



# Sex Offender Treatment and Assessment Programs DOC Treatment Model

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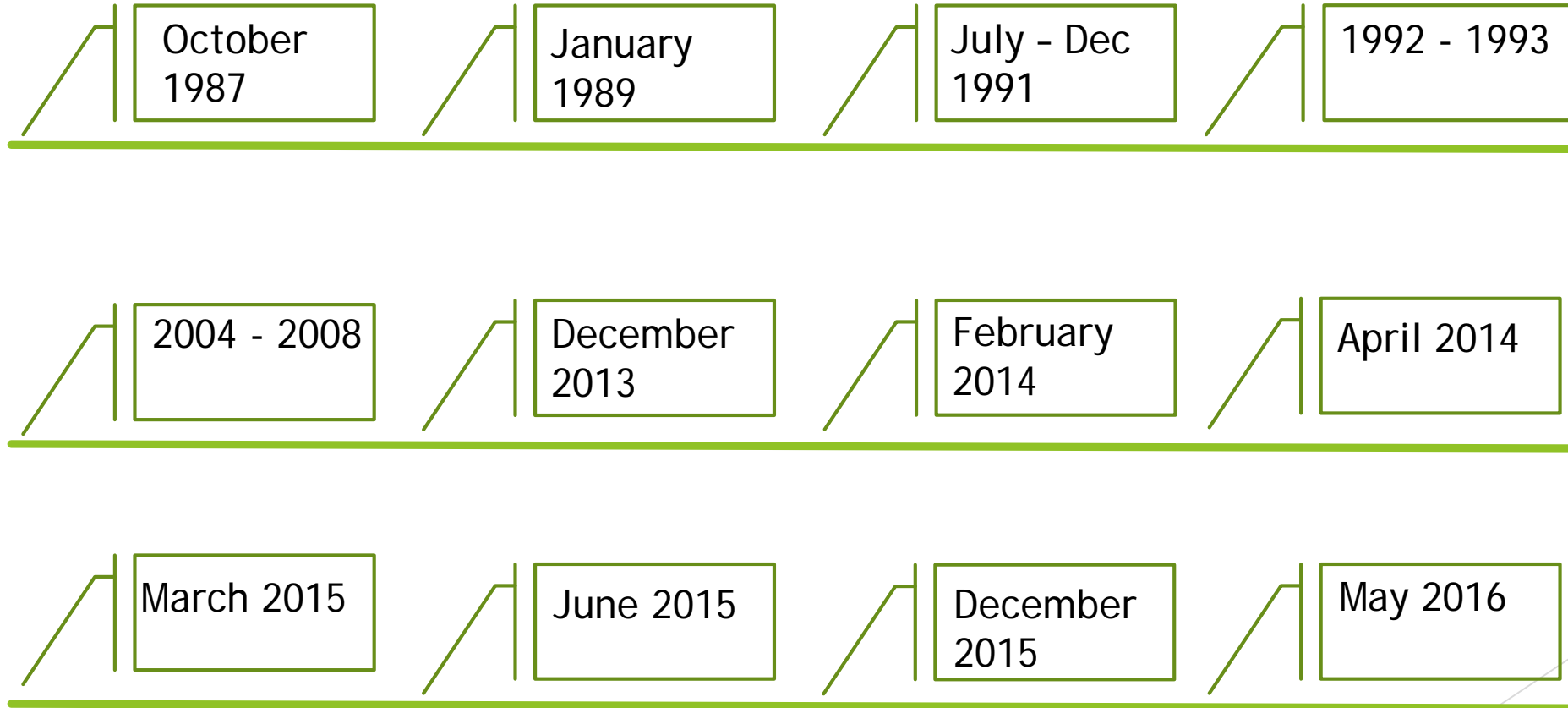
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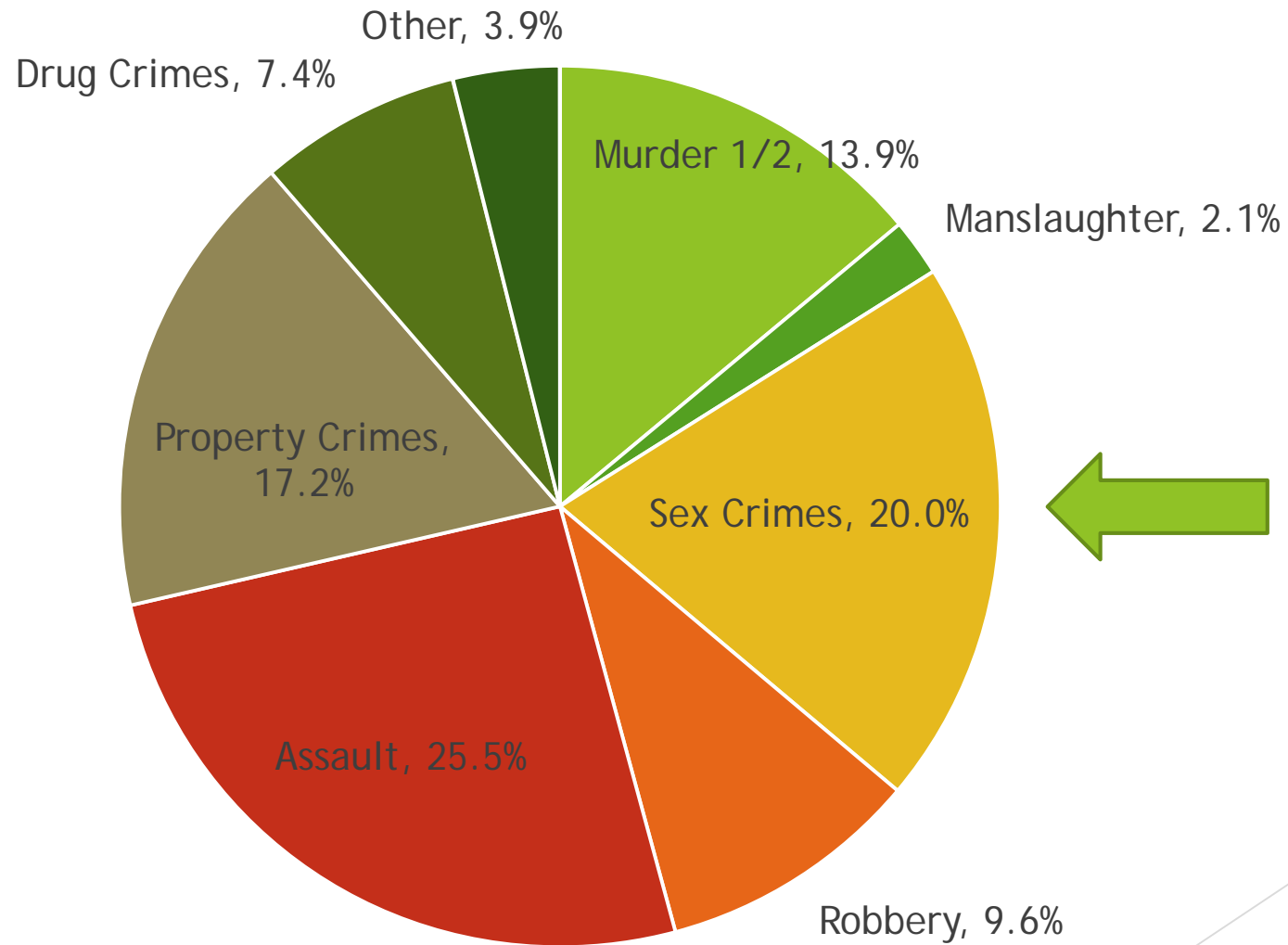
# Session Overview

