

Washington State Department of Corrections Sex Offender Treatment and Assessment Program



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Risk Need Responsivity Model

- Widely accepted model of correctional classification and treatment to reduce recidivism (Andrews and Bonta, 2015)
- Overarching Principles:
 - Primary objective of a correctional program is to reduce recidivism
 - Respect for the person and their autonomy receiving the services and treating them in an ethical, just, humane and decent manner.
 - Programs should be based in empirically supported principles such as CBT and social learning.

The Risk Principle

- Criminal behavior can be predicted
- Levels of treatment services need to match the risk level of the offender.
 - Lower risk offenders often present as more motivated and are easier to work with than higher risk offenders.
 - Higher risk offenders tend to show the greatest reductions in recidivism after treatment than lower risk offenders with the same investment of resources.
 - Higher risk offenders may not ever become “Low” risk.

The Need Principle

- Everyone has “needs,” like food, shelter, and clothing. This principle addresses the specific needs that are empirically related to recidivism.
 - Interventions need to target needs related to recidivism.
- Criminogenic needs are a subset of risks and are dynamic.
 - When changed, the probability of recidivism changes.
 - Non-criminogenic needs are also dynamic, but when changed, they have minimal impact on changes in recidivism risk.

The Responsivity Principle

- **General Responsivity**: Deliver the program in a style that is consistent with ability and learning style of offender.
 - CBT and social learning principles include role modeling, role playing, reinforcement, skill building, modification of thoughts/feelings with cognitive restructuring and practicing new behavioral strategies over and over until they get good at it.
- **Specific Responsivity**: Respond to the individual differences among offenders receiving services.
 - E.g. anxiety, motivation, intelligence.
 - Once identified this should be incorporated to tailor treatment.
 - Treatment strategies and therapist characteristics need to be matched.
 - Attend to the motivational needs of the higher risk population to keep them engaged in treatment and minimize dropouts.

SOTAP and RNR

- Risk Assessment Unit located at HQ (Risk)
- Screening practices (Need/Responsivity)
- Staff are trained and certified in the Static-99R, Stable/Acute-2007. (Risk/Need)
- Stable-2007 assessment is foundation for ITP
- Treatment program is CBT focused (Responsivity)
- Motivational Interviewing
- Development and training to manual (Need/Responsivity)
- QA activities

The image shows three overlapping forms used for risk assessment. The top form is the 'STATIC-99 - TALLY SHEET' for 'Dynamic Supervision of Sexual Offenders'. It includes fields for Subject Name, Place of Scoring, and Date of Scoring, followed by a table of 10 risk factors. The middle form is the 'ACUTE-2007 - TALLY SHEET' for 'The Dynamic Supervision of Sexual Offenders', featuring fields for Subject Name, Place of Scoring, Date of Scoring, and Name of Assessor, and a table for scoring various factors. The bottom form is another 'ACUTE-2007 - TALLY SHEET' with a similar layout. At the bottom of the forms, there are sections for 'Sex and Violence Risk and General Recidivism Risk' with nominal categories and suggested nominal scores.

Question Number	Risk Factor
1	Young
2	Ever Lived With
3	Index non-sexual violence Any Convictions?
4	Prior non-sexual violence Any Convictions?
5	Prior Sex Offenses
6	Prior sentencing dates (excluding index)
7	Any convictions for sex offenses
8	Any Unrelated Vict
9	Any Stranger Vict
10	Any Male Victim

Sex/Violence Score (Sum four factors)	Score	General Recidivism Score (Sum all seven factors)	Scoring
• Victim Access		→ Copy these scores over →	
• Hostility		→ Copy these scores over →	
• Sexual Pre-occupation		→ Copy these scores over →	
• Rejection of Supervision		→ Copy these scores over →	
		• Emotional Collapse	
		• Collapse of Social Supports	
		• Substance Abuse	
Sex/Violence Total (Sum of four factors)		General Recidivism Risk Total (Sum of all seven factors)	

Sex/Violence Risk Nominal Categories (Sum of four risk factors)	General Recidivism Risk Nominal Categories (Sum of all seven risk factors)
Low Priority	0
Moderate Priority	1
High Priority	2+ (plus)
	Low Priority
	Moderate Priority
	High Priority

