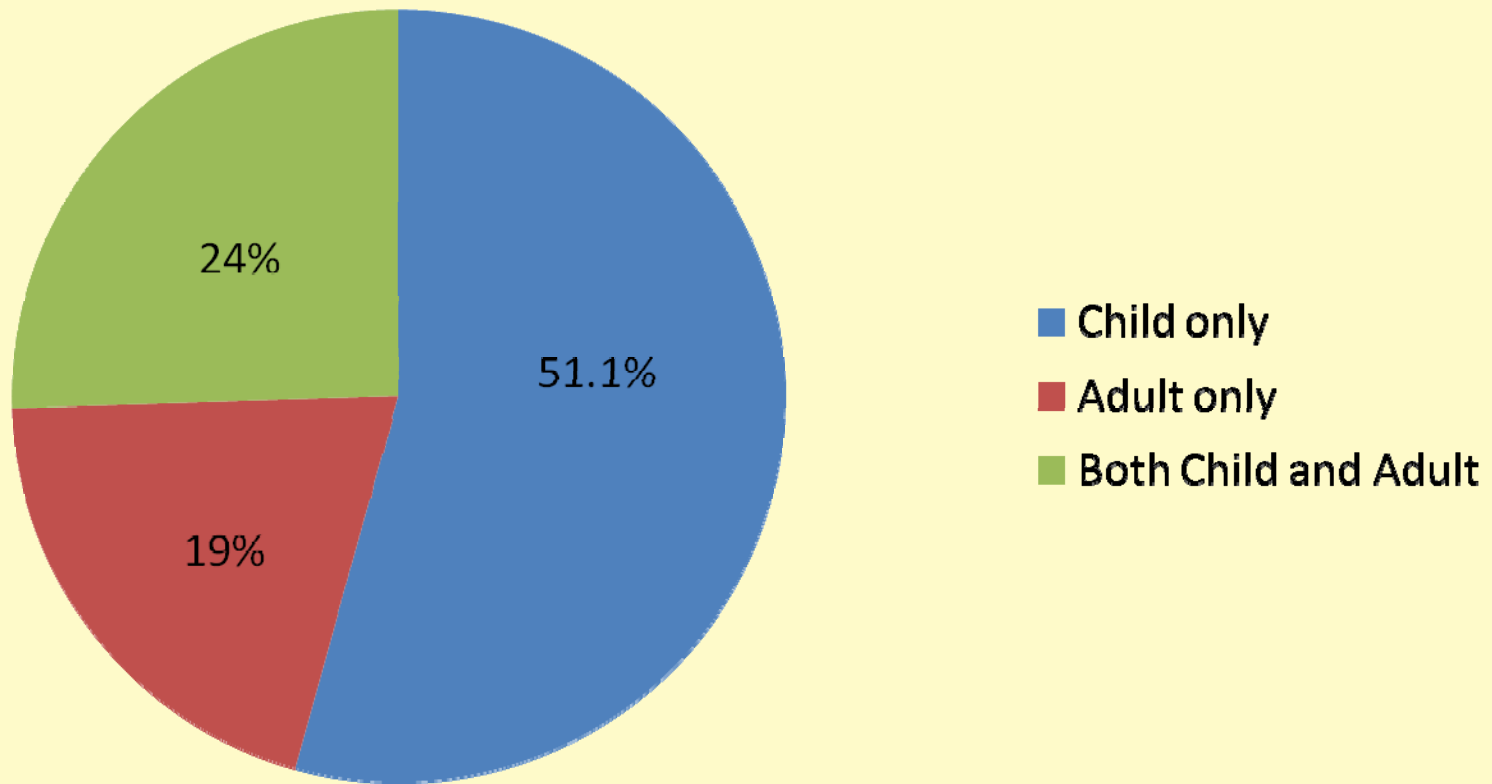
PCL-R

- 11 states responded to the question regarding % of population with scores on PCL-R
- 10 reported scores with % ranging from 0-99% with scores completed
- Average score was 24.2

Treatment

- Of committed % in treatment—10 usable responses; range from 10 – 100%; average = 78.4%
- Of detainees % in treatment-8 usable responses; some programs do not house detained individuals; range 0 – 100%; average = 35.0%
- 14 states responded to the question regarding legal issues leading to treatment refusal
 - 1 reported the data was unavailable
 - 10 reported 0-5%
 - 2 reported 15-25%
 - 1 reported over half of their population refused
- 10/18 states responded to the question regarding medical issues preventing treatment
 - 1 state reported unknown
 - 5 stated no clients were unable to attend due to medical issues
 - 4 reported 5% or less were unable