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

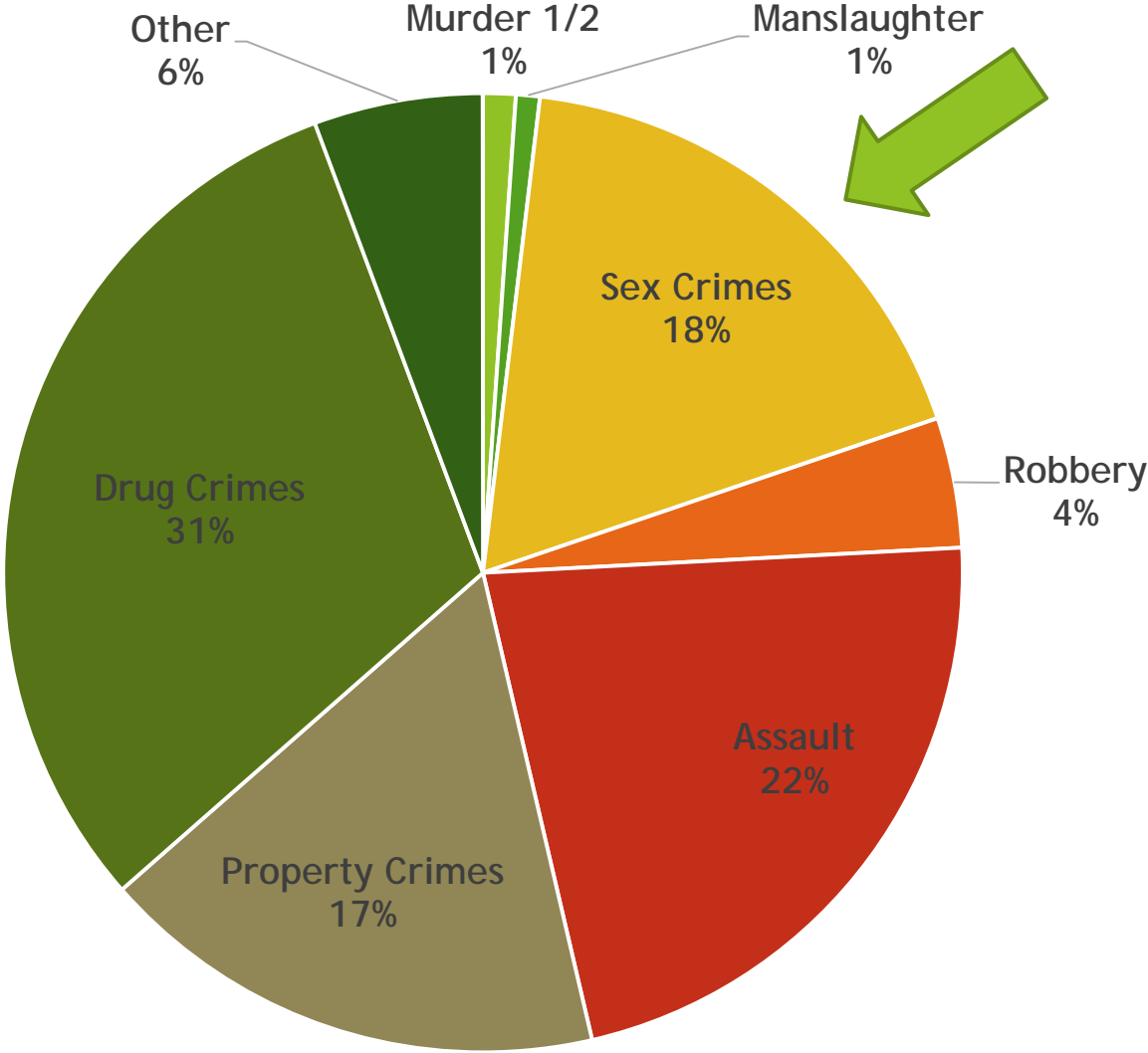
# Timeline



# Offenders in Confinement



# Offenders in the Community



# 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

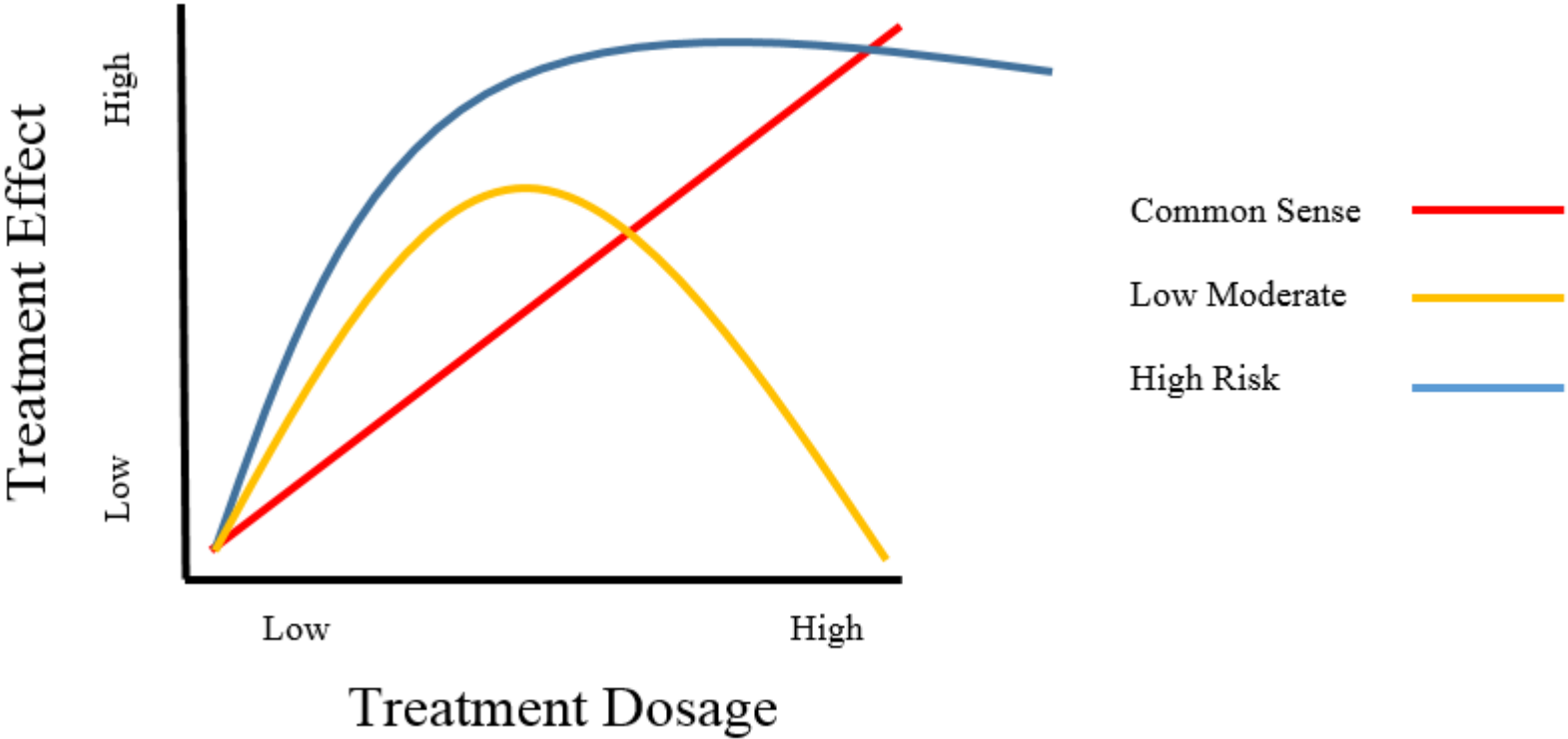
<u>Sentence</u>	<u>Static 99R Risk Level</u>			
	High: 6+	Moderate/High: 4-5	Low/Moderate: 2-3	Low: (-)3-1
<i>Community Custody Board (CCB)/ Indeterminate Sentence Review Board (ISRB) with Court Ordered Treatment</i>	<b>1A</b>	<b>2A</b>	<b>3A</b>	<b>4A</b>
<i>Non-CCB/ISRB with Court Ordered Treatment</i>	<b>1B</b>	<b>2B</b>	<b>3B</b>	<b>4B</b>
<i>Non-CCB/ISRB with No Court Ordered Treatment</i>	<b>1C</b>	<b>2C</b>	<b>3C</b>	<b>4C</b>

# 2016 Calendar Year Treatment and Risk Level

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

n = 292

# Dosage



# 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



Individual Sessions



Inconsistent Specialty Groups

### Core Group

- 300hrs
- Cognitive Restructuring
- Assignments
- Skill Development

# 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

## SOTAP Theoretical Orientation (cont.)

- ▶ 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.

## SOTAP Theoretical Orientation (cont.)

- ▶ 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.