11/ISSSO 2009/Tab 12a ACUTE-2007 Tally Sheet 0903

SOTAP Programs

- 2 main prison sites MCC-TRU and AHCC
 - Approximately 175 clients at a time at each site (350 clients at any one time)
 - Approximately 700 unique clients per year.
 - 30 Sex Offender Treatment Specialists 6 Supervisors
 - 2 Psychologists, 2 Program Managers
 - 2 QA Specialists
- Special Offender Unit (MCC)
 - 1 Psychology Associate with a caseload 8-12
- Washington Correctional Center for Women
 - 1 Psychology Associate with a caseload 8-12
- Community Treatment
 - 11 DOC providers and 1 contract provider in Yakima County.
 - Treats approximately 280 clients at any one time (about 500 unique clients per year).

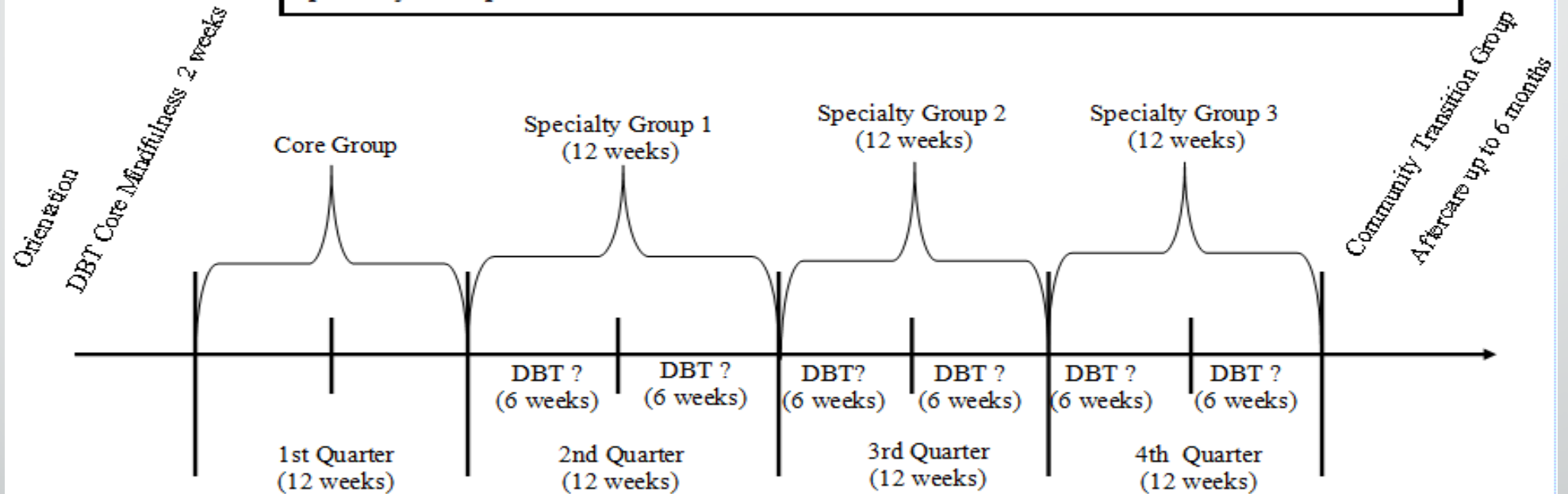
Sex Offender Treatment	Static 99R Risk Level			
	High: 6+	Moderate/High: 4 - 5	Low/Moderate: 2 - 3	Low: (-)3 - 1
Priority	<u>Priority 1A:</u>	<u>Priority 2A:</u>	<u>Priority 3A:</u>	<u>Priority 4A:</u>
Sentence Structure	CCB / ISRB	CCB / ISRB	CCB / ISRB	CCB / ISRB
Additional Criteria	Court Ordered SOTP	Court Ordered SOTP	Court Ordered SOTP	Court Ordered SOTP
Consideration				
Priority	<u>Priority 1B:</u>	<u>Priority 2B:</u>	<u>Priority 3B:</u>	<u>Priority 4B:</u>
Sentence Structure	Non CCB / ISRB	Non CCB / ISRB	Non CCB / ISRB	Non CCB / ISRB
Additional Criteria	Court Ordered SOTP	Court Ordered SOTP	Court Ordered SOTP	Court Ordered SOTP
Consideration				
Priority	<u>Priority 1C:</u>	<u>Priority 2C:</u>	<u>Priority 3C:</u>	<u>Priority 4C:</u>
Sentence Structure	Non CCB / ISRB	Non CCB / ISRB	Non CCB / ISRB	Non CCB / ISRB
Additional Criteria	No Court Ordered Treatment	No Court Ordered Treatment	No Court Ordered Treatment	No Court Ordered Treatment
Consideration			<p>❶ Offenders with low to low/moderate risk may be moved to a higher priority if all other identified need areas have been addressed.</p> <p>❷ LWOP will not be considered for SOTP per policy 570.000</p>	

