



SOCCPN Annual Survey of Sex Offender Civil Commitment Programs 2013

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Sub-sections of the Survey

Inpatient survey:

- Census figures
- Demographics
- Treatment Program
- Assessment
- Staffing issues
- Procedural issues
- Computers & communication

Conditional Release:

- Housing
- Transition
- Supervision & Monitoring
- Discharge
- Violations and Reoffenses

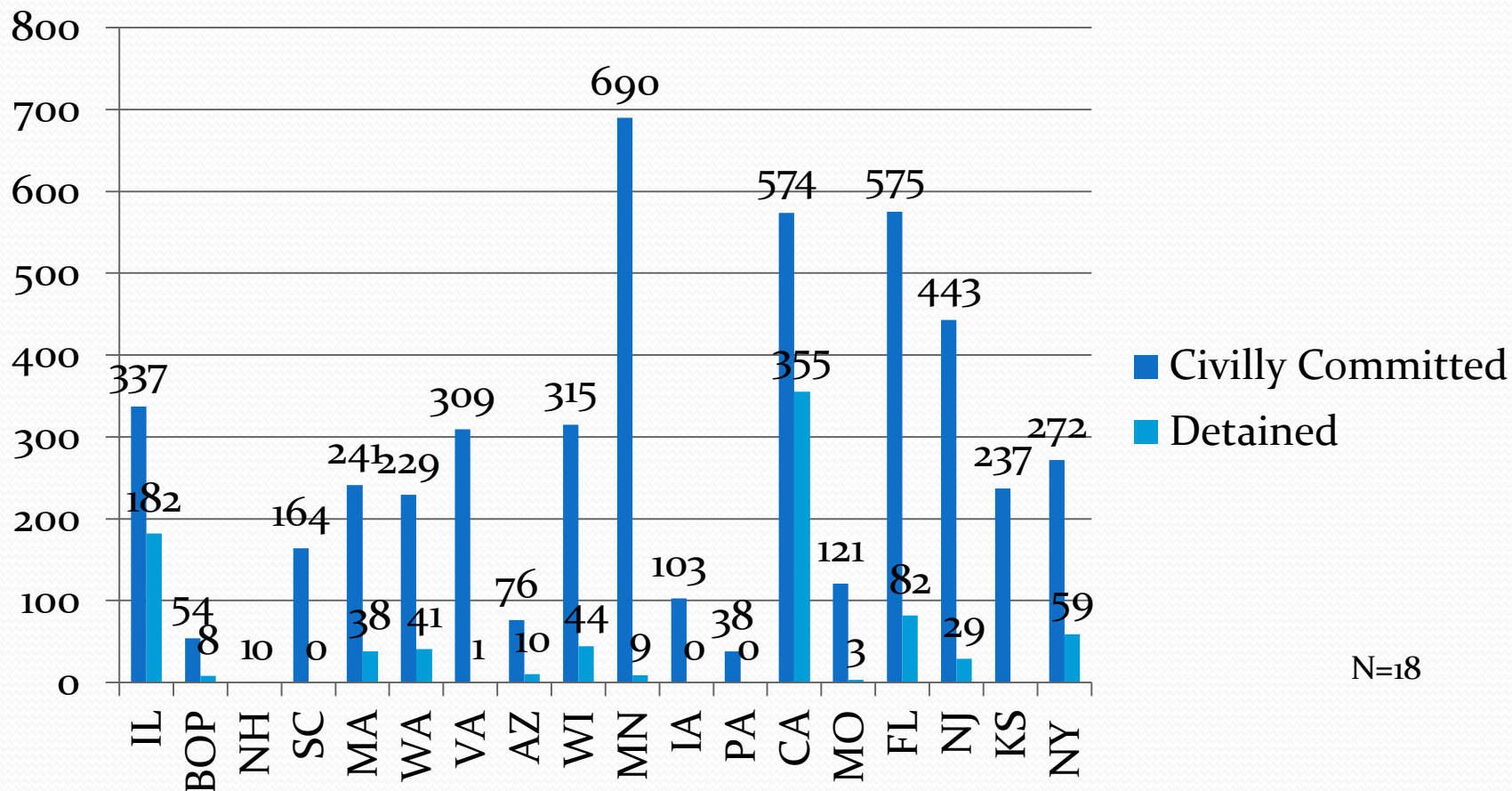
Revisions to 2013 Survey

- Enhanced census figures
- Addition of demographic information
- DSM Diagnoses and medication usage
- Assessment and test scores
- Treatment planning
- Clinical supervision and debriefing
- Policies and procedures for possession of flash drives, MP3 players, computers and pornography
- Medical staffing patterns and costs

Respondents

- California
- Iowa
- South Carolina
- New Jersey
- Washington
- Pennsylvania
- Arizona
- Missouri
- Massachusetts
- Kansas
- Florida
- Wisconsin
- Federal Bureau of Prisons
- New Hampshire
- Virginia
- Illinois
- Minnesota
- New York

Current Census: Inpatient



N=18

Per Capita Rates for Civil Commitment

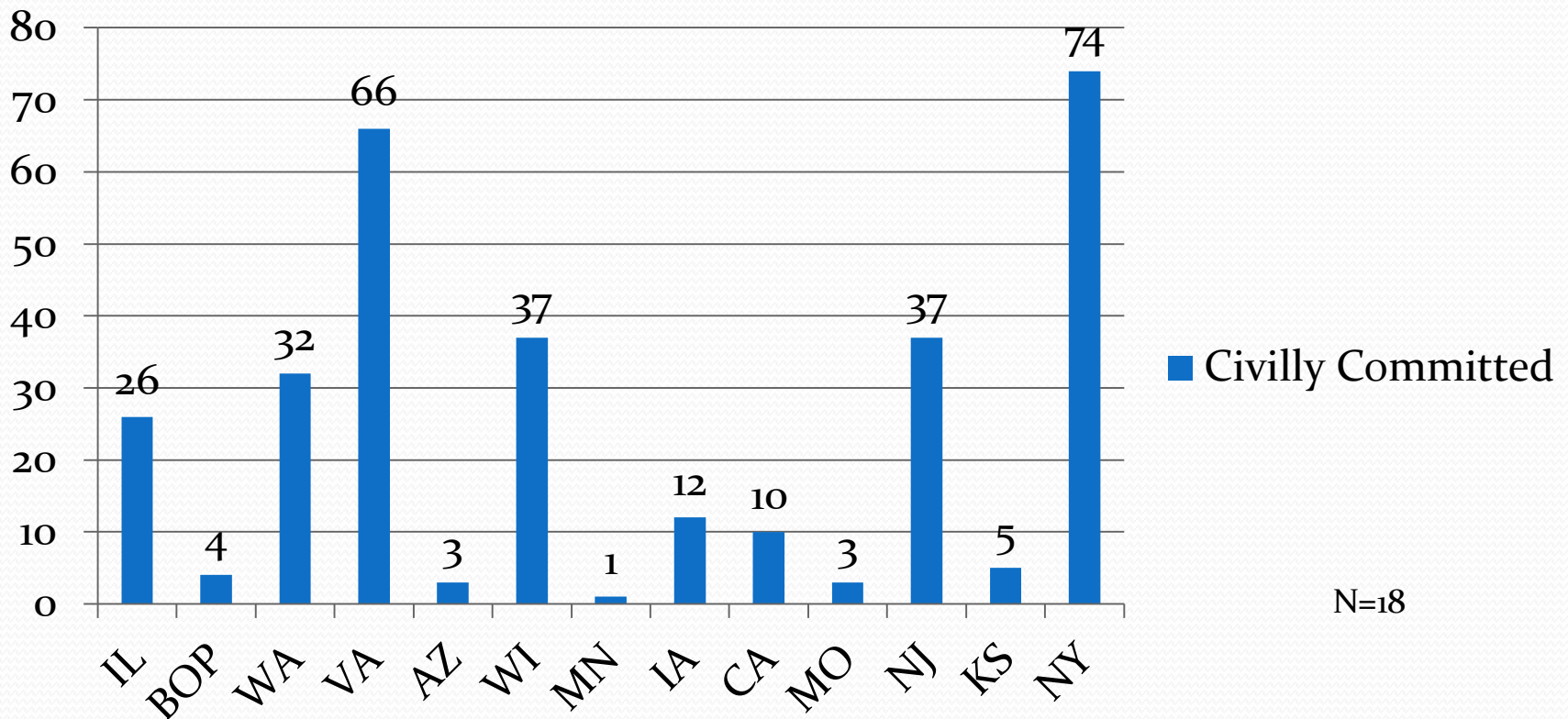
State	Years Enacted	Population Size (in millions)	Current Census Civilly Committed	Commitments per million
IL	15	12.9	337	26.1
NH	6	1.3	1	.8
SC	15	4.7	164	35
MA	14	6.5	241	37
WA	22	6.8	229	33.7
VA	10	8.1	309	38.1
AZ	16	6.4	76	11.9
WI	19	5.7	315	55.3
MN	19	5.3	690	130.2
IA	15	3.0	103	34.3
PA	10	12.7	38	3
CA	17	37.7	574	15.2
MO	14	6	121	20.2
FL	15	19	575	30.3
NJ	14	8.8	443	50.3
KS	19	2.8	237	84.6
NY	6	19.5	272	13.9

Census Figures Nationwide

- Nationwide census of civilly committed individuals is 4779 among the 18 programs who responded to the 2013 survey.
- Nationwide census of detainees is 861 among the 18 programs who responded to the 2013 survey.