## SOTAP Theoretical Orientation (cont.)

- ▶ 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



### Model of Change

Balancing Empathy and Accountability to reduce and manage risk for recidivism

		More intense therapist efforts										Less intense therapist efforts																	
PRISON ADMISSION	Cognitive Behavioral Therapy																												
	Motivational Interviewing																												
	Mobilize Strengths and Values																												
	Relapse Prevention																												
	WCC Screening for SOTAP Amenability Static 99R Risk Assessment SOTAP prioritization	Phase I			Phase II			Phase III			Phase IV																		
		Begin SOTAP						Complete SOTAP			Community SOTAP Treatment																		
		Awareness & Appreciation of Dynamic Risk Factors (DRF's), Values and Strengths			Action Self-Management & refining interventions for DRF's			Self-Management, Skill Generalization & Increasingly Self-Reliant			Skill Application and Generalization Learn from and Adapt to Adversity			Skill Generalization and self-maintenance Increase Self-Management & Risk Factor Management Increase Autonomy															
		Initial Assessments ➤ STABLE 2007 ➤ Treatment Planning  Group/Treatment Socialization			Mid-Treatment Review ➤ Refine Treatment & Responsivity Planning			Reassessments ➤ STABLE 2007 ➤ Treatment Summary  Aftercare			Initial/ Reassessments ➤ ACUTE 2007  Collaborate with CCO Reestablish protective factors			Start treatment closure process before discharge.  Final Assessments ➤ STABLE 2007 ➤ ACUTE 2007															
	Supportive/Empathic Therapist Approach										Offender Self-Accountability																		
	RELEASE FROM PRISON															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



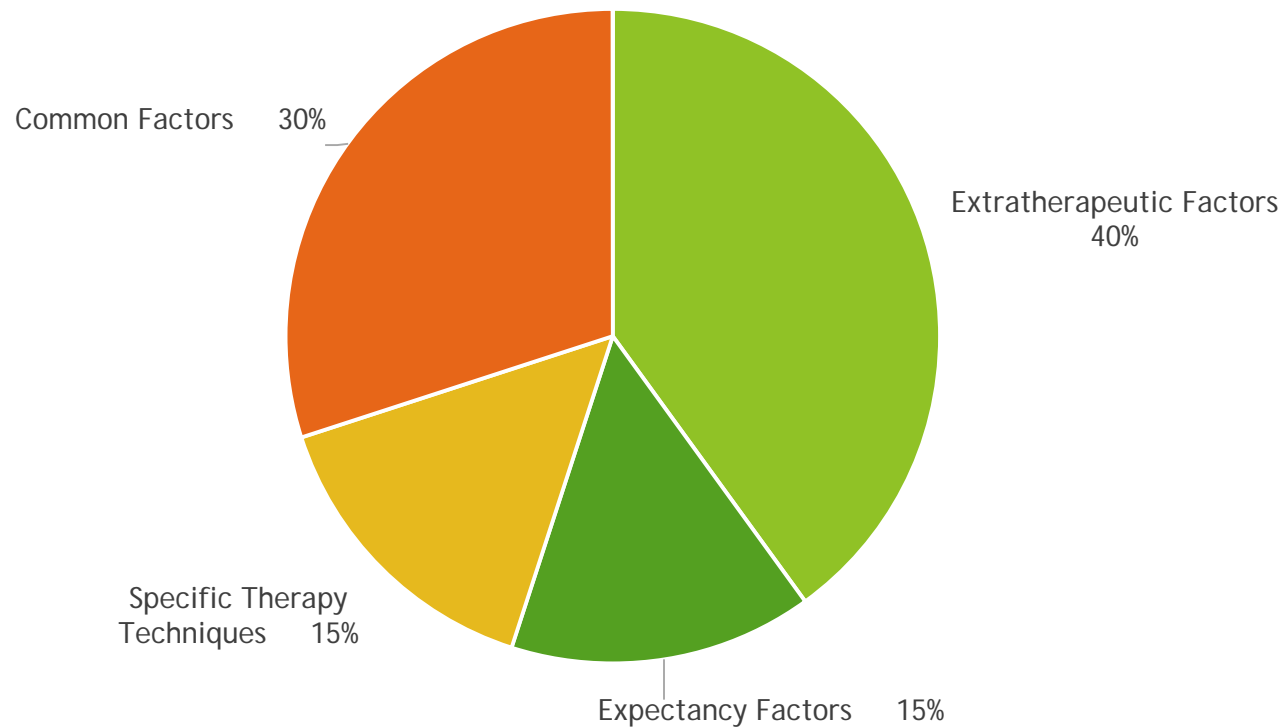
DRF Specific Groups

# 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)



# Quality Assurance

- ▶ 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

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