SOTAP Specialty Group Plan

Core Treatment for all clients is 48-50 Weeks

- Higher risk clients receive about 300hrs (Core group and Specialty Groups)
- Moderate risk clients receive about 250hrs (Core Group alone)

Core Group= 5hrs/week
 Specialty Group= 2hrs/week



- DRF Specialty groups are 12 weeks
- Up to 1 specialty group and core group at a time
- 1st Quarter= no specialty groups
- DBT (6 weeks) can be during quarters 2-4
- 1 DBT group at a time
- Up to 2 DBT groups per quarter
- Every client gets Orientation, Core Mindfulness, and Community Transition group
- Aftercare is for those who have a delay until release.

- Clients with a Static 99R Score of 1 or less= No Specialty Groups
- Clients with a Static 99R Score of 2+ get specialty groups per identified STABLE 2007 assessment.

6 week version of Specialty Group Curriculums for time sensitive cases.

Orientation Group

- Two-hour groups, meet twice per week, for four weeks (total 16 hours)
- Purpose:
 - Begin to develop the mindset of attending group therapy
 - Complete intake forms (limits to confidentiality, informed consent)
 - Myth-busting (PPG, civil commitment, etc.)
 - Develop group readiness (participation, challenging/feedback, etc.)
 - Informal assessment (may lead to formal assessment)
 - Study hall, living units (different for AHCC and TRU)
 - Clarify Institutional portion versus Community portion of treatment



Orientation Group

- Intake:
 - Assign Clinician
 - Stable interview
 - Write Initial Treatment Plan (ITP)
- Assignment:
 - Values Clarification
 - pre-assigned for delivery once treatment begins