Victim Type



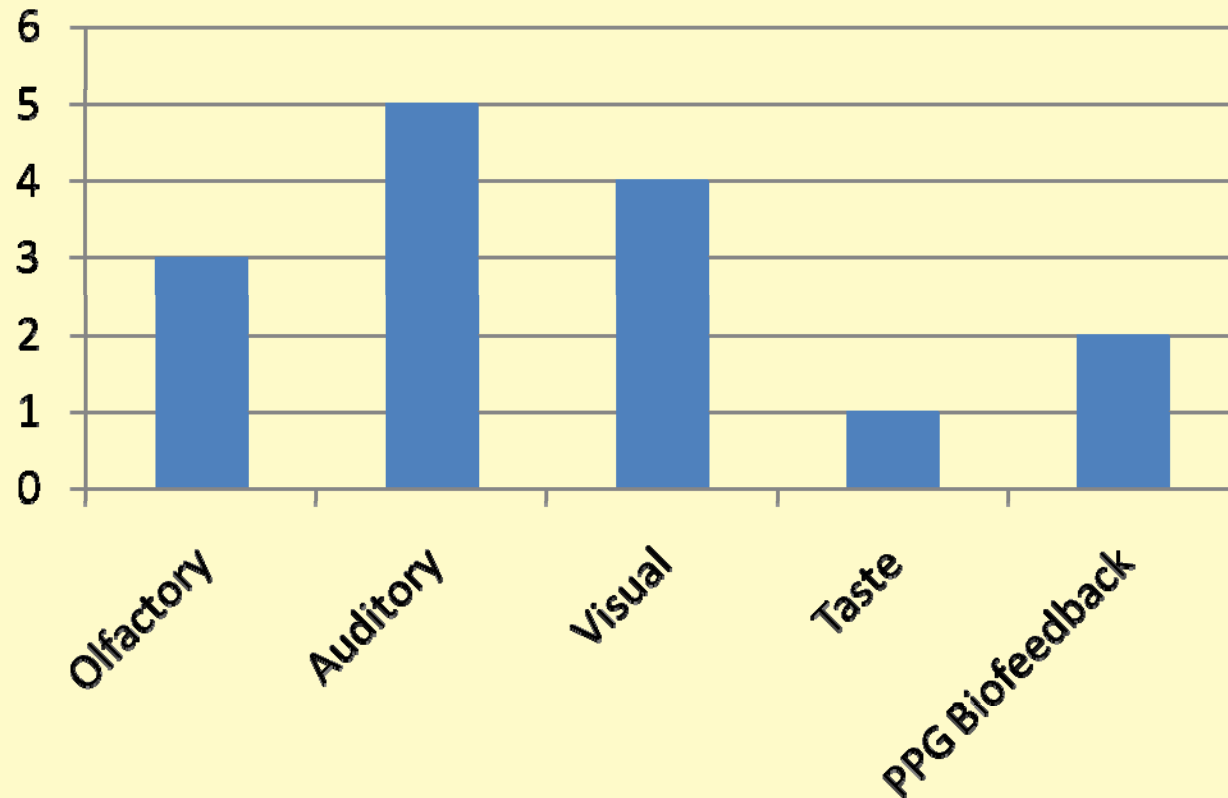
n = 9 programs₁₄

Assessment

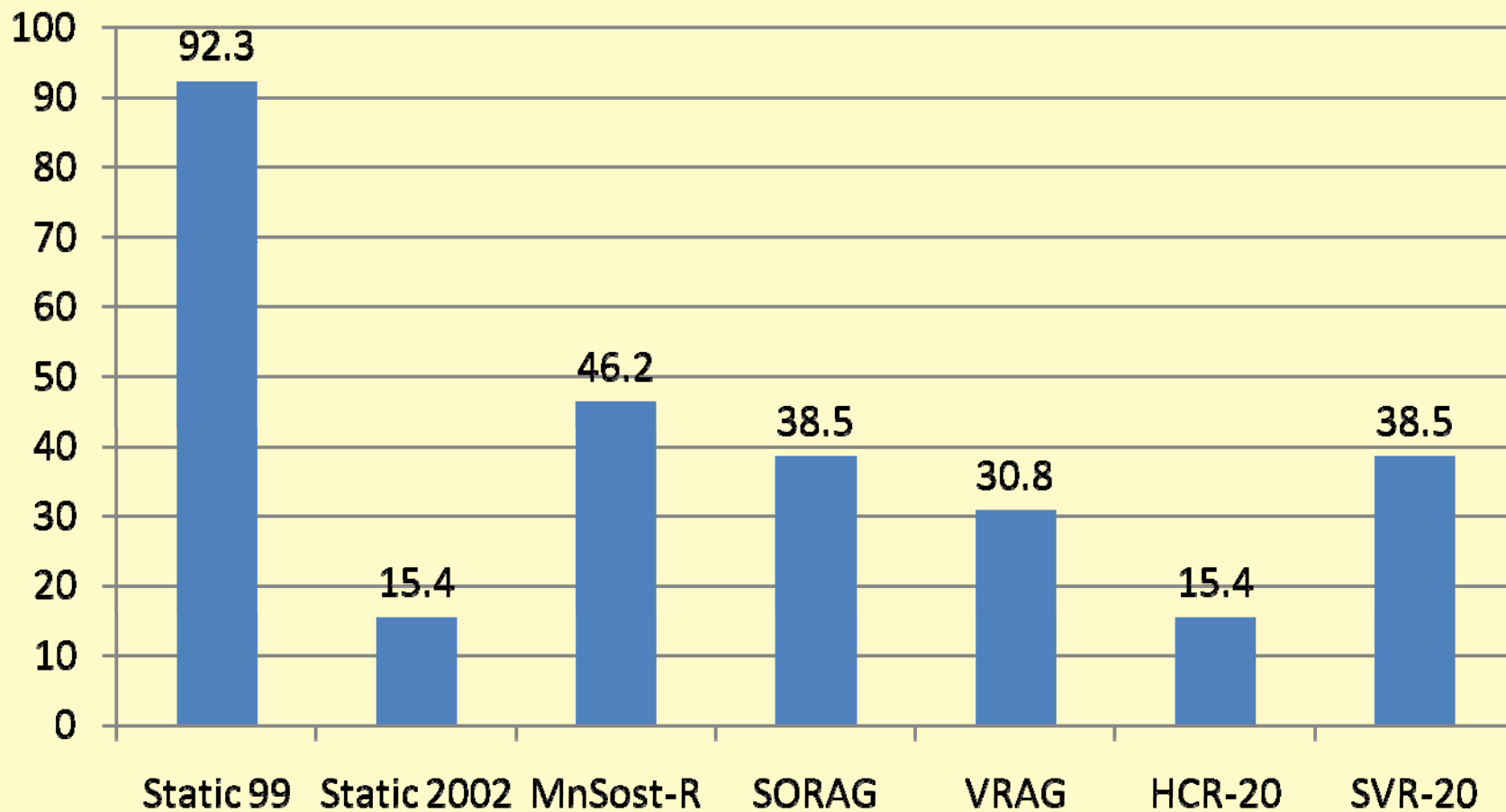
- Treatment Progress Measures: 9 responded
 - 4 reported creating their own measure while others used various assessments such as static-99, MSI-II, PAI, TSI, SRA and the Internal Core Treatment Objective Checklist
- Arousal Management: 5 responded
 - Pharmacological, olfactory aversion (past), covert sensitization
 - One reported “in process of training staff” and one program has created a policy to use AM techniques and will be implementing the program