Current Census: Outpatient/Conditional Release

Civilly Committed



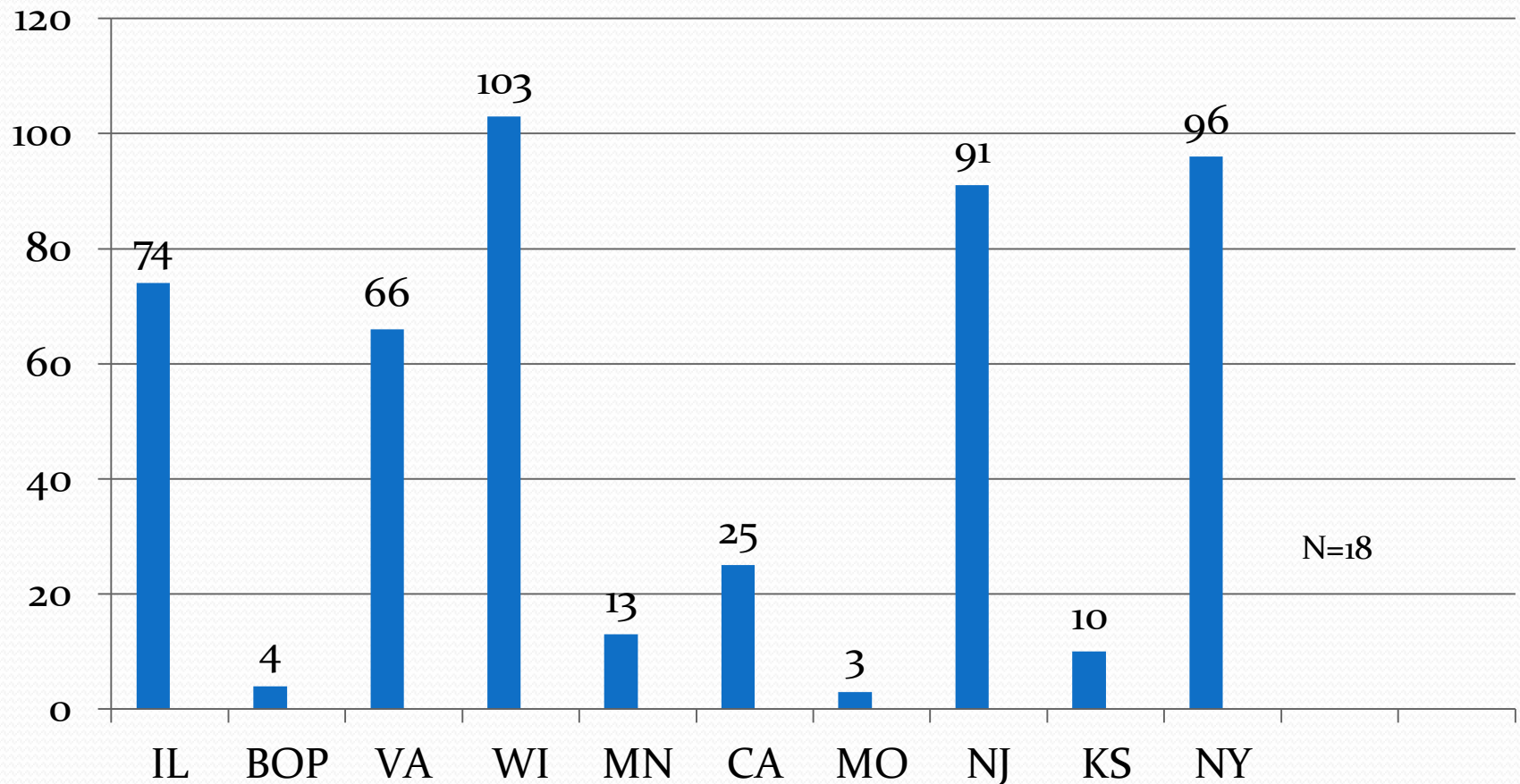
Participation in Treatment and Treatment Refusers

- Civilly Committed Individuals
 - Rates of participation in treatment range from 0-100% with a median of 82% (n=18)
 - Rates of treatment refusers range from 0-100% with a median of 17.5% (n=18).
- Detainees
 - Ten states report detainees are allowed to participate in sex offender specific treatment while five states reported they are not.
 - Of those states that allow detainees to participate in sex offender specific treatment nine states reported some percentage of detainees participated while one state reported none participate.

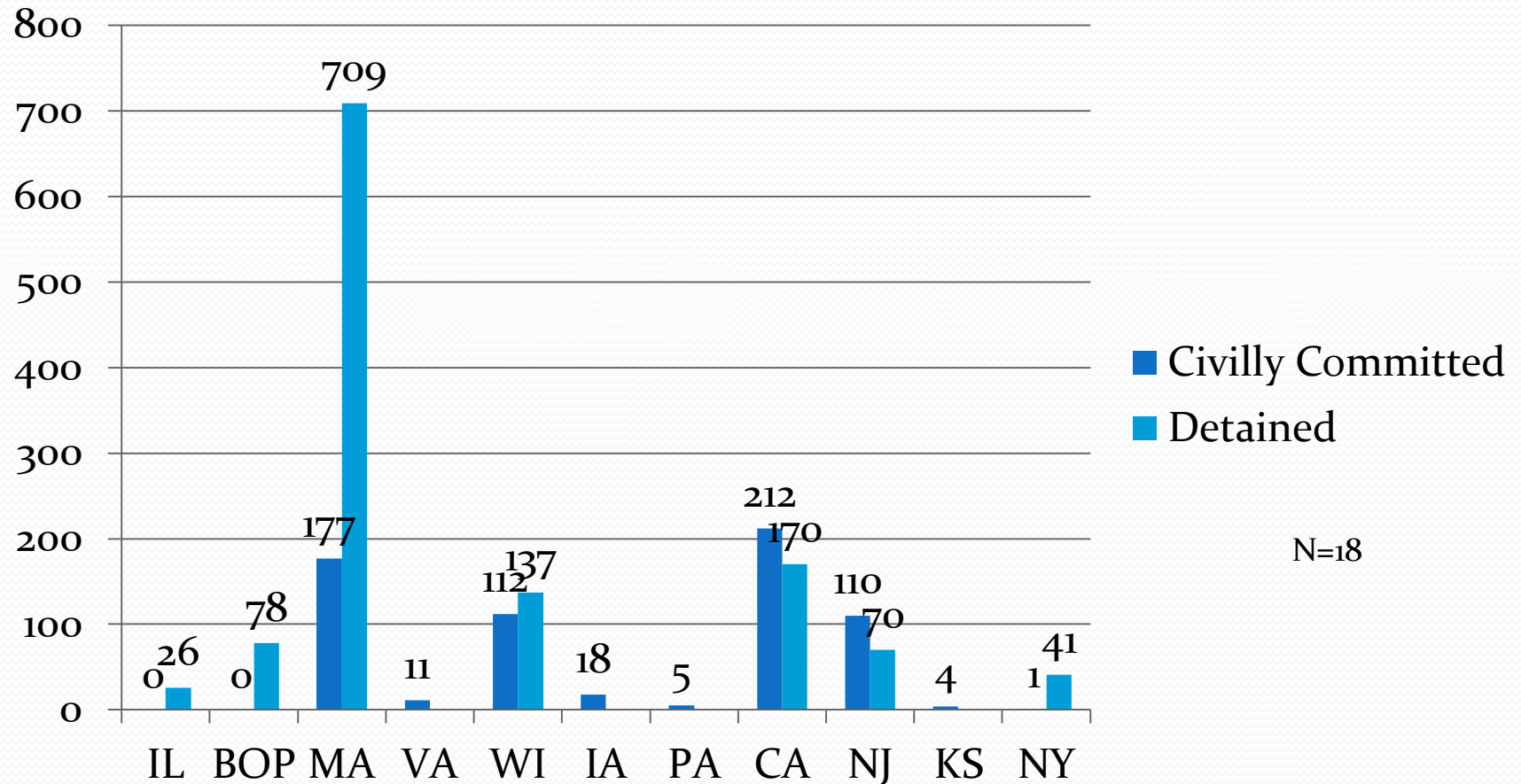
Incentives for Program Enrollment

- Increased paid work opportunities
- Better dorm living
- Increased institutional freedom
- Off campus outings
- Increased privileges
- Other
 - More vocational work hours
 - Ability to move more independently around the facility
 - Extra time in the gym and library
 - Ability to order takeout from a local restaurant
 - Paid using a point system in which points redeemed for commissary items