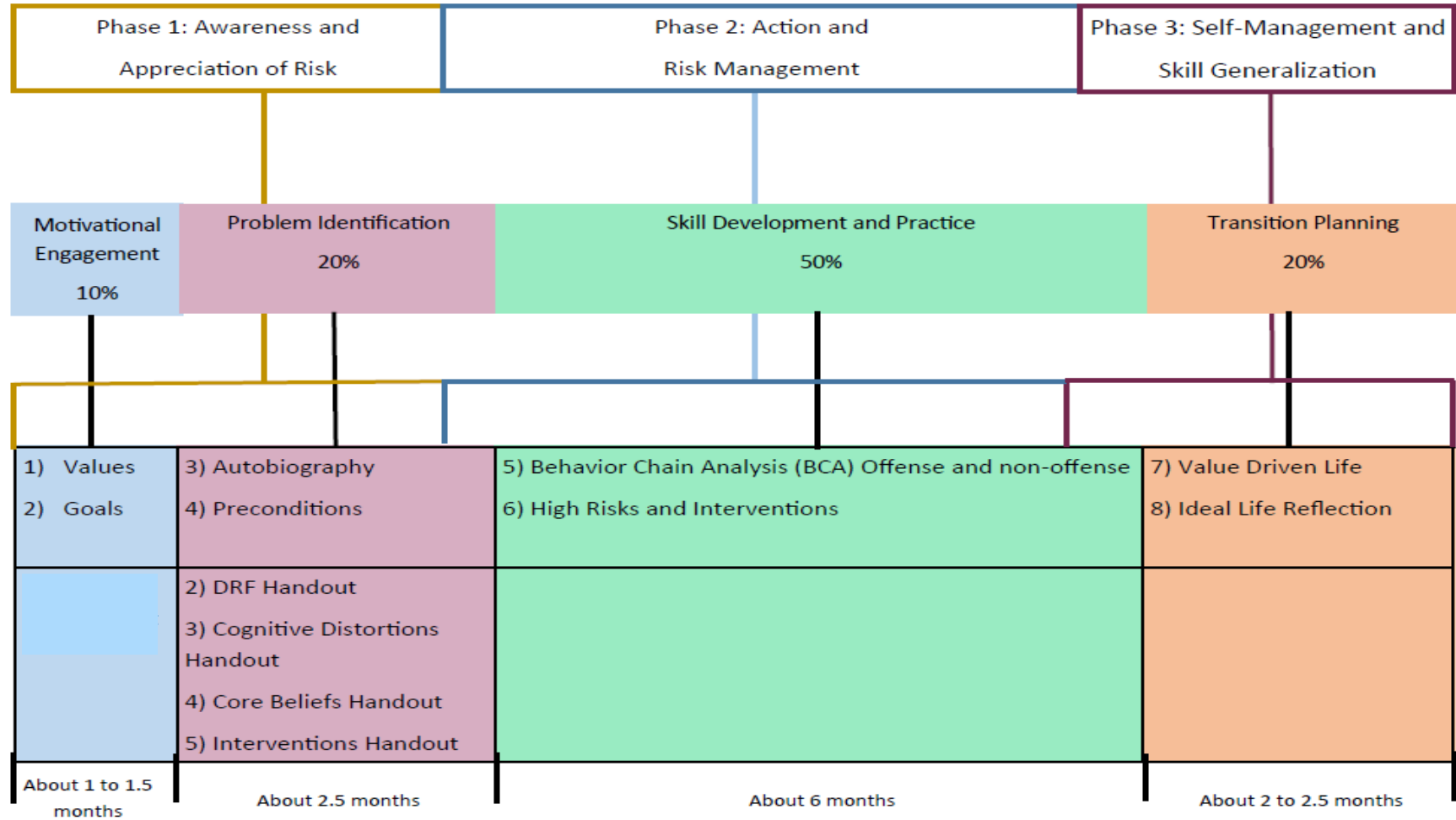
Core Mindfulness Group

- Two-hour groups, meet once per week, for two weeks (total 4 hours)
- Purpose:
 - Further develop the group therapy mindset
 - Learn mindfulness skills, which will be reiterated throughout treatment
- Intake:
 - Clinicians may complete ITP, if not done already
 - Begin prioritization of clients for specialty groups



Primary Group

SOTAP Assignments Timeline



Beginning Primary Group (Institutional Portion)

- Primary groups are 2.5 hours, and meet twice per week, for 48-52 weeks (approximately 250 hours). Additional hours are provided for those with higher risk through specialty groups which are selected based on client need.
- Three Phases of Institutional Treatment in Primary Group:
 - Awareness and Appreciation of Risk and Values (Months 1-4)
 - Action and Risk Management (Months 5-10)
 - Self-Management and Skill Generalization (Months 11-12)

Phases are to inform clinicians, not to evaluate clients.

SOTAP Phase 1

Awareness and Appreciation of Risk and Values

- Purpose:
 - Engagement and motivation
 - Problem identification
- Goals are for client to understand their own:
 - Personal Values
 - Dynamic Risk Factors
 - Cognitive Distortions
 - Core Beliefs
 - Cognitive and Behavioral Interventions



SOTAP Phase 1

Awareness and Appreciation of Risk and Values

Replacement Attitudes and Behavioral Goals

- Able to identify and manage barriers to treatment participation.
- Able to identify and discuss the DRFs that played a role in their offense.
- Identify core values and how they were compromised in order to commit their offense



SOTAP Phase 2

Action and Risk Management

- Purpose:
 - Skill Development and Practice
- Goals are to practice:
 - Examining own thoughts, feelings, and behaviors
 - Identifying distortions and dynamic risk factors
 - Identify realistic and useful interventions
 - Begin to connect to support people in the community