Sexual Arousal Management Techniques

8 programs reported the use of the following SAM techniques

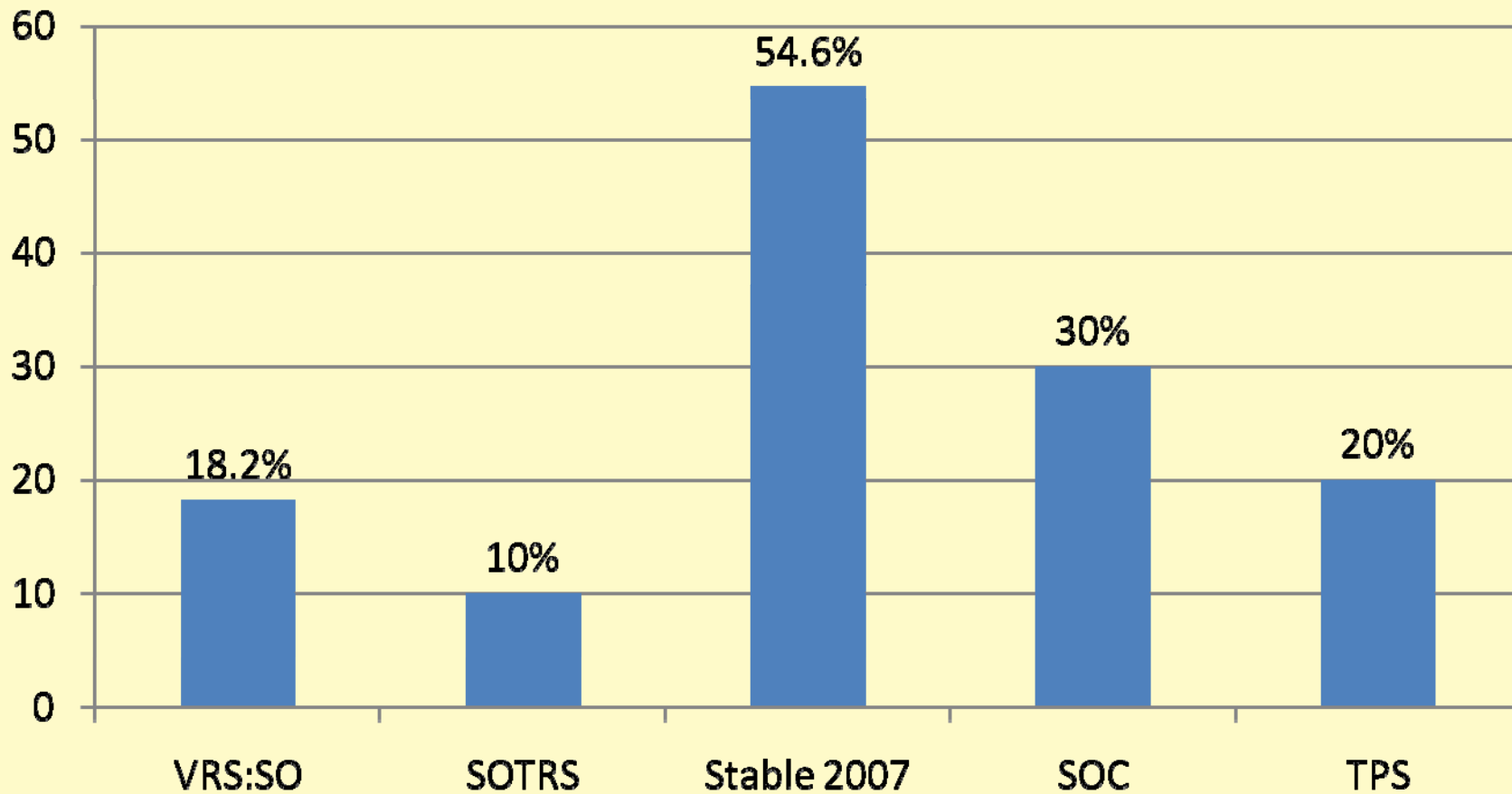


Risk Assessment Instruments



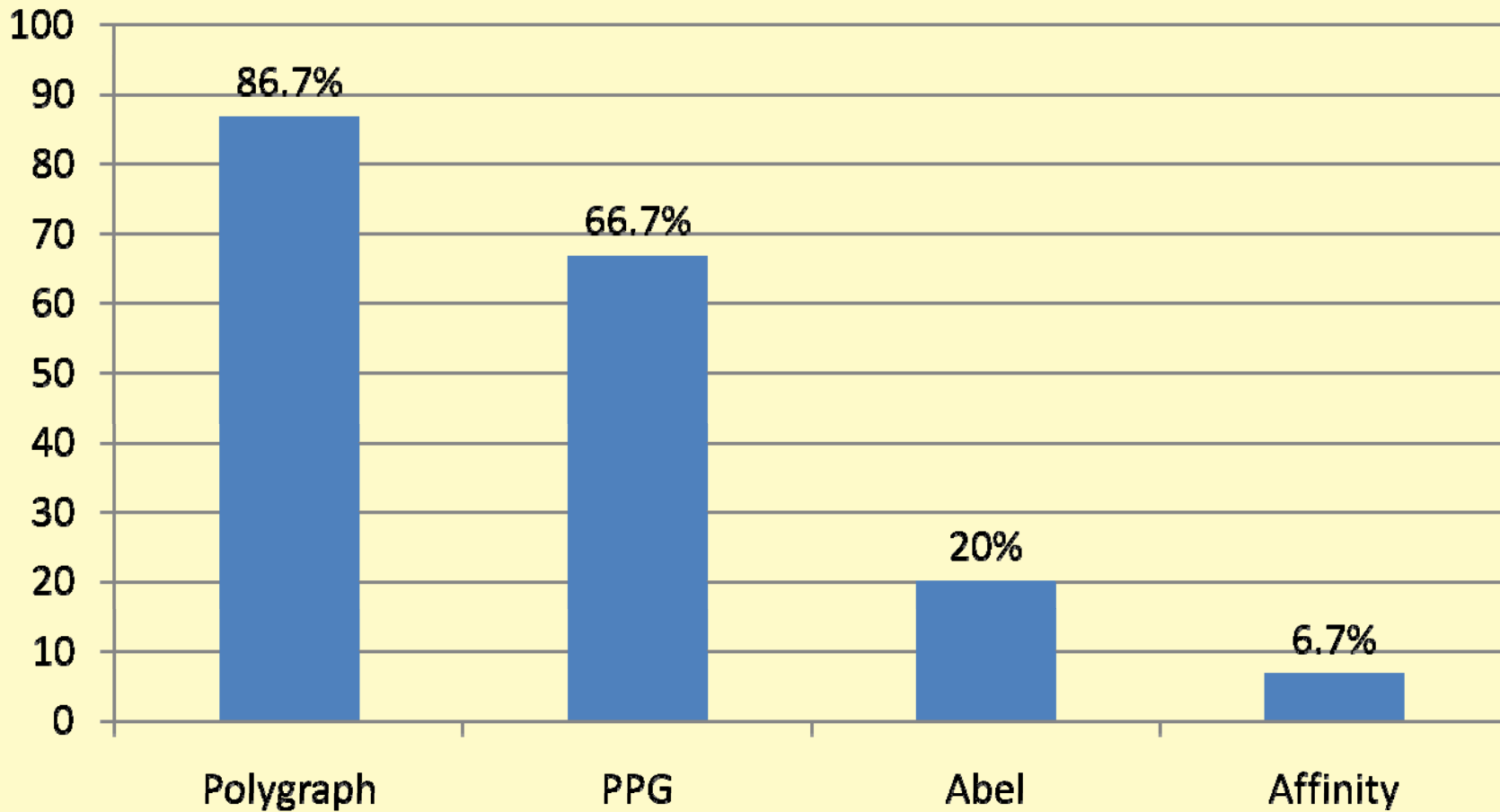
n = 13 programs 17

Measures of Treatment Progress



Note: VRS:SO – Violence Risk Scale: Sex Offender Version; SOTRS = Sex Offender Treatment Rating Scale, SOC = Stages of Change Measure; TPS = Treatment Progress Scale; $n = 11$;

