

SEXUAL OFEENDERS ASSESSMENT BOARD

Module 5
Treatment

Transcript

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Section 1: Introduction

Screen Number	Character	Narration
5001	Treatment Provider:	<p>Treatment is a critical part of sex offender management and containment. Along with supervision, we have the direct contact with offenders. We're the ones who are responsible for working with offenders so they choose acceptable, non-offending behaviors. This means my work has a role in public safety and community protection.</p>
5002	Treatment Provider:	<p>This module on "Treatment" will explain our work as treatment providers and the partnership we have with supervising agents. Specifically, we're going to talk about:</p> <ul style="list-style-type: none">- treatment, supervision, and other important roles- treatment provider qualifications- treatment methods or modalities, and- some of the components of a treatment program <p>Now, let's hear from the different team members who are involved in the treatment process.</p>

Section 2: Roles in Treatment

Screen Number	Character	Narration
5003	Judge:	<p>What happens once an offender is released back into the community is decided by the courts during sentencing. The court order should include:</p> <ul style="list-style-type: none">• Treatment by a qualified provider as a condition of probation or parole• The ability for an offender to be removed from a treatment program following an assessment that indicates treatment is not recommended• The order that all appropriate documents (PSIs, assessments, victim statements, etc.) be forwarded to the treatment provider when the offender enters the community.
5004	Treatment Provider:	<p>Treatment providers begin working with the offender when he is released into the community on parole or probation. We'll gather as much information as we can on him – his history, his PSI and the Sexual Offenders Assessment Board assessment, if he has one. Sometimes, we need to make a lot of inquiries and requests to get the information, but we keep at it until we do.</p>
5005	Treatment Provider:	<p>Even though we may have an assessment from the courts, we will conduct our own initial assessment and then, over time, we'll do <u>re</u>-assessments to see how well the offender is responding to treatment and supervision. We use the assessment tools we described in the "Risk Assessment" module, and we may use personality tools as well. These tools provide insights into the offender's risk levels and his offending M.O. Once we have the offender's information and the assessments, we can begin to formulate a treatment plan that will reduce his risk to recidivate.</p>
5006	Victim Advocate:	<p>As a victim advocate, I want to know about the treatment program the offender is participating in, so I can share that information with the victim. Many victims want to make sure the offender is getting good treatment. They want to know he's getting help. They don't want what happened to them to happen to another person or another family.</p>

- 5007 **Victim Advocate:** We're also involved in containment through our work in the community. Communities want to know – and they have a right to know – if there are sex offenders in their neighborhoods. The reality is that there are sex offenders living in many communities in the state. You just have to go to the Megan's Law Registry online to see who and where they are.
- 5008 **Victim Advocate:** As we work with victims and their families and others in our communities, we can encourage them to find out where an offender lives, so they can be aware of him. If the sex offender knows all eyes are on him, he'll be less likely to re-offend. For the communities who do this, we've learned they feel more empowered and less threatened by the offender in their midst. It is in everyone's best interest that sex offenders who do return to the community, do so successfully. This can be a balancing act since, while sex offenders are hardly a welcome addition to any community, a successful re-entry will have a positive impact on some risk factors.
- 5009 **State Parole Agent with Supervision:** My job as the supervising agent of an offender is to ensure public safety. That's #1. To do this, I work closely with a treatment provider to develop an effective containment plan for the offender.
- 5010 **State Parole Agent with Supervision:** It's like this: we're only going to be successful with containment if the right hand knows what the left hand is doing. The sharing of information obviously goes both ways. Treatment providers help us by giving us regular and timely reports about the offender's attendance and progress. They tell us about his sexual interests, and how they are revealed in his home and workplace, so we know what to look for.
- 5011 **State Parole Agent with Supervision:** So when we meet about an offender, we'll talk about his cues or triggers, his progress in treatment, his level of cooperation, and his previous patterns of re-offending, like did he offend when he got laid off or had trouble at work? We also need to talk about what things are like when the offender is in a "risky" period. These are all issues that providers need to address during treatment.