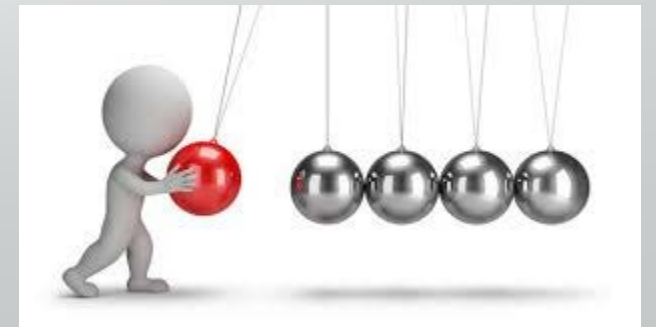


SOTAP Phase 2

Action and Risk Management

Replacement Attitudes and Behavioral Goals

- Demonstrate an ability and willingness to manage adversity and DRFs with cognitive and behavioral interventions.
- Consistently practice skills and interventions to manage risk and be open with therapist and group.
- Demonstrate accountability for own success and decrease dependence on therapist and/or group.



SOTAP Phase 3

Self-Management and Skill Generalization

- Purpose:
 - Generalize and apply skills in different contexts and in proactive, prosocial ways
- Goals are to:
 - Take ownership of own treatment
 - Recognize and demonstrate accountability
 - Be helpful to group members
 - Prosocial skills become more automatic and less intentional
 - Prepare to transition to community portion of SOTAP



SOTAP Phase 3

Self-Management and Skill Generalization

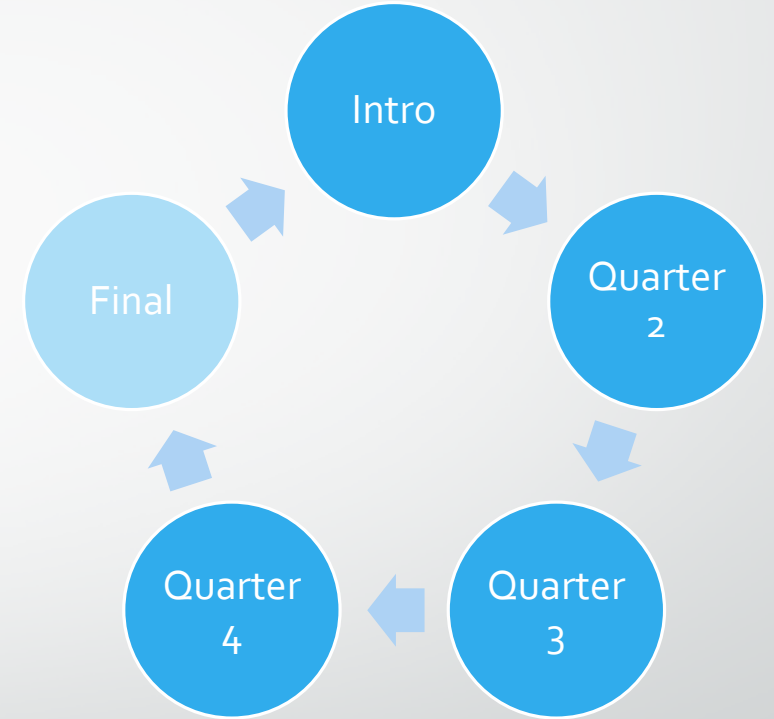
Replacement Attitudes and Behavioral Goals

- Engage in regular and meaningful self-examining for DRFs and current pursuit of values.
- Learn and adapt from adversity and engagement in DRFs to reduce likelihood of risky behavior in the future.
- Reflect on growth with pursuit of values and management of risks to help group members.