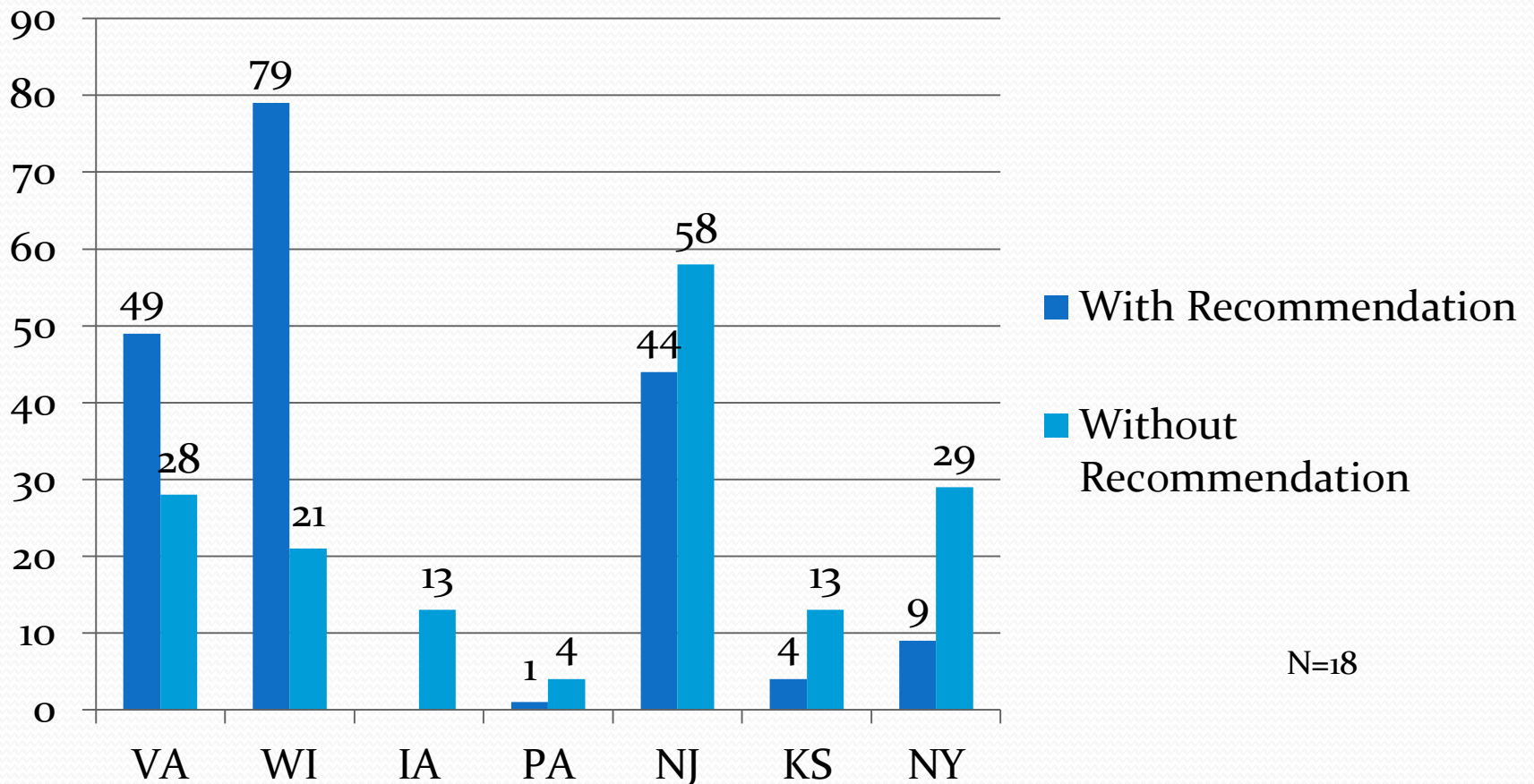
Conditionally Released Since Inception



Unconditionally Discharged Since Inception

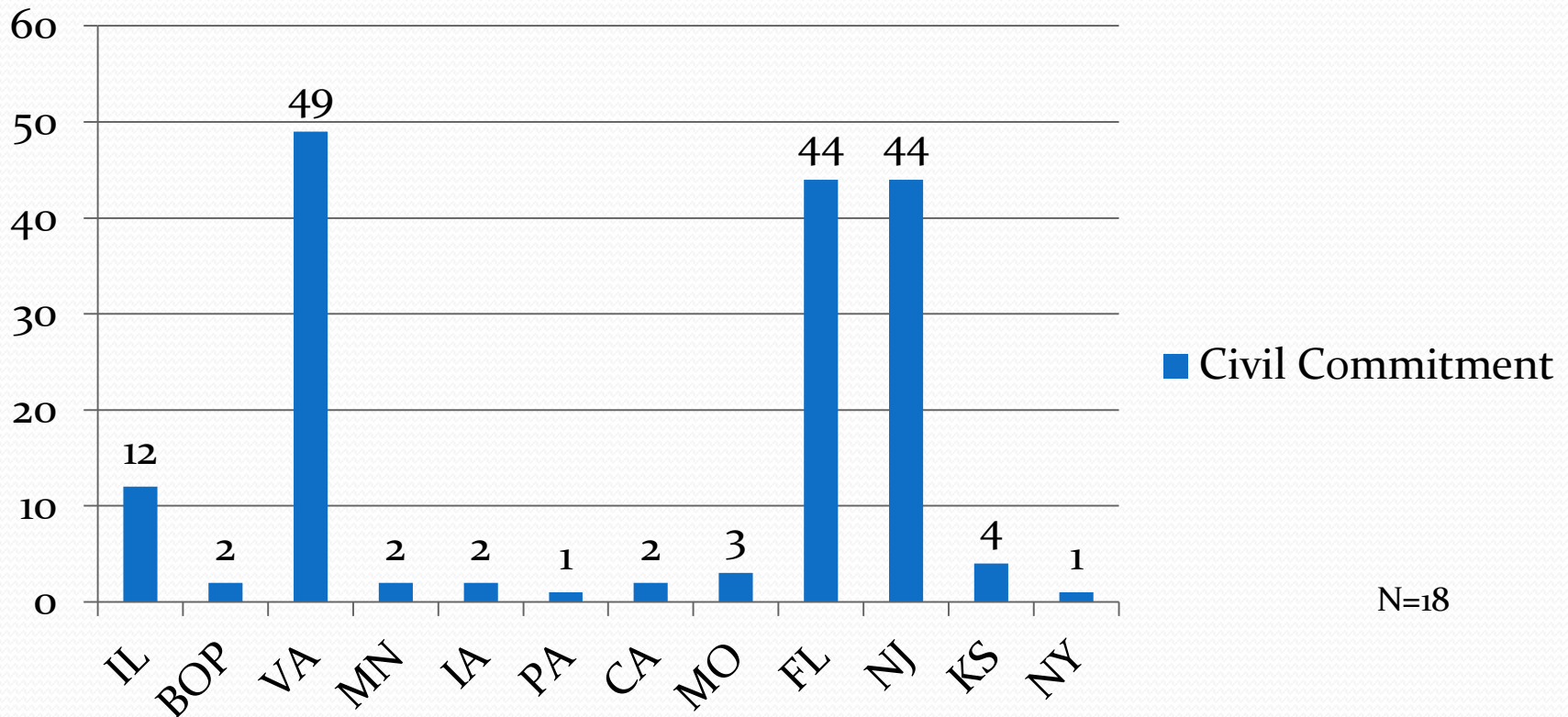


Civilly Committed Individuals Discharged With/Without Treatment Team Recommendation



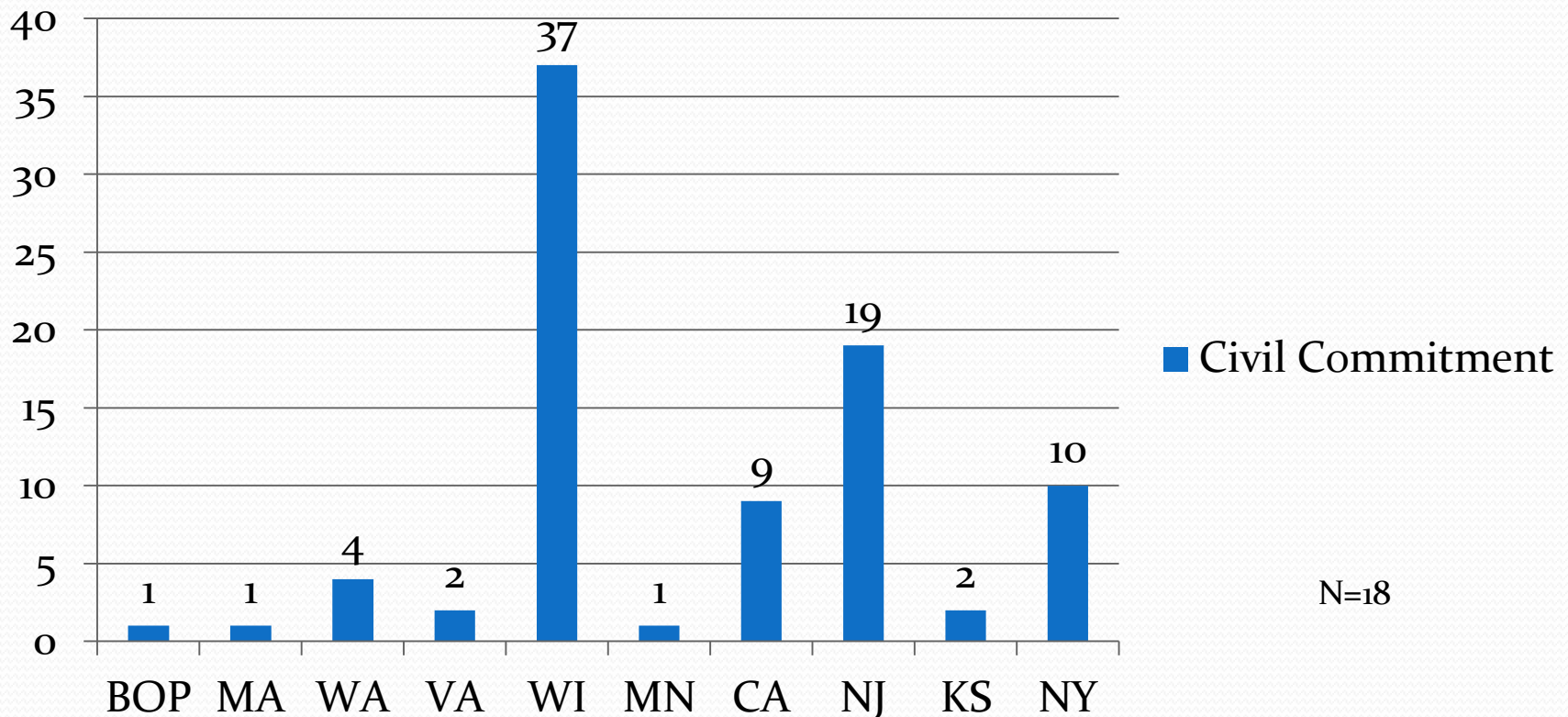
Discharge through Completion of Treatment Program