Instrumentation Used in Treatment Program



$n = 15$

Additional Programming

DRF/Criminogenic Needs

Drug/Alcohol Treatment = 100%

Vocational = 80%

Educational = 80%

Responsivity Factors

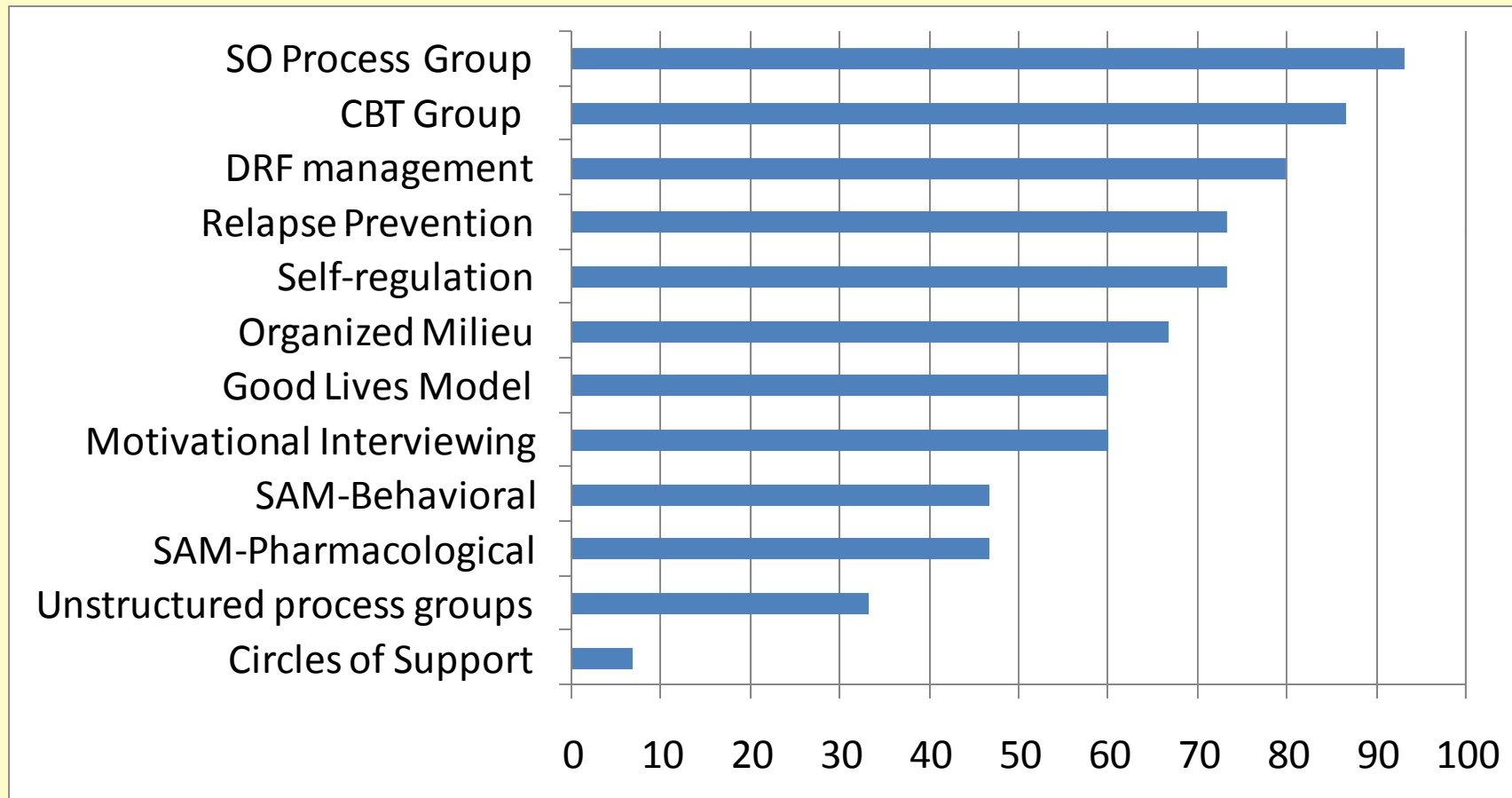
Special Needs Treatment Track = 80%

Psychopathy Treatment Track = 60%

Hours in Treatment Groups

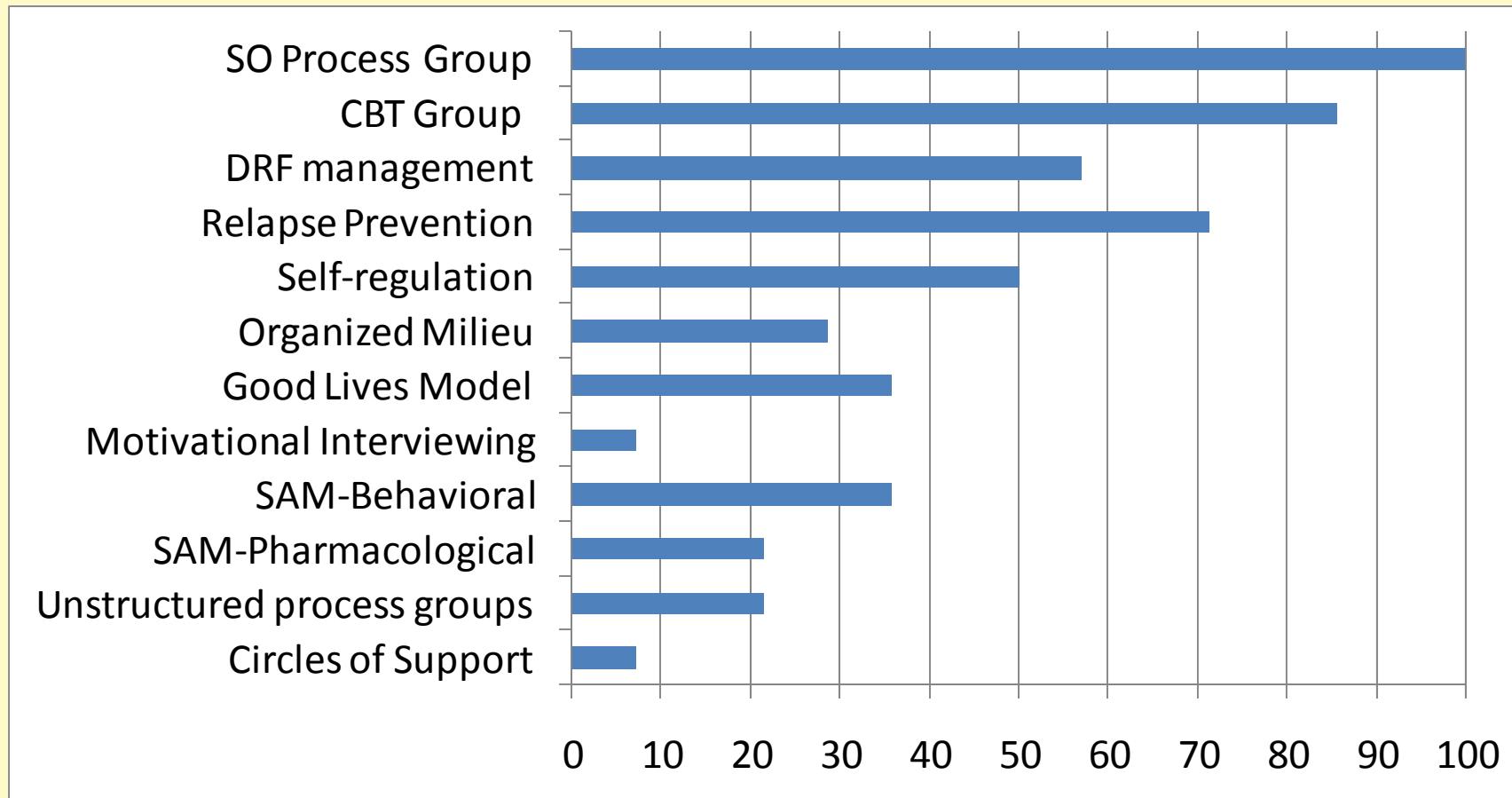
- 14 responded
- One responded N/A, another “varies” to both questions
- Hours in SOS treatment ranged from 3-20 hours a week
- SOS specific groups met between 1-10 hours a week
- Group size ranged from 4-12 hours with the most common response being 10 people
- Groups lasted from 30 minutes to 3 hours
- 15 sites responded to how many facilitators in each group and responses ranged from 1-2 people (more than half reported assigning 2 staff to each group)

Sex Offender Treatment Offered



Note: Percentage of programs offering each treatment; not mutually exclusive nor exhaustive; $n = 15$