SOTAP Institutional Phase Quarter Schedule

- Introductory Period
 - 4, 8, or 12 weeks long
 - No specialty groups
- Quarters 2, 3, and 4
 - 12 weeks each
 - Specialty groups assigned depending on risk and need
- Final Period
 - Up to 8 weeks to complete primary treatment, if necessary
 - No specialty groups



Total = 48-52 weeks

SOTAP Institutional Phase

12 Week Specialty Groups

Social Skills

- Corresponding to Stable DRF: Significant Social Influences, General Social Rejection/Loneliness

Healthy Relationships

- Corresponding to Stable DRF: Capacity for Relationship Stability

Hostility toward Women

- Corresponding to Stable DRF: Hostility toward Women

Impulsivity and Problem Solving

- Corresponding to Stable DRF: Impulsive Acts, Poor Cognitive Problem-Solving

Sexual Self-Regulation

- Corresponding to Stable DRF: Sex Drive/Preoccupation, Sex as Coping

Deviant Sexual Interest

- Corresponding to Stable DRF: Deviant Sexual Interests

SOTAP Institutional Phase

6 Week Specialty Groups

Emotional Regulation

- Corresponding to Stable DRF: General Social Rejection/Loneliness, Impulsive Acts, Poor Cognitive Problem Solving, Negative Emotionality/Hostility, Sex as Coping

Interpersonal Effectiveness

- Corresponding to Stable DRF: Capacity for Relationship Stability, General Social Rejection/Loneliness, Lack of Concern for Others, Poor Cognitive Problem-Solving, Cooperation with Supervision

Distress Tolerance

- Corresponding to Stable DRF: General Social Rejection/Loneliness, Impulsive Acts, Poor Cognitive Problem Solving, Sex as Coping

SOTAP Institutional Phase Specialty Groups

Specialty Group based on the offender's:

Risk level

Static score of 1 or lower = no specialty group

Static score of 2 or greater = specialty groups

Needs per

Stable criteria

Clinical judgement

Supervisor agreement



SOTAP Institutional Phase Afterward

- Community Transition (2 weeks)
 - All clients participate in community transition group
- Aftercare (6 months)
 - 12 sessions, every other week
 - 2-3 hour sessions
 - For those who will experience a delay from the time they complete the institutional portion of treatment until they release

ALL clients completing the institutional portion of treatment will transition to the community portion of treatment to complete the SOTAP Treatment Program.

SOTAP Institutional Phase

What about Responsivity?

- Activity Track
- 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 groups at TRU and AHCC
- LGBTQI support group at TRU
- Tutors and study hall at both facilities

Activity Track

- Goals:
 - Have 100+ activities designed to address dynamic risk, and/or clarify and commit to living according to one's values.
- Population
 - Clients with severe mental illness or intellectual, developmental or learning disabilities that impede their ability to complete the assignments that have been designed for SOTAP.
- Locations:
 - AHCC, TRU and SOU.



Activity Track

- Program manual and structure is in development and hoped to be finalized by end of 2018.
- Clients learn treatment concepts through hands on learning, such as games, and other activities that are less dependent on academic skill.
 - Allows for learning through repetition and take an active role in learning.
- Some activities:
 - Values Sort
 - Behavior Chain activities
 - Goal setting activities
 - Problem Solving
 - Social Influences inventory



Community Treatment

- Currently unstructured and varies from therapist to therapist.
- Community Program Manager provides clinical supervision and has made leaps and bounds in the clinical skill of the providers in the community.
 - 11 DOC providers and 1 contract provider in Yakima County.
 - Treats approximately 280 clients at any one time and about 500 unique clients per year.



Community Treatment

- Manual is in development and hoped to be complete and implemented by the end of 2018.
- Next steps to the prison based program
 - Moving toward protective factors and developing life strategies that are absent of, or mitigating of dynamic risk.
- Based in dynamic risk factors from the STABLE 2007
 - CBT based
 - Facilitates discussion of presentation of risk factor in daily life
 - Directed skills practice and follow up each group.