Civil Commitment



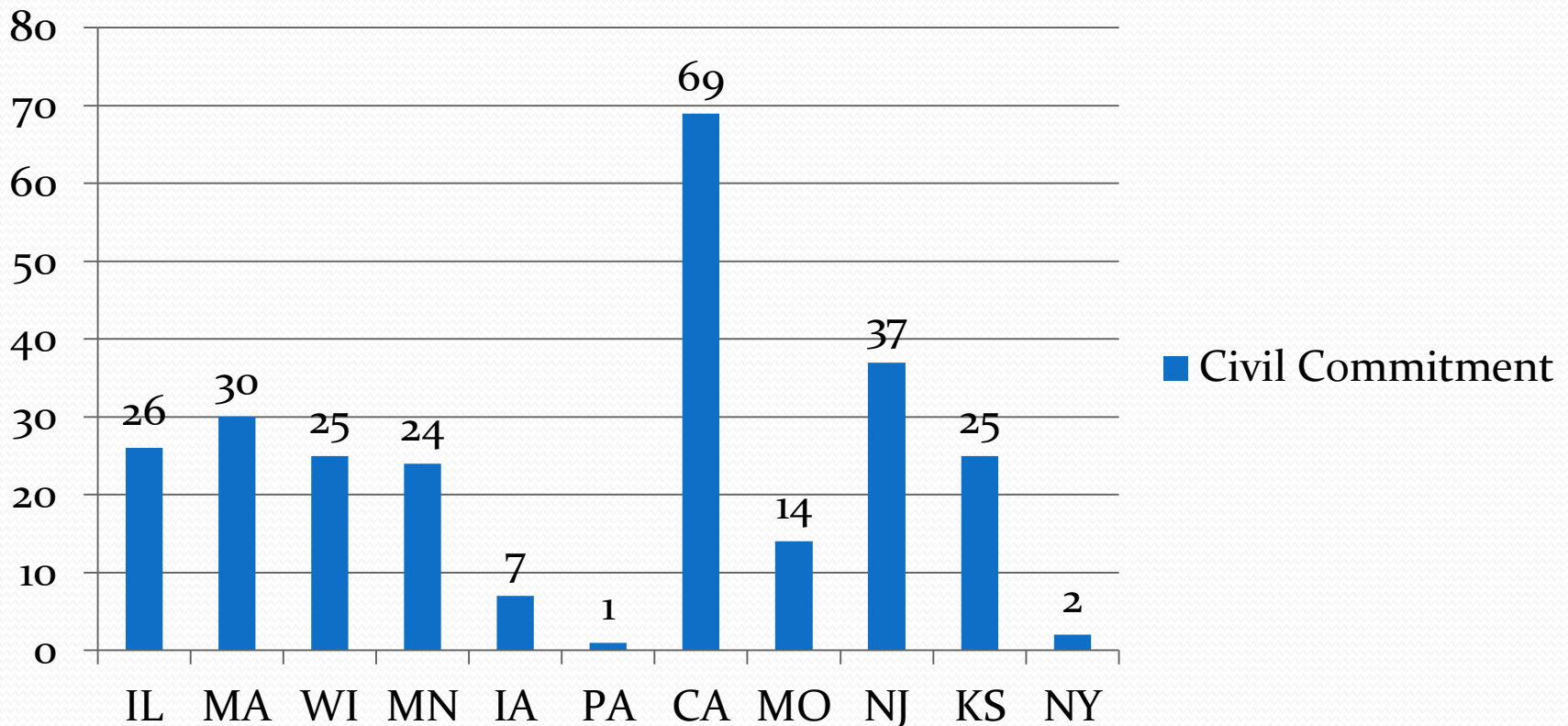
Returned to Facility following Discharge or Conditional Release

Civil Commitment



Number of Deaths During Civil Commitment

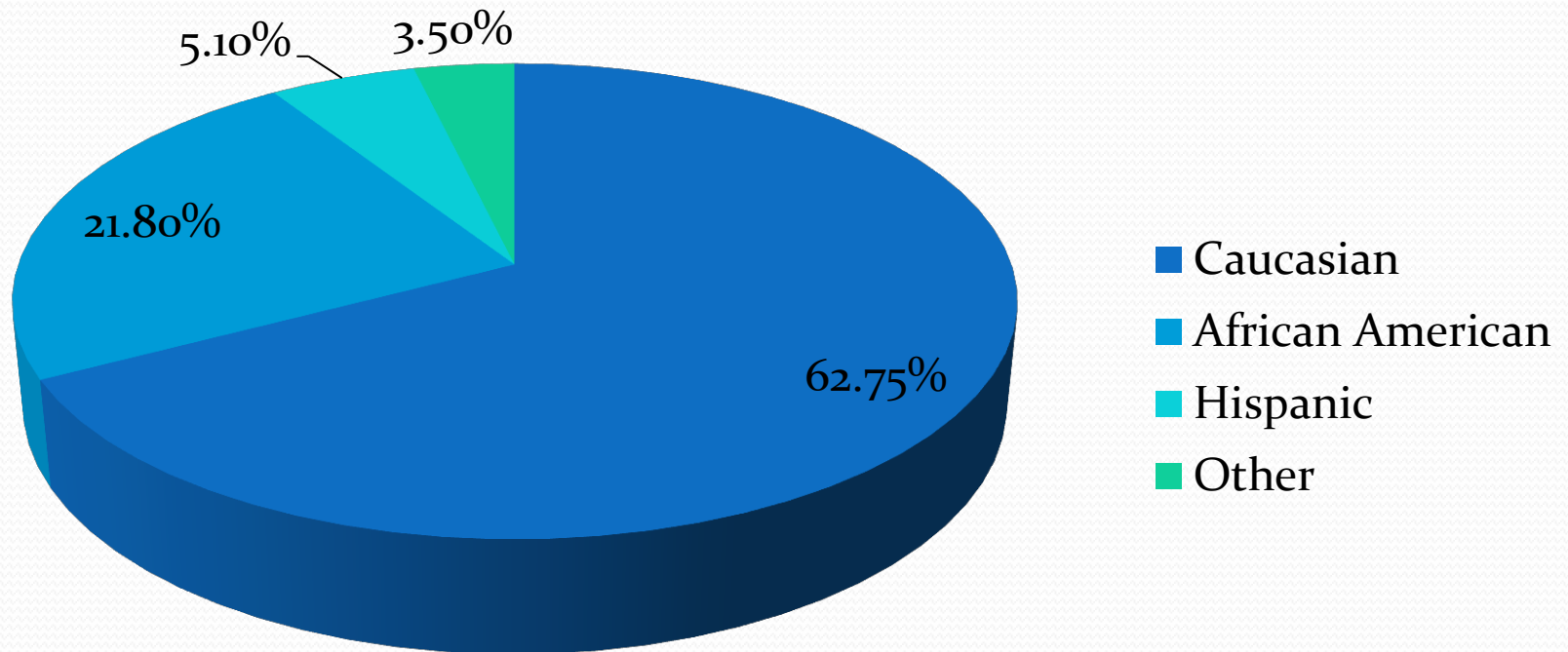
Civil Commitment



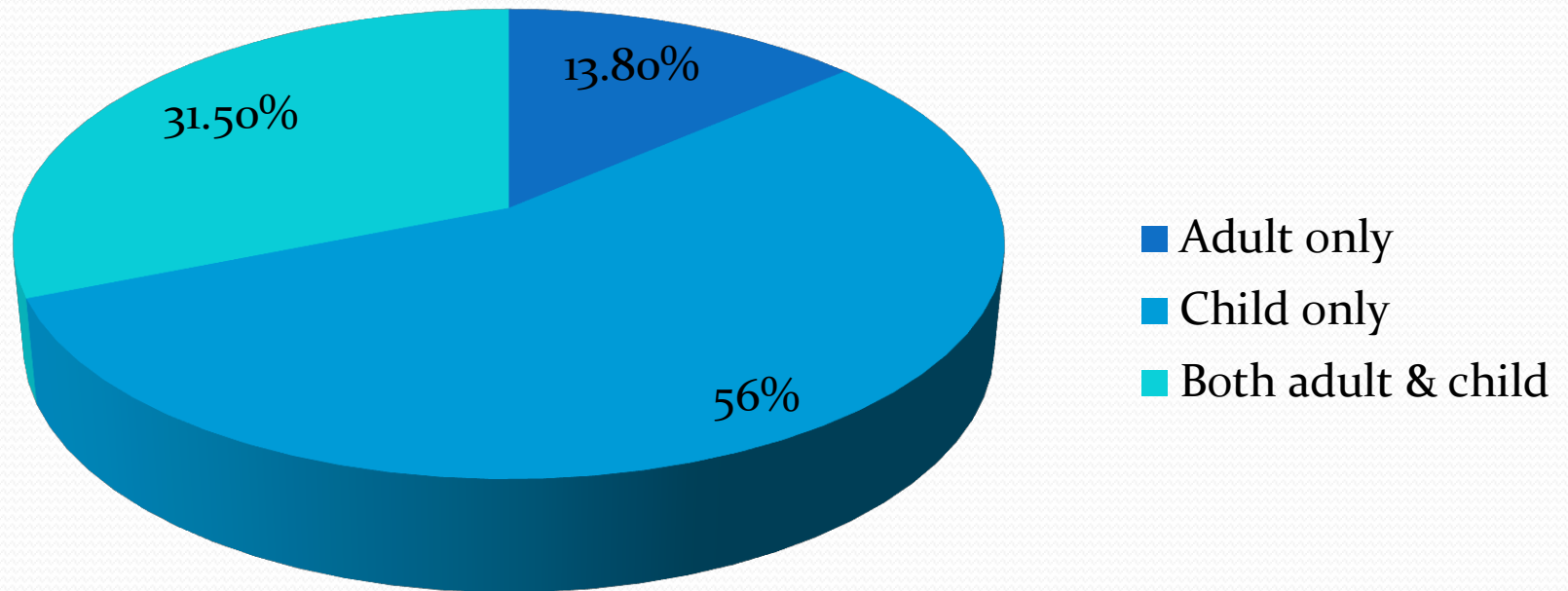
Mean Age of Residents

- The age of residents varied from a low of 19 to a high of 91.
- The mean age of residents across programs is 49 with a standard deviation of 8.6.
- The state that commits individuals who age out of the juvenile system had a lower mean age of 24.