Sex Offender Treatment Required

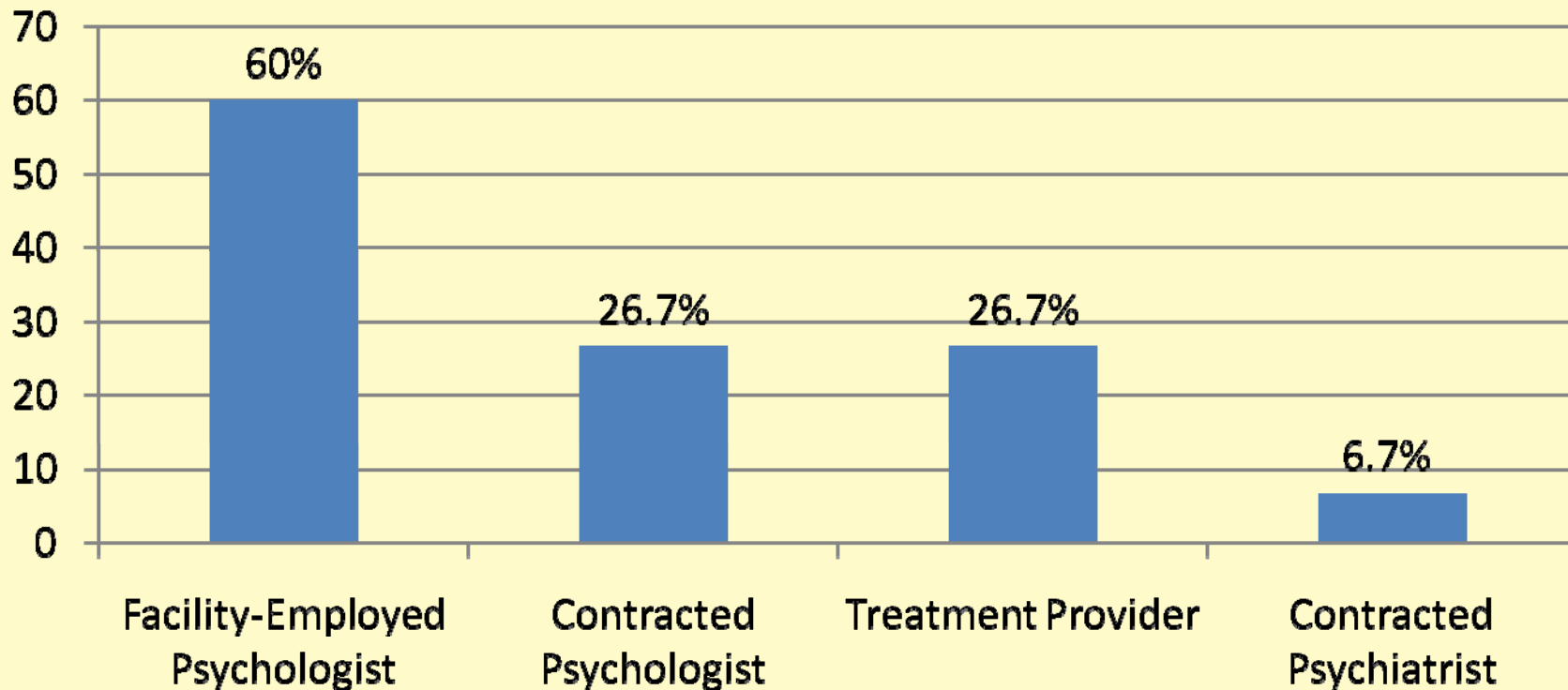


Note: Of the programs offering each treatment, percentage who require it; not mutually exclusive nor exhaustive; $n = 14$

Review procedures

- 15/18 states responded that formal review was part of the individual's treatment with one site stating it was not to the courts, but to the counties.
- 14 responded with 13 reporting annual reviews (one also conducts monthly reports) and one providing review bi-annually.
- Only four sites provided responses with regards to who completed these reviews – psychologist, program director, and treatment team were mentioned
 - Responded evaluators tended not to do treatment for clients they evaluated, although one site did so

Treatment Review Evaluators



$n = 15$; no program reported utilizing Facility-Employed Psychiatrists to conduct treatment reviews

Staff ratios: Psychiatrists

- Psychiatrists: Range = 0 - 20
- 2 programs reported employing a percentage of a psychiatrist (.5 or .2 FTE)
- One program reported 3 psychiatrists and 5 patients
- Of remaining 9 programs who reported at least one full time psychiatrist, inpatient resident to psychiatrist ratio ranged from 8.5:1 to 340:1
- Average ratio = 122:1

Ratios:Psychologists

- 14 responses
- Number ranged from .5 to 19
- One program with 5 patients reported 1 psychologist, 1 reported .5 FTE
- Of 12 remaining programs, resident:psychologist ratio ranged from 6.5:1 to 94:1
- Average ratio 36:1

Ratios: Master's Level Therapists

- 14 programs reported employing master's level therapists
- One program with 5 residents employed 5 Master's level therapists
- Range (n = 13)= 6.5:1 to 35:1
- Average (n = 13)= 22:1

Mail, Media, Computers

- Computers: 11 respondents
 - One is reviewing policy, one allows only for outpatient with review, and one screens periodically
 - 3 reported “N/A” while the others reported checking between daily and monthly; keystrokes were also monitored by some
- Mail: 5 respondents
 - Most reported mail was opened in front of the resident, could be opened if ordered by a doctor, or with probable cause
- Media: 7 respondents
 - A few responded decision was based on client’s level in treatment
 - Others reported restrictions such as no R-rated, movies, allowing PG-13 movies or lower, disallowing “pornography” or anything depicting domestic abuse, and no MA rated games

Discharge & Conditional Release



Respondents

- California
- Florida
- Illinois
- Iowa
- Kansas
- Minnesota
- Missouri
- New Jersey
- Pennsylvania
- Texas
- Virginia
- Washington

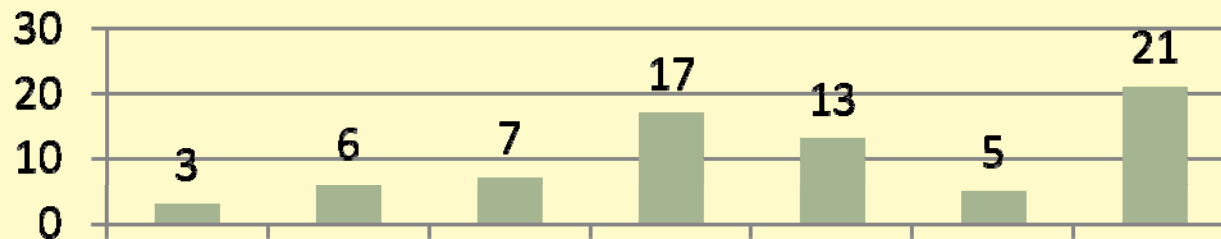
Discharged through Treatment

- The 12 programs have discharged 28 individuals; 2 additional to be discharged by year's end
- 6 have released none
- Remaining 6: Range = 2 -16*

Conditional Release

- 9 programs reported having CR program
 - 2 of which have no residents in them
- Total on CR = 72; range 3 – 21