- 5012 **State Parole Agent with Supervision:** In addition to the offender's issues, I'll also share case plans, rules, and the conditions of his supervision. This information will support the offender's participation in an appropriate sex offender treatment program. Now, after this sharing of information, I don't go away. I don't send a sex offender to treatment and let them take care of him. I am in on-going contact with the provider. On occasion, I'll go to treatment sessions.
- 5013 **State Parole Agent with Supervision:** First and foremost, supervision and treatment's job is to monitor and reinforce the offender's progress and hold him accountable if he takes a step outside of his containment plan. In the world of sex offenders, there's no such thing as "coincidence." So when an offender reports an accidental or unexpected event that should not have occurred – or we hear about something like that – we have to check it out.
- 5014 **State Parole Agent with Supervision:** And it's not just offender info treatment providers give us. They must also report to us and to law enforcement any newly revealed victims or any persons they consider to be at risk, including family members. With this information, we can draw a tight circle around the offender, seriously restricting his access to victims. If the reports from treatment indicate the offender may pose a threat to either the victim or the community, we can add new conditions of parole. This is how we manage and contain offenders. Treatment providers and supervising agents are partners, so it's essential that we work with a qualified treatment provider.

Section 3: Selecting a Treatment Provider

Screen Number	Character	Narration
5015	State Parole Agent with Supervision:	Now, you may think that all treatment providers who work with sex offenders are specialists in treating sexual deviancy. That should seem obvious, right? Not so. There are treatment providers who are serving sex offenders all over the state right now who are <u>not</u> specialists. It's perfectly legal. Pennsylvania does <u>not</u> require formal legal certification to engage in the treatment of sex offenders. But, here's the thing – you don't want to work with these providers. There are several providers out there, so it's important to choose the one that meets all the right criteria.
5016	State Parole Agent with Supervision:	Fortunately this is not an issue with Sexually Violent Predators, or SVPs. Megan's Law <u>requires</u> that the Sexual Offenders Assessment Board – or SOAB - review and approve treatment programs for SVPs. All treatment providers wishing to work with SVPs must first be interviewed by the SOAB's chief psychologist. Once the provider meets all of the qualifications for approval, the SOAB then reviews their program, their record-keeping and reporting on-site and on a regular basis. So, these treatment providers <u>have</u> to meet the SOAB's best practice standards.
5017	State Parole Agent with Supervision:	So what do the SOAB standards for SVP treatment providers have to do with finding qualified treatment providers? Well, treatment providers who do NOT work with SVPs are not required to follow these standards, but we recommend that they do. It ensures consistency in sex offender treatment across the state.

- 5018 **State Parole Agent with Supervision:** So your first criterion for selecting a treatment provider should be that they follow the best practice standards established by the SOAB. If the treatment provider doesn't follow or know about these standards, you should invite them to be a part of your containment team and review the standards with them. For future reference, we have a copy of the SOAB's treatment provider standards in the program library.
- 5019 **State Parole Agent with Supervision:** Next, treatment providers must be specialists in treating sexual deviancy. It should go without saying that the treatment of sex offenders is a highly specialized field. One that requires clinicians and treatment professionals to have the special skills and training necessary to work with this group of offenders.
- 5020 **State Parole Agent with Supervision:** There's one last thing treatment providers will need in order for me to work with them: a limited confidentiality agreement signed by the offender. This agreement indicates the offender understands and agrees to allow his information to be released to members of the sex offender containment team. This is standard AND entirely necessary for containment.
- 5021 **State Parole Agent with Supervision:** If you're not sure if a provider is qualified, the SOAB has a list of qualified professionals in your area. Simply go to their web site where you can directly access the Treatment Provider Listing.

Section 4: Treatment Modalities

Screen Number	Character	Narration
5022	Treatment Provider:	Treatment providers strive to lead offenders to acceptable, non-offending pathways, through several types of treatment programs. We decide on the type of treatment program for an offender after we review his court assessment and evaluate the offender. If he doesn't have an assessment, we will request a clinician or therapist who has specialized expertise in the field to conduct one.
5023	Treatment Provider:	Once we have all of the appropriate records and have thoroughly reviewed them, we are ready to interview the offender. This interview is <u>not</u> part of treatment, it is an evaluation. During this evaluation we establish the offender's level of risk and then assess him for multiple needs. We need to understand how the offender thinks, what thoughts have to be changed, and what behaviors need to be taught to develop healthy sexual behaviors.
5024	Treatment Provider:	This is how we are able to determine what issues need to be addressed in treatment. We also consider the offender's unique dynamics and his offense when we're creating a program. As you might guess, there is not a standard treatment program that is appropriate for all offenders. In fact, it's just the opposite: an offender's treatment plan has to be individualized to his pathway.
5025	Treatment Provider:	Treatment programs can include one or two treatment modalities and any combination of program components. In this section we are going to focus on the two main treatment modalities: group therapy and individual therapy. Then in the next section we will take a closer look at some of the components that can be included as part of an offender's treatment plan. Let's start with group therapy.
5026	Treatment Provider:	Group therapy is considered the "primary" treatment for sex offenders. Most treatment providers currently deliver services in a group format; usually there are 6-8 people in a group. The maximum we recommend is 12.