Future Directions

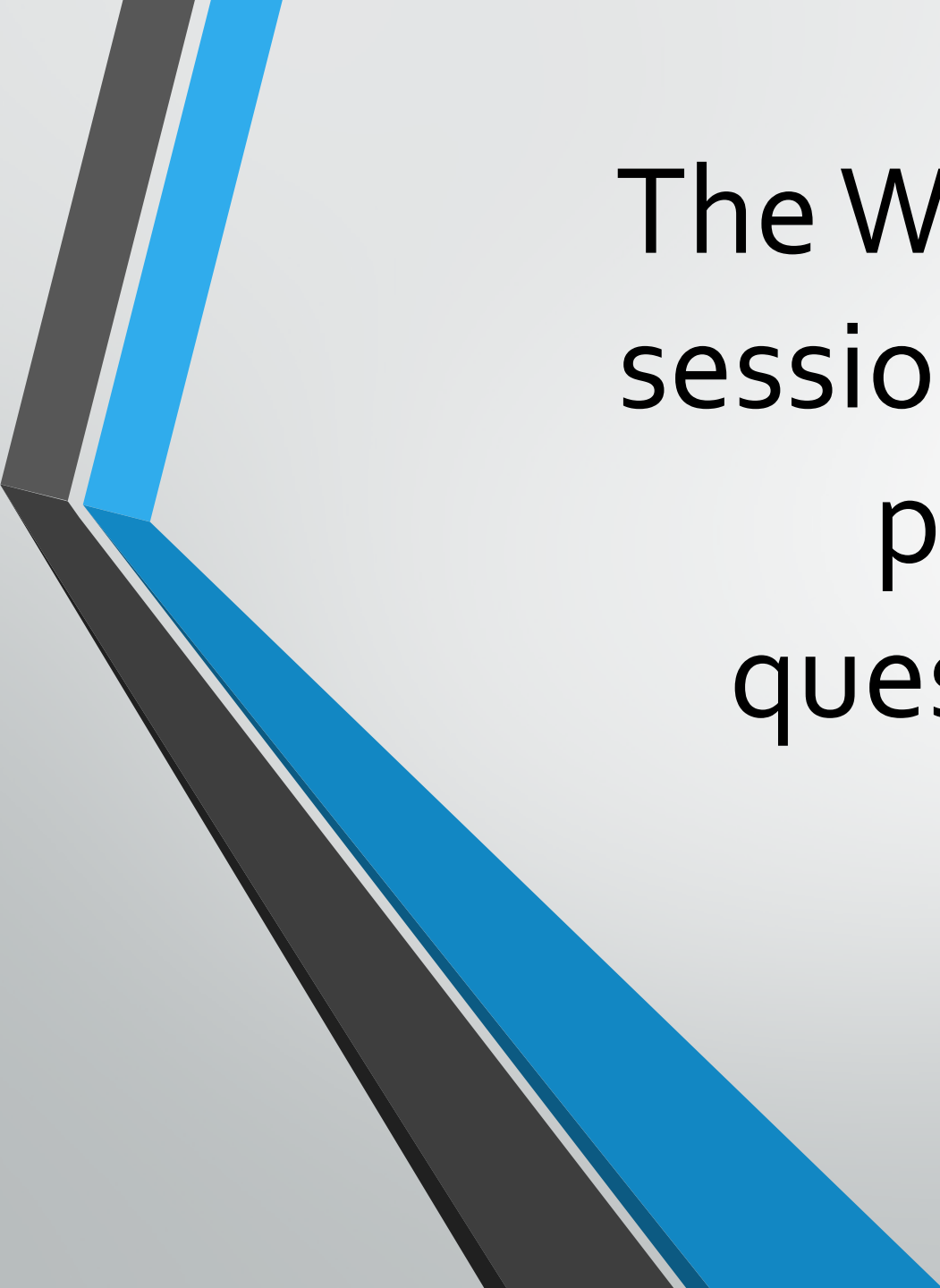
- Specialty Groups will be implemented by July 2018
 - Final curriculums by October 2018
- Quality Assurance
 - 2 staff have been hired, working toward permanent funding
 - Train, coach, assess
 - Data driven decisions
 - Consistent treatment delivery with fidelity to the model
 - Coaching/mentoring supplementing clinical supervision



Future Directions

- Stabilize the Program
 - On-boarding program with specific benchmarks for staff to meet in their probation period to ensure consistent training and evaluation.
 - Assessment for clinical competencies
 - Standardized training program
 - Program Manual
 - CBT Training
 - Risk Assessment Training





The WA DOC SOTAP Panel session is directly after this presentation for more questions and discussion