Racial Composition



Victim Type



N=18

DSM Diagnoses

Diagnosis	Mean Percentage
Pedophilia (n=13)	61.8 (16.3)
Paraphilias (n=12)	39.23(16.2)
Sexual sadism (n=11)	5.4 (3.8)
Exhibitionism (n=13)	7(2.55)
Antisocial PD (n=13)	41.8 (12.9)
Borderline PD (n=12)	3.6 (2.5)
PD NOS (n=11)	23 (10.6)
Mood disorders (n=11)	17.2 (15.9)
Anxiety disorders (n=10)	6.8 (7.3)
Psychotic disorders (n=11)	6.3 (4.4)
Borderline intellectual functioning (n=11)	14.1(11.3)
Mental retardation (n=11)	3.6 (3.2)
Alcohol abuse or dependence (n=11)	30.4 (14.2)
Drug abuse or dependence (n=11)	25.8 (11.6)
Polysubstance abuse or dependence (n=8)	23 (19.5)

Medication Usage

- The mean percentage of residents taking psychotropic medication is 40% with a standard deviation of 20
- The mean percentage of residents prescribed SSRIs specifically for sex drive reduction is 6% with a standard deviation of 9
- The mean percentage of residents prescribed hormonal therapy for sex drive reduction (e.g. antiandrogens) is 1.4% with a standard deviation of 2

Static-

Programming

Sex Offender Specific Treatment

	2008 <i>n</i> = 14	2013 <i>n</i> = 15
Hours per week Range Mean	3-20 10	2.5-14 6
Times per week Range Mean	1-10 3	1-9 3
Duration of group Range Mean	30 minutes – 3 hours 1.5 hours	50 minutes-3.5 hours 1.7 hours
Number in Group Range Mode	4-12 10	6-15 9

Group size, duration, and frequency tended to vary by treatment track.

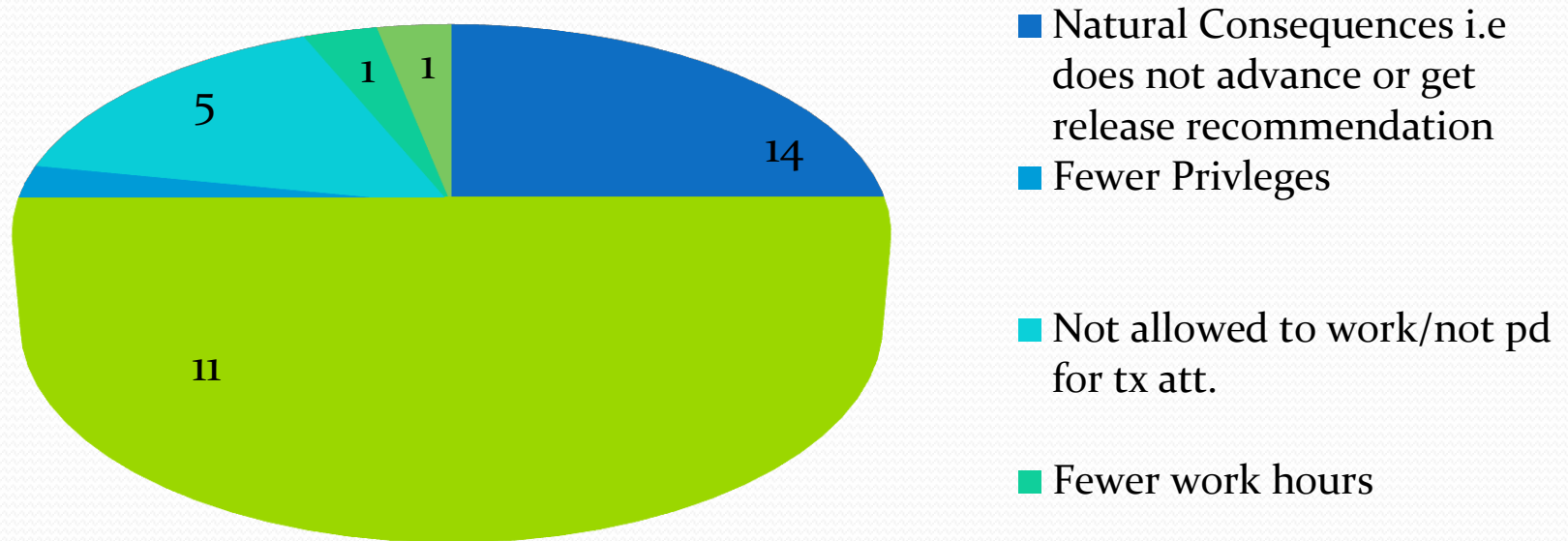
Group Treatment

- Groups are co-led in the majority of programs
 - 75% utilize co-facilitation
 - Not for all groups (e. g., psycho-ed)
 - Depends on staffing
- Hours per week spent in any group run by qualified treatment providers = 2.5 to 18. This included treatment groups and individual sessions, but not vocation, education, or recreation.

Individual Treatment

	2007 % <i>n</i> = 14	2013 % <i>n</i> = 14
Provides Individual Treatment	92.8	92.8%
Everyone	46.2	15.4%
Occasional/Case by Case	46.2	84.6%

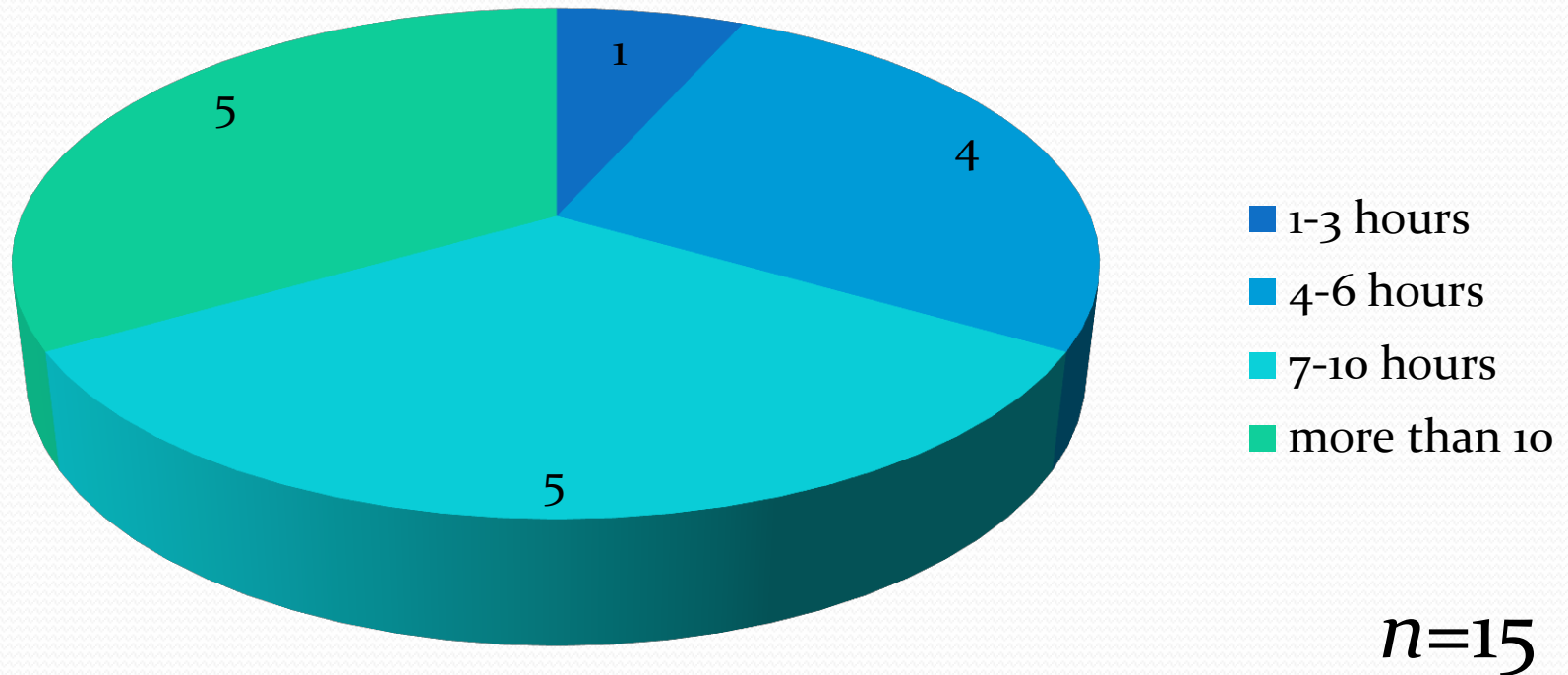
Are there Consequences for Failing or Refusing Treatment?