- 5027 **Treatment
Provider:** This modality uses cognitive-behavioral and relapse prevention models. These models have been proven to be the most effective strategies we have right now to reduce recidivism. The “cognitive-behavioral” model addresses the offender’s distorted thinking and the feelings created by his thoughts. In group therapy, we target those thoughts through group interaction, so we can create new behaviors. This primary treatment modality is where we want to see real changes take place with offenders.
- 5028 **Treatment
Provider:** Initially, we expect the new offender will be in some level of denial – we see it all the time. But in a group setting, the new member quickly learns he can’t hide from other offenders. He can’t use denial to manipulate the truth. Other sex offenders will recognize these behaviors, because they’ve all been there at one time. We talk about denial a lot in group. Any group will have participants in various stages of denial, but the entire group cannot be treated effectively should all members be entirely in denial.
- 5029 **Treatment
Provider:** Experience has shown us that once a new offender has spent a few weeks in group, he will begin to talk about his crimes and offending behavior patterns. He just needs time to get acclimated and to get the hang of the process – and to listen to other offenders talk about their offending behaviors. He also needs to feel safe before he opens up.
- 5030 **Treatment
Provider:** That’s the way it’s supposed to work – offenders learning to manage themselves through the guidance of the therapist and feedback and modeling from other offenders. They get on-going feedback, observe role-modeling, and practice and improve social and relationship skills. Finally, these sessions provide positive support, motivation, and guidance. Let’s take a look a case study to see how group therapy works.
- 5031 **Treatment
Provider:** Mike is a 39 year old male offender, who is married and does not have any children. He recently completed a sentence for Involuntary Deviate Sexual Intercourse with a Child. The offender molested his neighbor, a 12 year old boy. During the evaluation, the offender exhibited denial regarding the offense and his sexual preference for boys.

5032	Treatment Provider:	The offender attended group therapy for approximately 3 weeks, but had minimal participation in discussions. When called out by other offenders, he denied his offense and expressed the fact that “he is not like everyone else in the group”. However during week 4, another offender – Jim – shared his own struggle with his sexual preference for boys. Afterwards, Mike began to talk to the group for the first time about his offending patterns.
5033	Treatment Provider:	While group therapy is the most effective treatment modality, there are circumstances when it may not be appropriate. Group therapy should be used <u>only</u> to address sex offender specific issues. If an offender has additional issues that are not the concern of the sex offender treatment, then the second treatment modality, individual therapy, comes into play.
5034	Treatment Provider:	Unlike group therapy, individual therapy is between an offender and a therapist. Generally, individual therapy is not recommended as the primary treatment for sex offenders. But it <u>is</u> effective in certain situations.
5035	Treatment Provider:	<p>For example:</p> <ul style="list-style-type: none"> ● If an offender has a co-morbid condition such as depression or anxiety. ● If the offender needs substance abuse counseling, couples counseling, and/or family therapy. ● It may be appropriate for offenders who can’t function in a group setting ● It may be recommended on a short-term basis to prepare the offender for group treatment. ● It can also be used by therapists to deal with issues not covered well in group therapy. ● Finally it can be used for female offenders, who should not be treated in a group setting with male offenders. <p>Let’s look at our case study to see how individual therapy can be helpful.</p>

- 5036 **Treatment
Provider:** Imagine during the course of Mike’s group therapy, he discloses that he and his wife have been having marital problems. The offender is worried that his wife is going to leave him because of his offense. They have not talked about what happened since he’s been released. He isn’t sure how to discuss the offense with his wife and is worried that if he admits his sexual preference for boys she will leave him.
- 5037 **Treatment
Provider:** In order for Mike to work through this issue, group therapy is not enough. Since this issue is not just about the offense, he will need individual therapy, specifically couple’s therapy. The offender’s treatment provider discusses this issue with him and the provider decides to modify the treatment plan to include couple’s therapy.
- 5038 **Treatment
Provider:** You may have noticed in Mike’s case that his treatment plan changed as an additional issue was revealed. This illustrates the fact that it is important for treatment plans to be seen as flexible. It is impossible to know all of the issues that need to be addressed during the initial evaluation. As you learn more about the offender through his course of treatment, you should expect his treatment plan to evolve.