Conditional Release by State

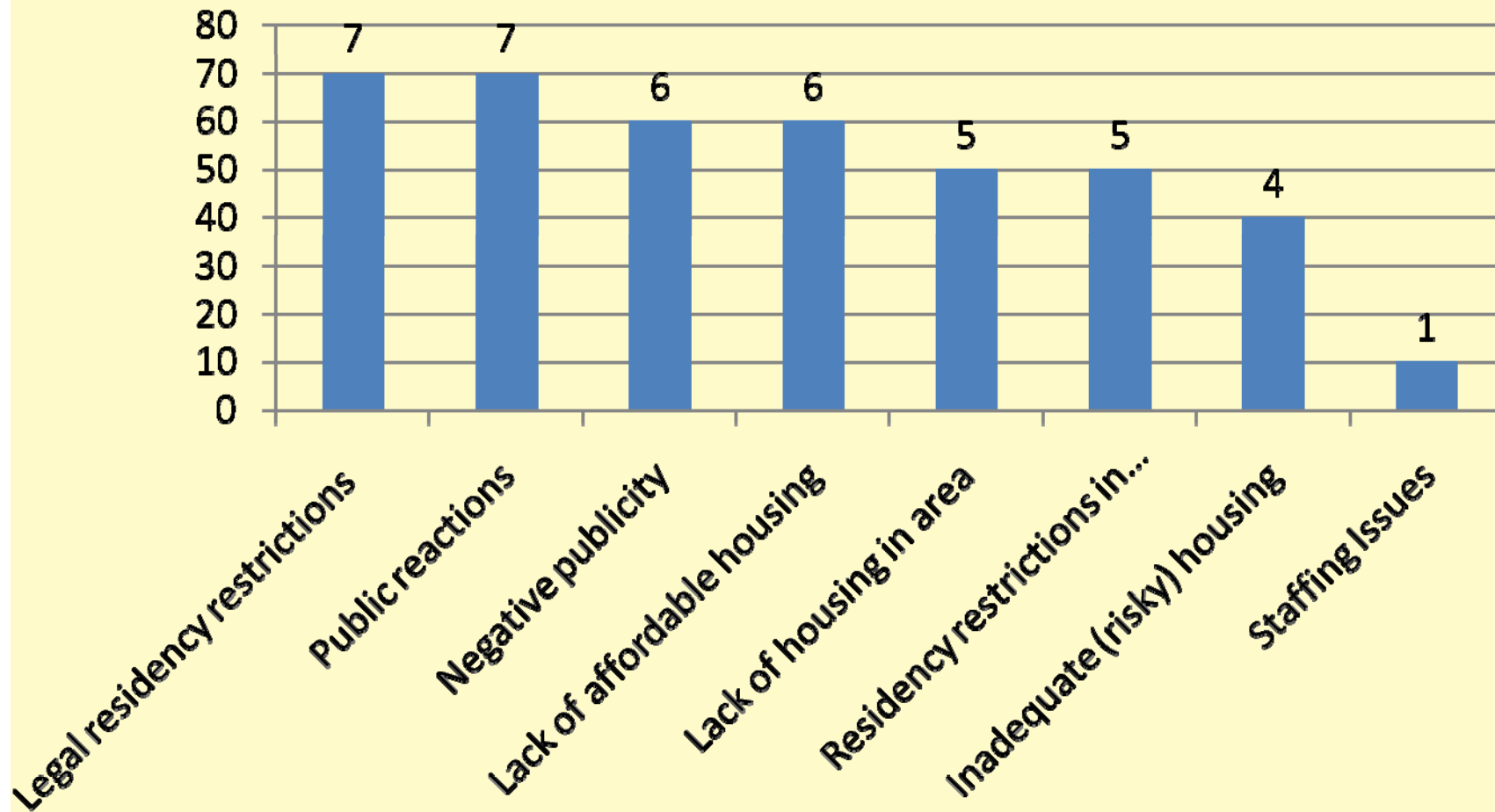


- Texas outpatient only program = 99

Conditional Release

- 5 programs operate CR/LRA facilities
- Other CR placements include:
 - Independent homes/apartments ($n = 42$)
 - Hotels ($n = 2$)
 - Grounds of the civil commitment facility ($n = 4$)
- 3 programs provide financial support for housing for at least some of the residents
 - Help transitioning homeless residents into housing
 - Paying rent until individuals can secure employment
 - Paying for housing on grounds of facility

Impediments to Community Placement



$n = 10$

Impediments to Community Placement (cont'd)

- Additional responses included
 - Resistance from potential landlords, even those who have rented to offenders in the past
 - No realistic legislative framework for conditional release of SVPs
 - Lack of needed resources, such as group homes
 - State policy requires SVP to pay for release costs, but limit what he can accumulate to under \$1,000
 - Halfway houses under contract with parole division, therefore limited space for civilly committed clients.

Technical Violations

- 4 Programs reported technical violations
 - 10 individuals (approximately 20% of all “at risk”)
 - In most cases, individuals were returned to total confinement following a violation
- 5 Programs reported either 0 or “N/A”
- Outpatient only program reported higher rates of technical violations

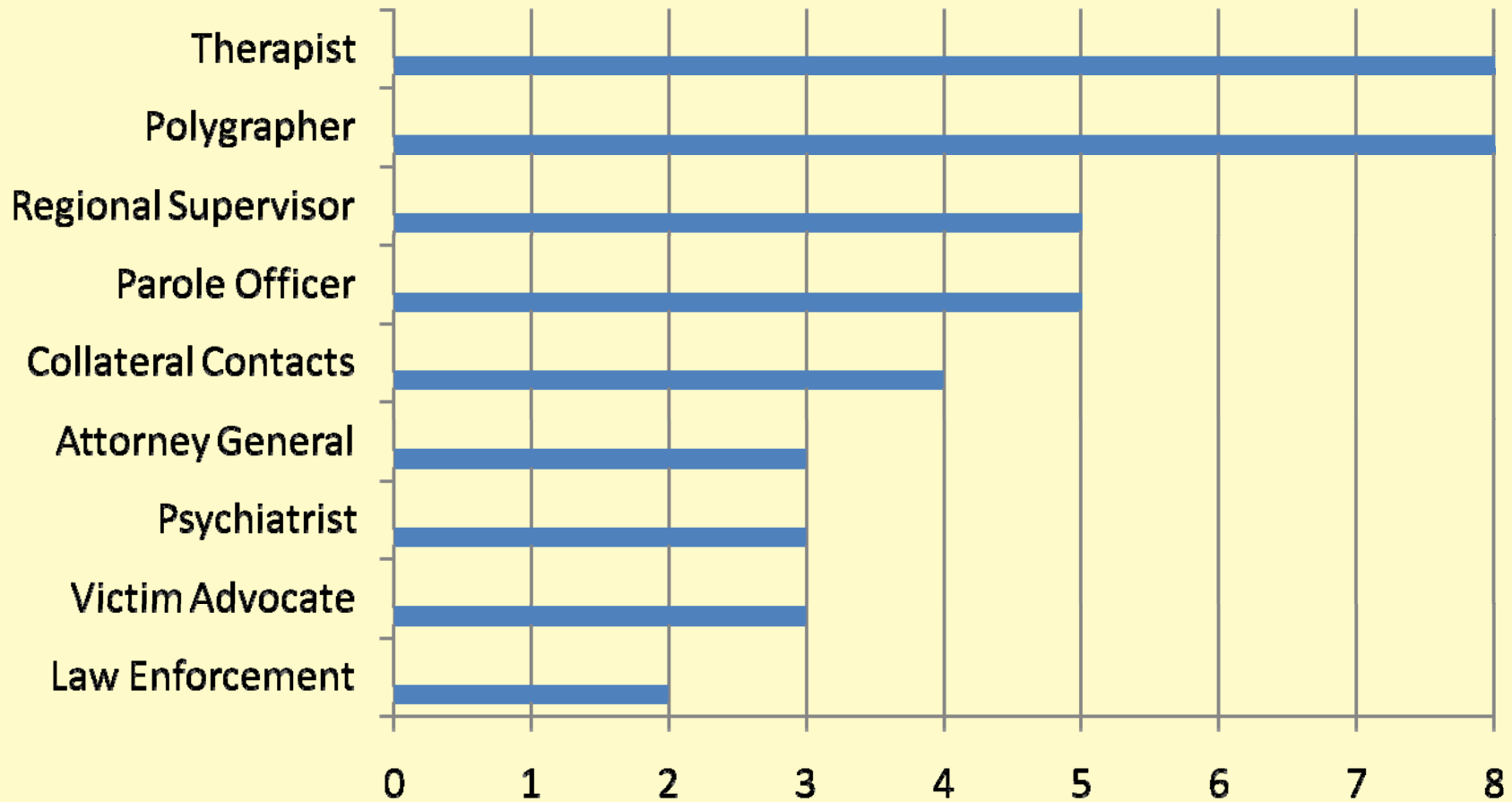
Sexual Recidivism

- Essentially non-existent in individuals on Conditional Release
- 1 program reported 1 charge of child pornography which occurred prior to the instant offense
- No sexual recidivism in remaining programs, including outpatient program