n=15

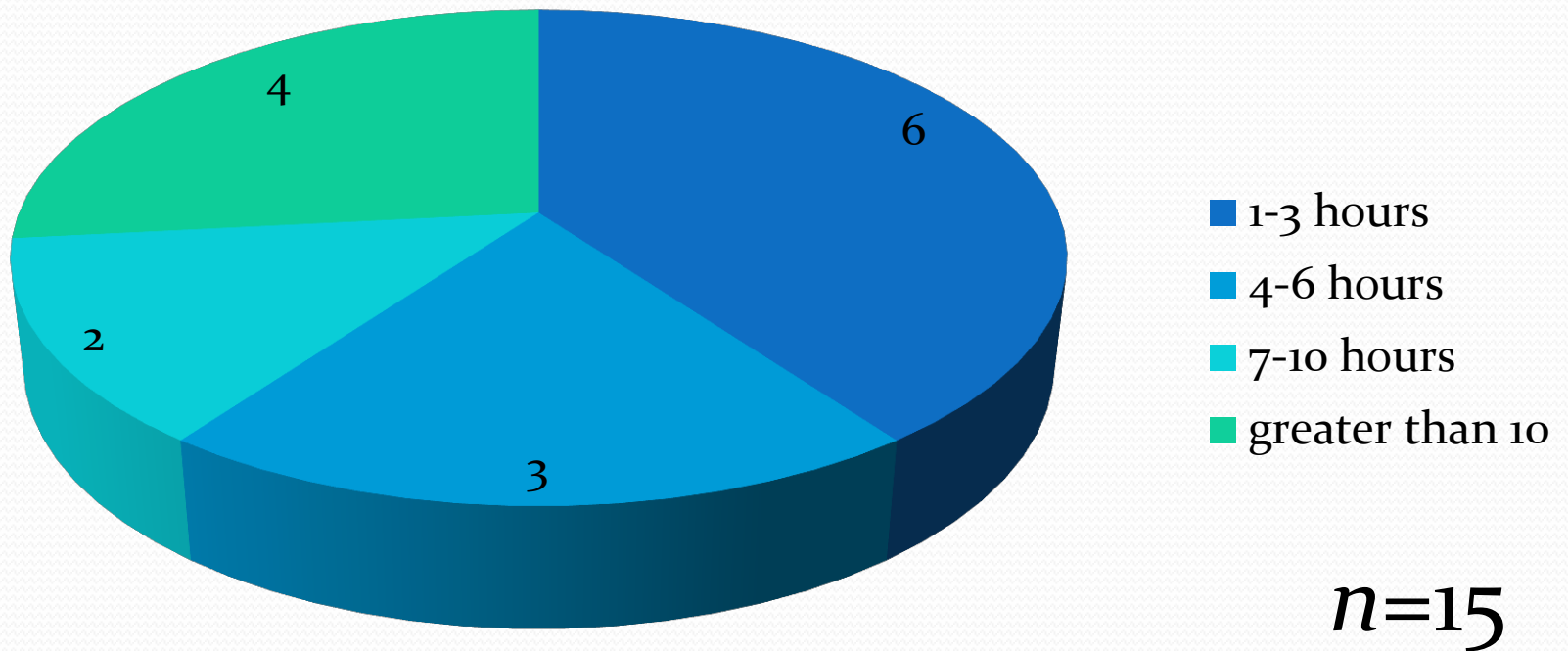
Recreational Programming

Hours per Week



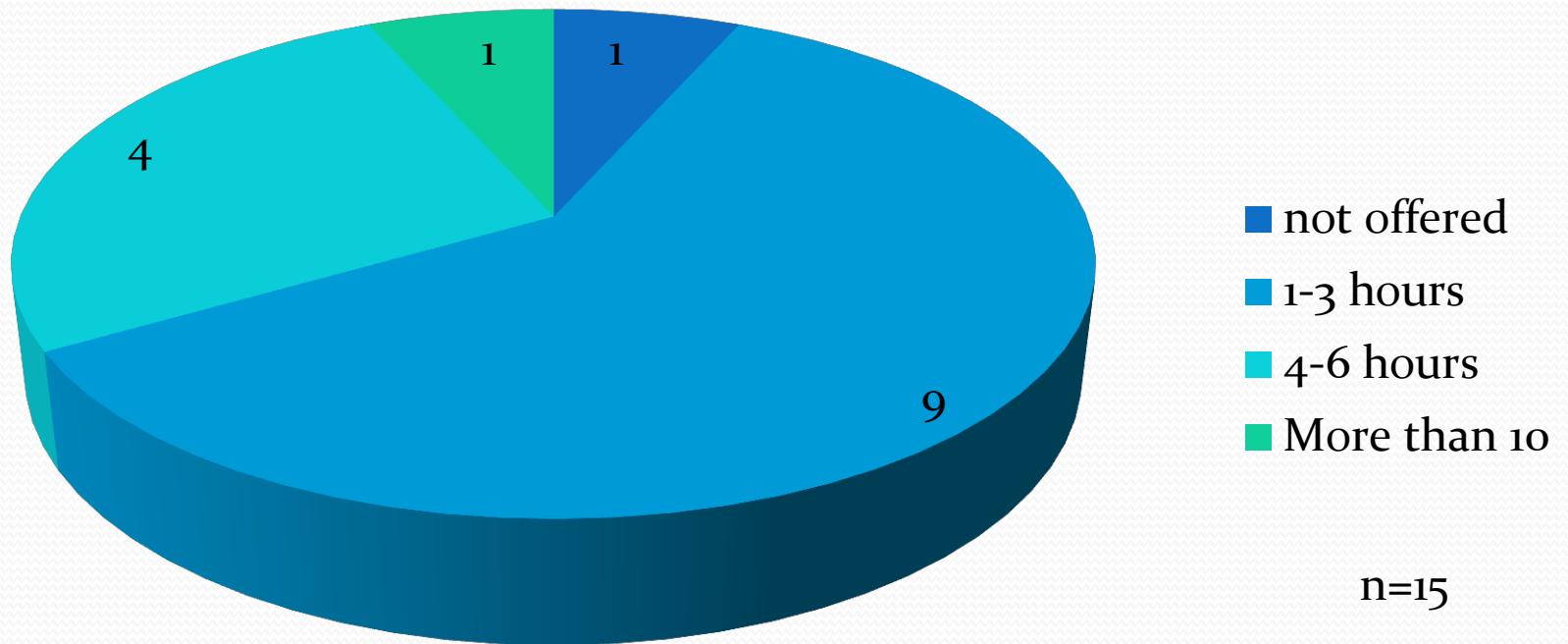
Vocational Training

Hours per week



Educational Programming

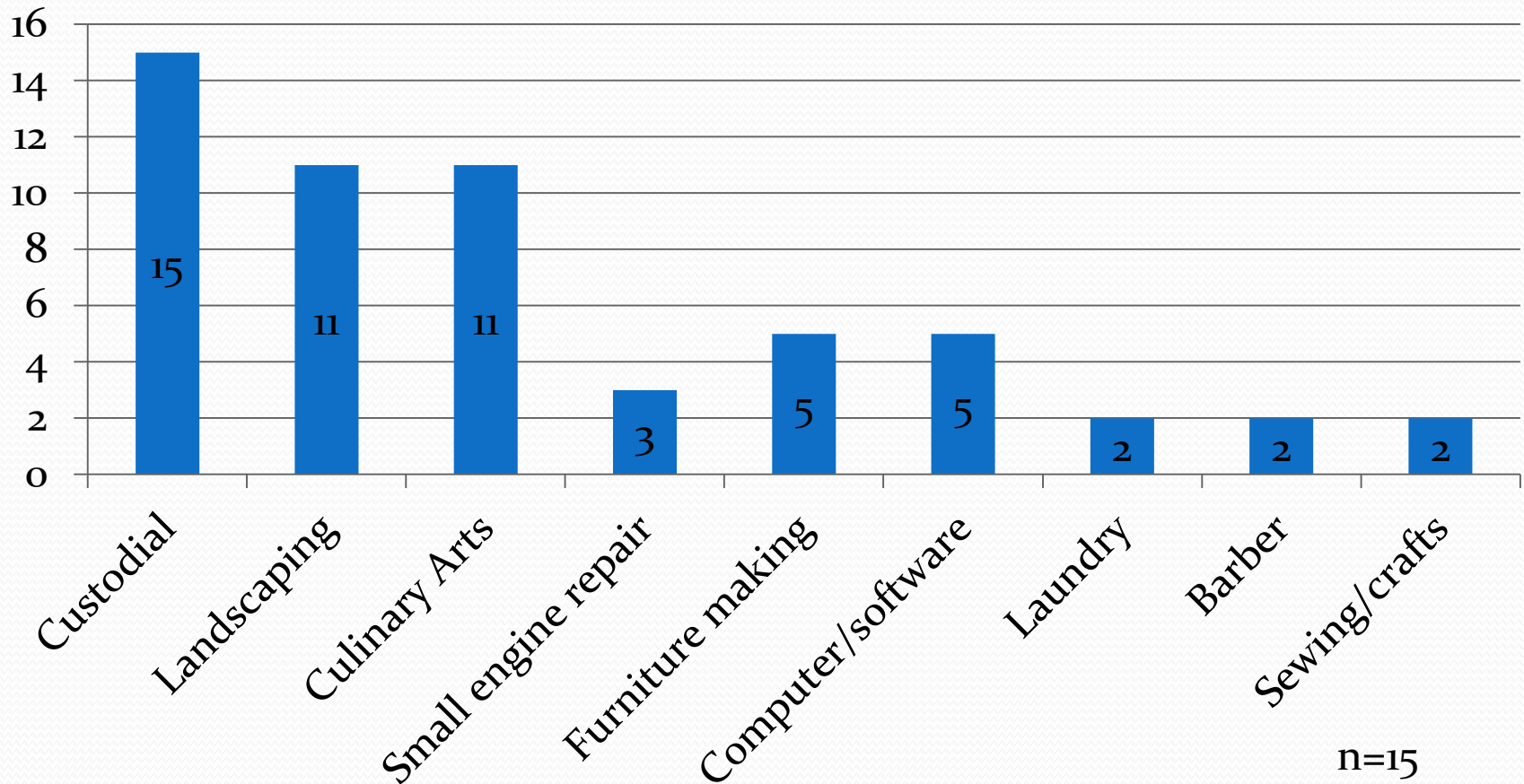
Hours per Week



Rates of Participation in Other Types of Programming

- Drug/Alcohol programming
 - Rate of participation varied from 5-67% with a median of 22.5% (n=8).
- Recreational programming
 - Rate of participation varied from 55 - 100% with a median of 80% (n=11).
- Vocational programming
 - Rate of participation varied from 10 - 100% with a median of 53% (n=12).
- Educational programming
 - Rate of participation varied from 5 - 100% with a median of 27% (n=10).