Section 5: Program Components

Screen Number	Character	Narration
5039	Treatment Provider:	<u>Effective</u> treatment modalities – like group therapy and individual therapy – can include various treatment components. These components have been shown to have a positive impact on reducing recidivism and improving the rehabilitation of the offender.
5040	Treatment Provider:	With these components, we're looking to: <ul style="list-style-type: none">• reduce offender denial and minimization of his offense• alter cognitive distortions, and• increase our knowledge of the deviant cycle and relapse prevention techniques.
5041	Treatment Provider:	The available components cover the delivery spectrum – from correctional programs to community programs and from high risk offenders to low risk offenders. Some components are primarily educational and are designed to help build skills. Other components emphasize clinical and therapeutic interventions.
5042	Treatment Provider:	In this section we are going take a closer look at sexual education, the accountability letter, and pharmaceutical interventions. For more information about additional components used in correctional and community-based programs, check out the Treatment Components document in the program library.
5043	Treatment Provider:	If a treatment provider determines an offender does not know about sexual anatomy or functioning, a sex education component should be included as part of his treatment plan. Sex education takes place in a psych-educational group where it is more of a lecture and discussion.
5044	Treatment Provider:	While it only covers general topics and is not offender specific, it helps offenders get used to a group setting. This is why we'll often have an offender go through sex education, before we integrate him into an existing treatment group. We also do this so the sex offender treatment sessions are continuous, and aren't focused on the beginning or end of the group's treatment.

- 5045 **Victim Advocate:** Another treatment program component is “the offender accountability letter.” The purpose of it is to –
- Get the offender to focus on the victim and the offense, and
 - Get the offender to talk about the victim impact.
- The theory behind this type of letter is – if the offender is made to understand the victim is real person, not an object, and the pain and sense of betrayal he caused with his actions, he may be less likely to re-offend.
- 5046 **Victim Advocate:** However, it’s a treatment component that may or may not be appropriate for every sex offender. That’s the decision of the treatment provider. If you’re a provider and believe the accountability letter would help an offender you’re working with, contact your community victims services organization first before using this tool.
- 5047 **Victim Advocate:** After that, if the decision is made to incorporate the letter into an offender’s treatment plan, the victim advocate should review the letter. This review must take place before the victim ever sees it. During this review I look for examples of victim blaming and inflammatory words or thoughts. We don’t want the victim to be re-traumatized by seeing a letter that blames her for the offense!
- 5048 **Victim Advocate:** If the letter contains anything controversial, we’ll send it back to the treatment provider and get them to work with the offender to revise it. When we’re satisfied with the letter, we’ll alert the victim that we have it and ask if they want to see it. We never send it without first contacting the victim to let them know the letter exists. The victim may prefer not to receive it, and that’s okay. It’s his or her choice. The letter is really to get the offender to understand the impact of his offense and begin to change his behavior.
- 5049 **Treatment Provider:** Treatment for sex offenders may include pharmaceutical interventions as well as behavioral interventions. It depends on the individual offender and his treatment needs. If a medical consultation is required, my next step would be to refer to my consulting psychiatrist who could assess and prescribe pharmaceutical interventions if indicated.

- 5050 **Treatment
Provider:** There are two main pharmaceutical categories: Antiandrogens and Selective Serotonin Reuptake Inhibitors. Antiandrogens, like Depo-Provera, are sometimes referred to as “chemical castration” drugs. Males using this drug can still obtain an erection and ejaculate, so the use of this drug can’t be considered a “cure” or a guarantee the offender won’t re-offend. However, this particular drug treatment has shown some effectiveness when offender has been assessed and diagnosed with deviant sexual behavior associated with hormonal issues.
- 5051 **Treatment
Provider:** The other drug category – Selective Serotonin Reuptake Inhibitors – or SSRIs – are commonly used in most current treatments that target mood and behavioral disorders. These drugs are used to assist in the reduction of deviant fantasies and sexual impulses. SSRIs and antidepressants affect mood, impulse control, and compulsive behaviors by increasing the levels of the neurotransmitter, serotonin, in the brain. But, here again, these drugs do not entirely suppress the sex drive. Deviant sexual behavior returns when drug therapy is discontinued. Drug therapy does not cure the offender.

Section 6: Conclusion

Screen Number	Character	Narration
5052	Treatment Provider:	<p>Remember – there is no known cure for sex offending, but there is containment. Usually, a sex offender will demonstrate varying degrees of denial during the initial stages of supervision and treatment. But honest disclosure of his offense pattern and sexual history increases the possibility that the offender will successfully complete his treatment, learn to manage and control his sexually deviant behaviors, and, consequently, avoid re-offending.</p> <p>For more information related to this topic, you should check out the Treatment document in the program’s library.</p>