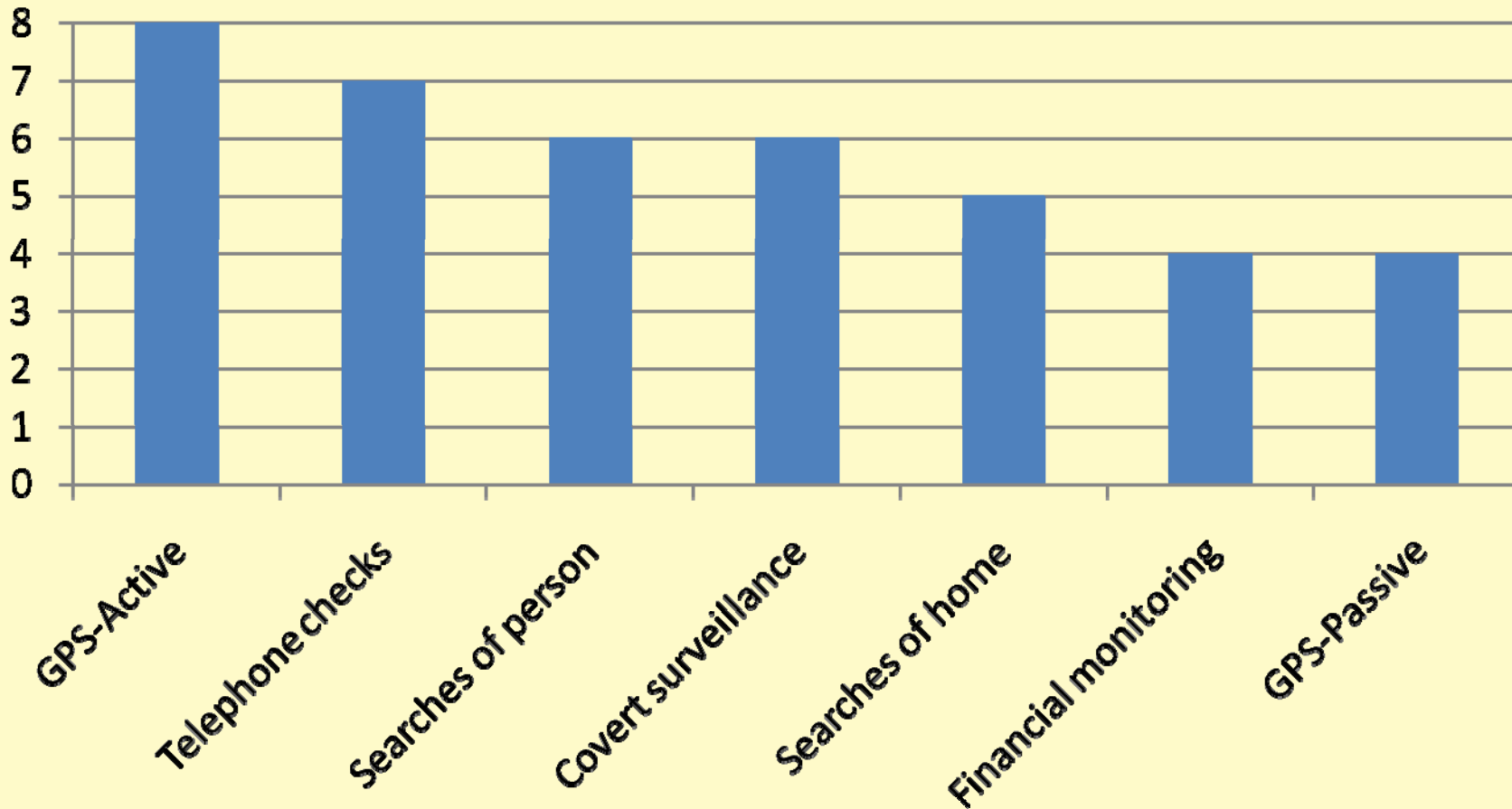
Supervision

- The Containment Approach, developed by the Colorado Division of Criminal Justice, is designed to protect victims by “making it difficult for sex offenders to reoffend” (English, 2004, p. 1257).
- The model explicitly requires multi-agency collaboration and multi-disciplinary involvement
- 7 Programs reported utilizing a *Containment Approach to supervision*
- Even programs not specifically subscribing to the containment approach, reported utilizes elements common to the approach

Elements of Containment Team ($n = 8$)