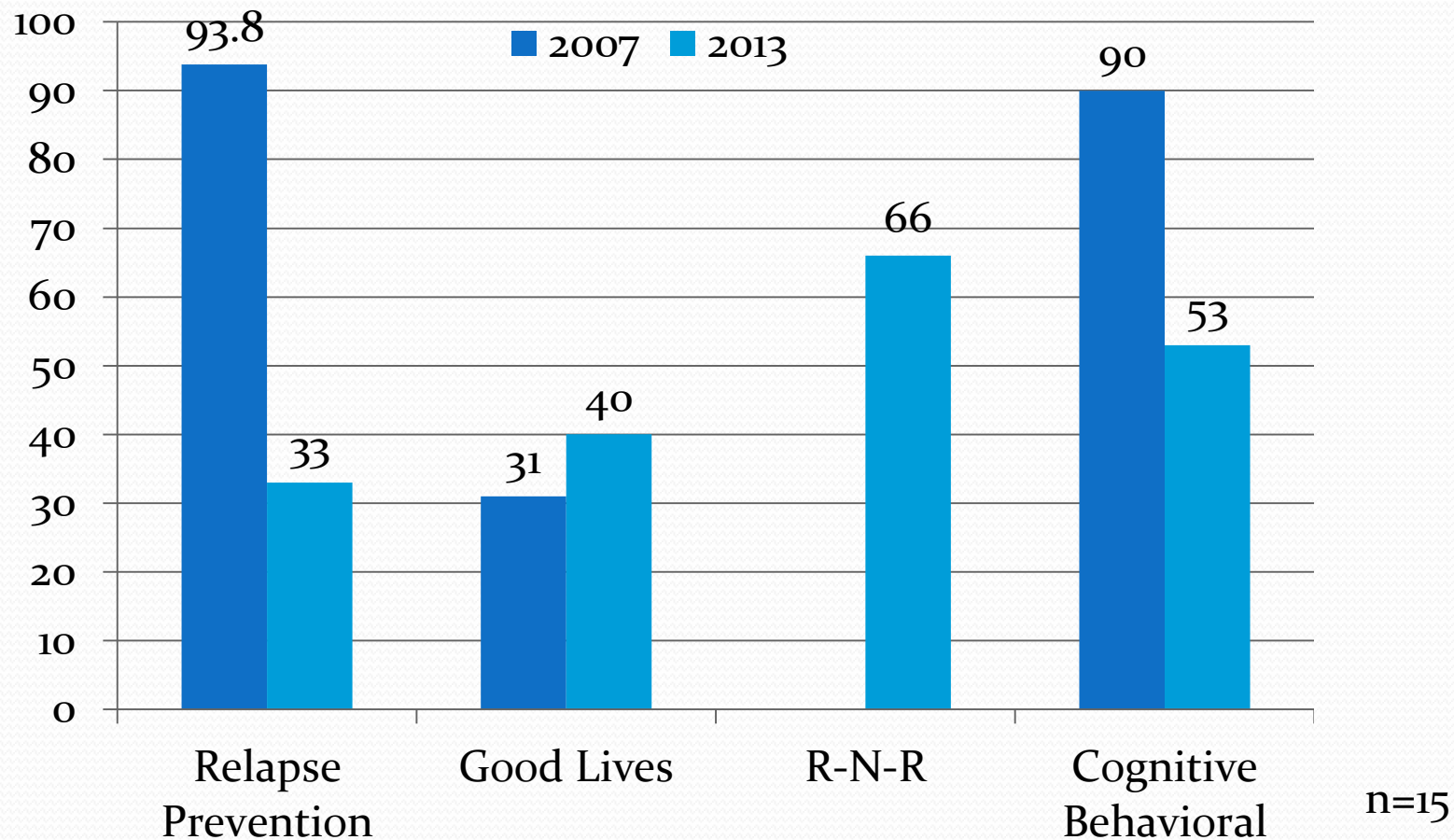
Types of Vocational Programming Offered to Residents



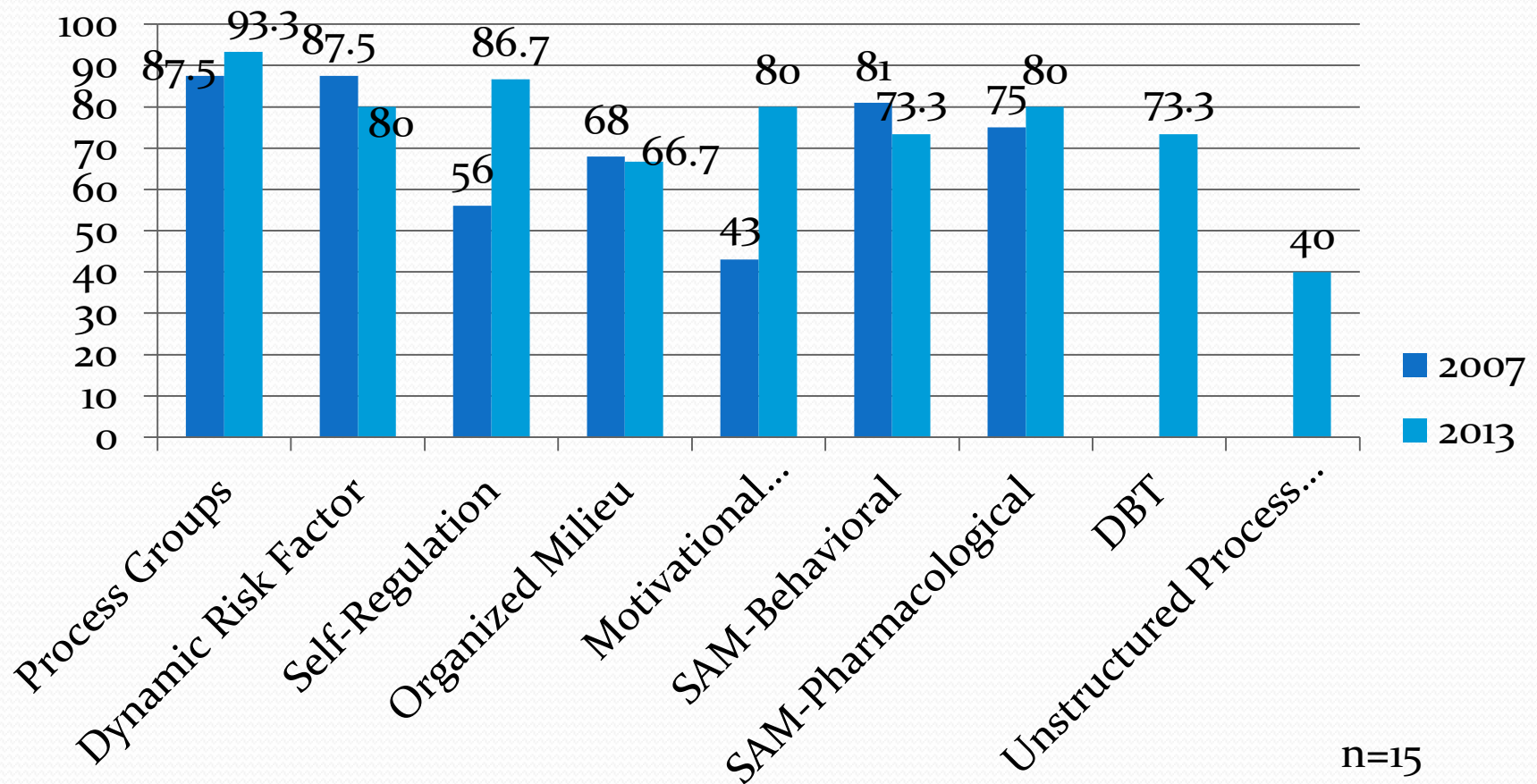
Additional Vocational Programming Offered to Residents

- Mill and Cabinetry
- Graphic Arts
- Sanitation
- Electrical repair
- Copy Center
- Shredding
- Teaching Assistant
- Hazardous waste management
- Silk Screen
- Medical Billing/Coding