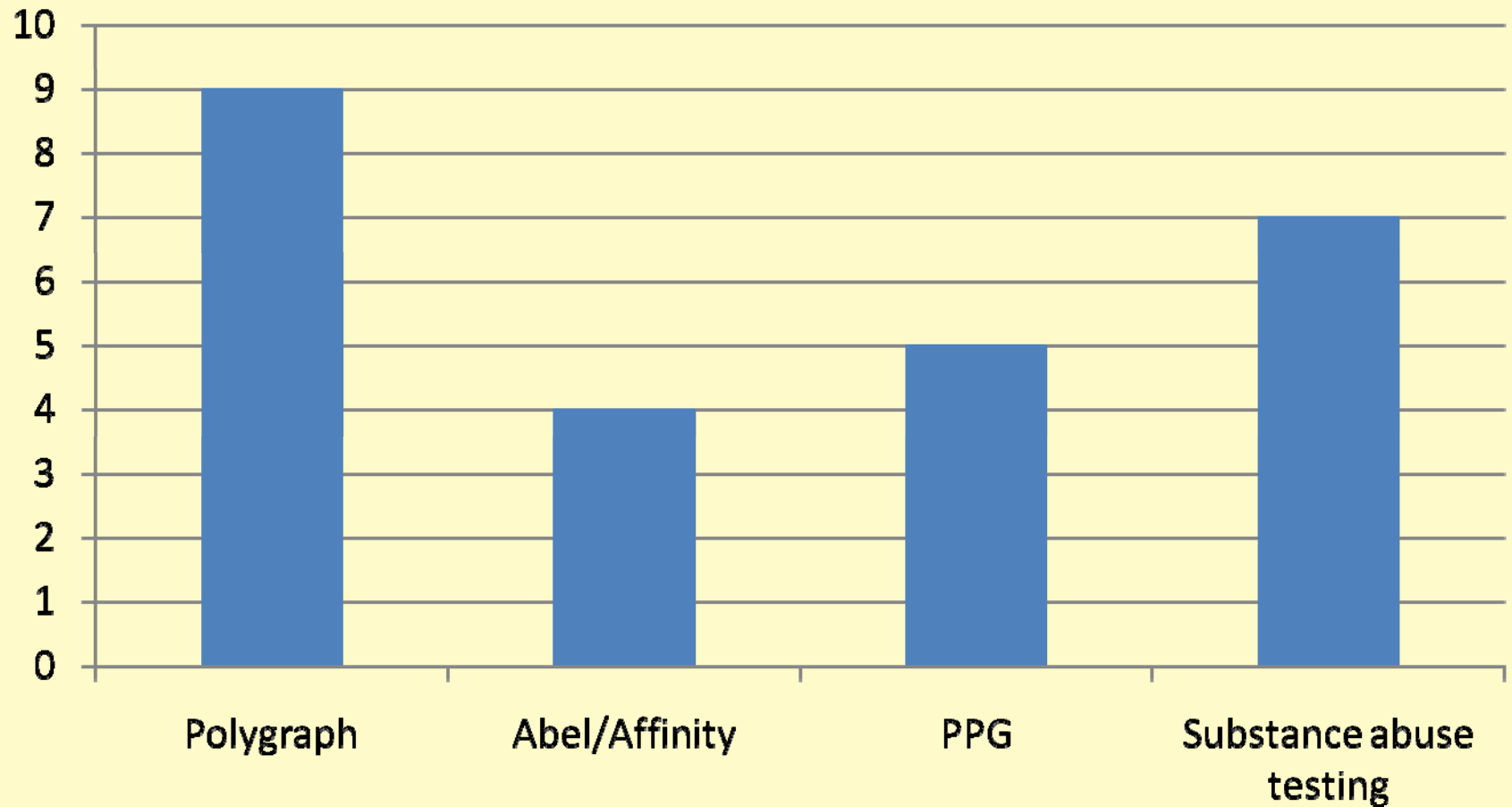


Additional Elements of Supervision



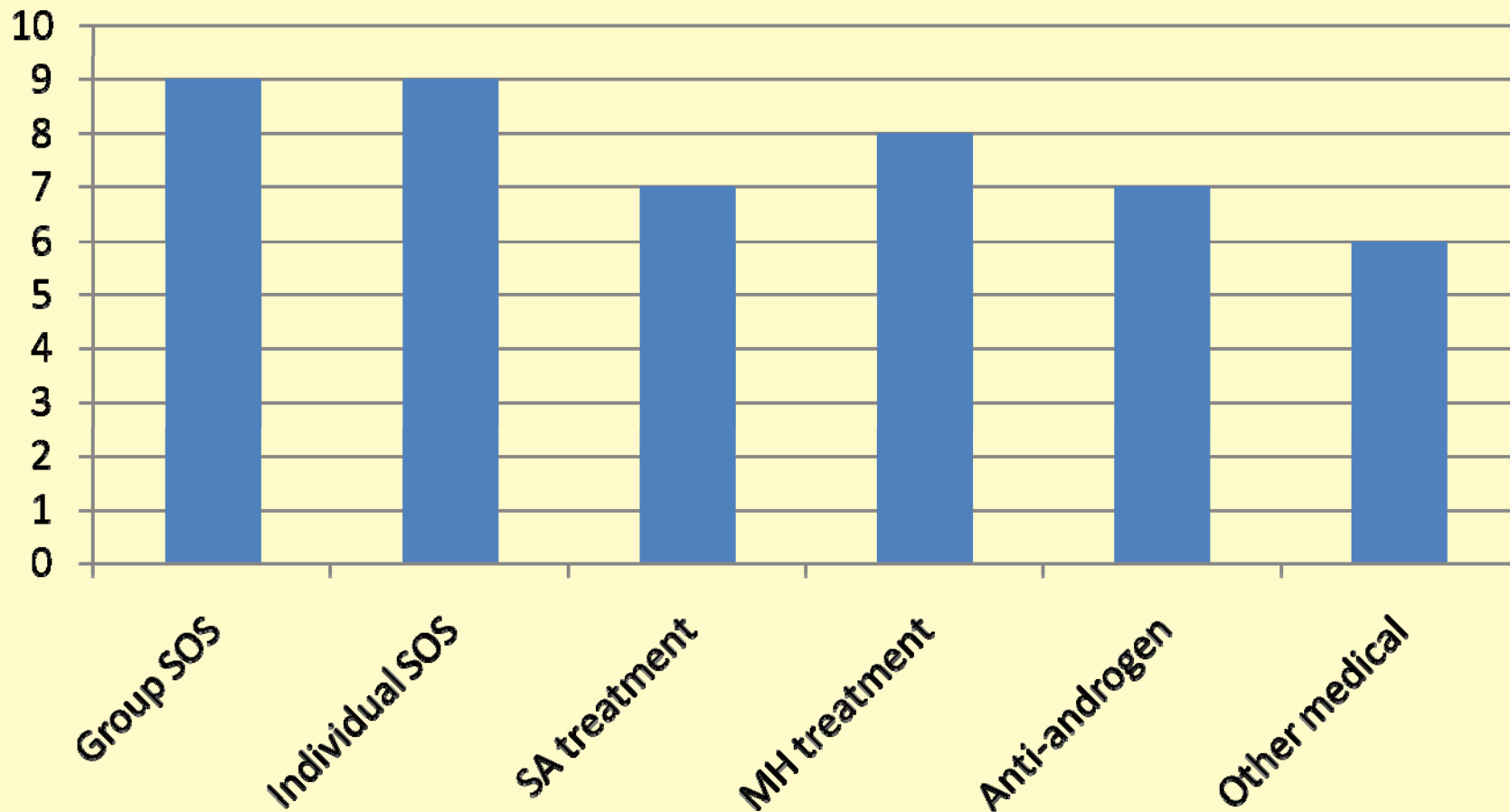
$n = 10$

Testing & Assessment on Release



$n = 10$

Treatment Provided on Release



Note: $n = 12$; SOS = Sex offender specific; SA = Substance Abuse; MH = Mental Health

Treatment

- A variety of responses regarding treatment provided:
 - Some sites have no authority once resident released, others try to find person treatment, others contract with private practitioners
- Of programs who contract with therapists (n = 3), all pay for it
- Services provided include sex offender specific treatment as well as anger management, couples therapy

Risk and Treatment Reviews on Supervision

- Timing of Formal Review ($n = 10$)
 - Between six months and annually ($n = 7$)
 - Biannually ($n = 1$)
 - None required once released ($n = 1$)
 - One pending plan (but likely that court to make that decision with recommendations from treatment team)

Risk and Treatment Reviews on Supervision

- 80% (n = 8) complete risk assessments on residents upon release
- 66.7% (n = 6) complete risk assessment intermittently during community supervision
- Risk measures used varied (Static, Stable, Acute, MnSOST, VRAG, SORAG, and one used a treatment rating scale)
 - Much variation on who gives these: treatment providers from the originating site, directors, independent evaluators

Graduation

- Approximately 25 individuals have been discharged from conditional release with no further restrictions apart from registration requirements (n = 5 programs).
- 5 Programs have no releases yet
- 1 program reported that releasees are on “permanent” conditional release

Thank you

- For information about the survey or recommendations for next year, please contact Tara Travia (c-ttravia@state.pa.us) or Rebecca Jackson (bjackson@pgsp.edu)

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