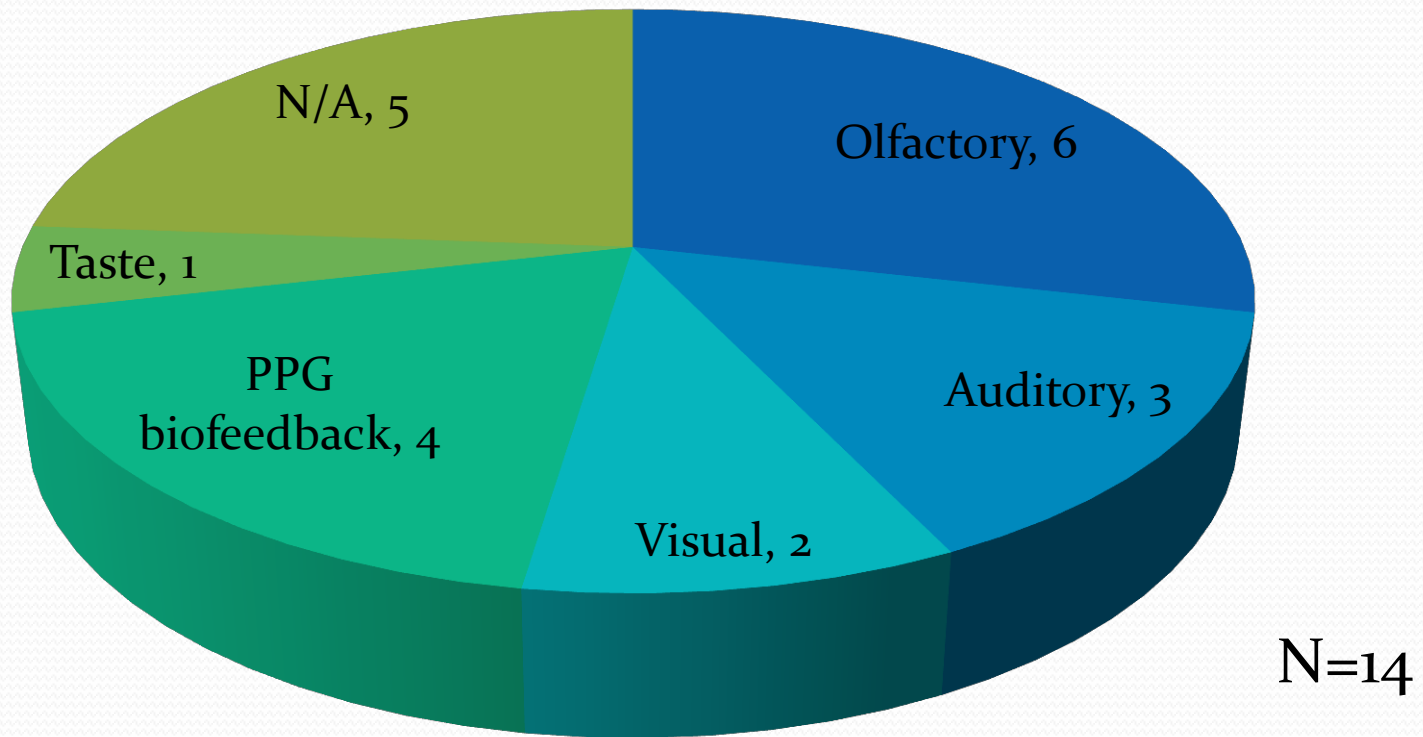
Organizing Principle of Treatment Program



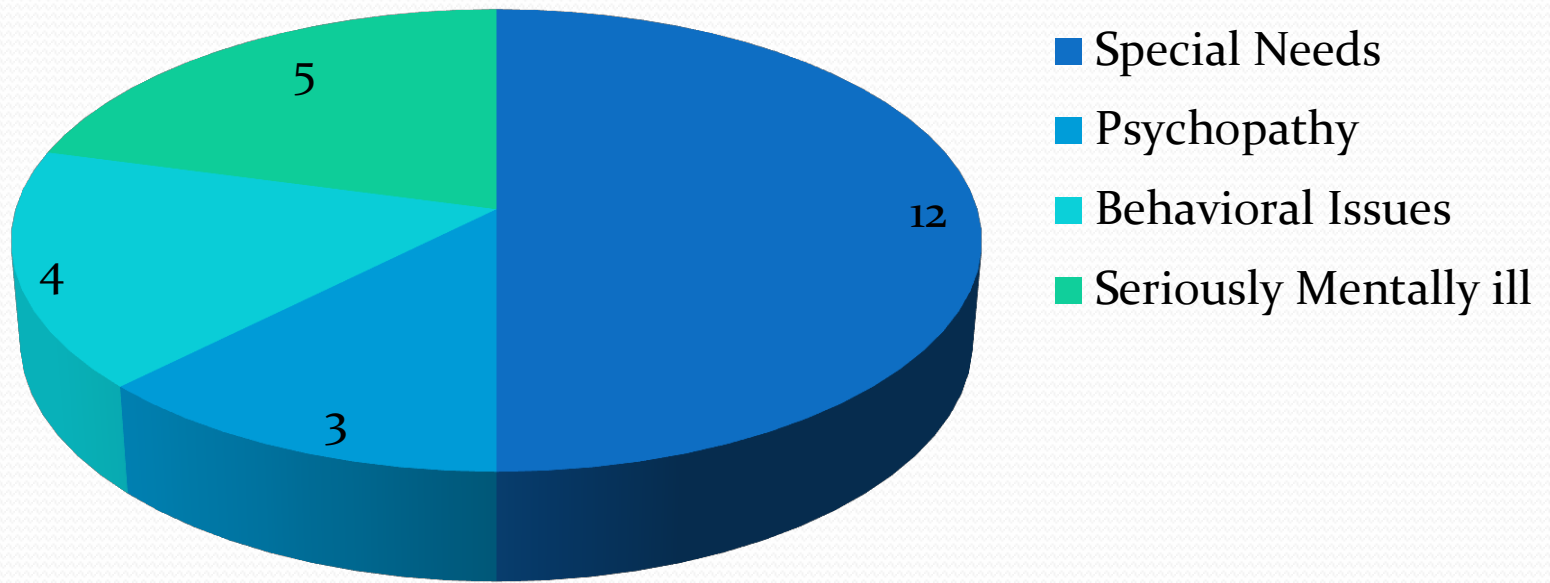
Approaches Utilized within the Organizing Principle



Sexual Arousal Management Techniques



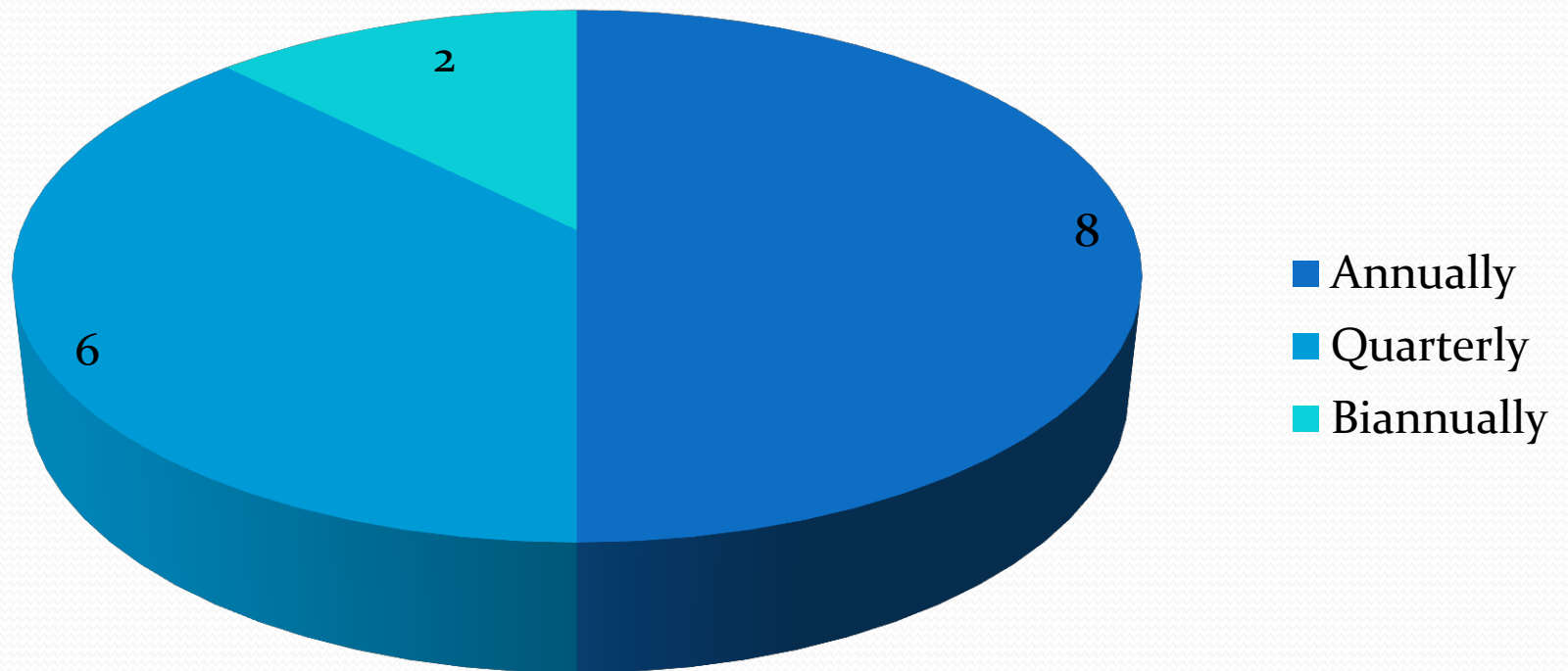
Specialized Treatment Tracks



2008:
12/15 Special Needs
9/15 Psychopathy

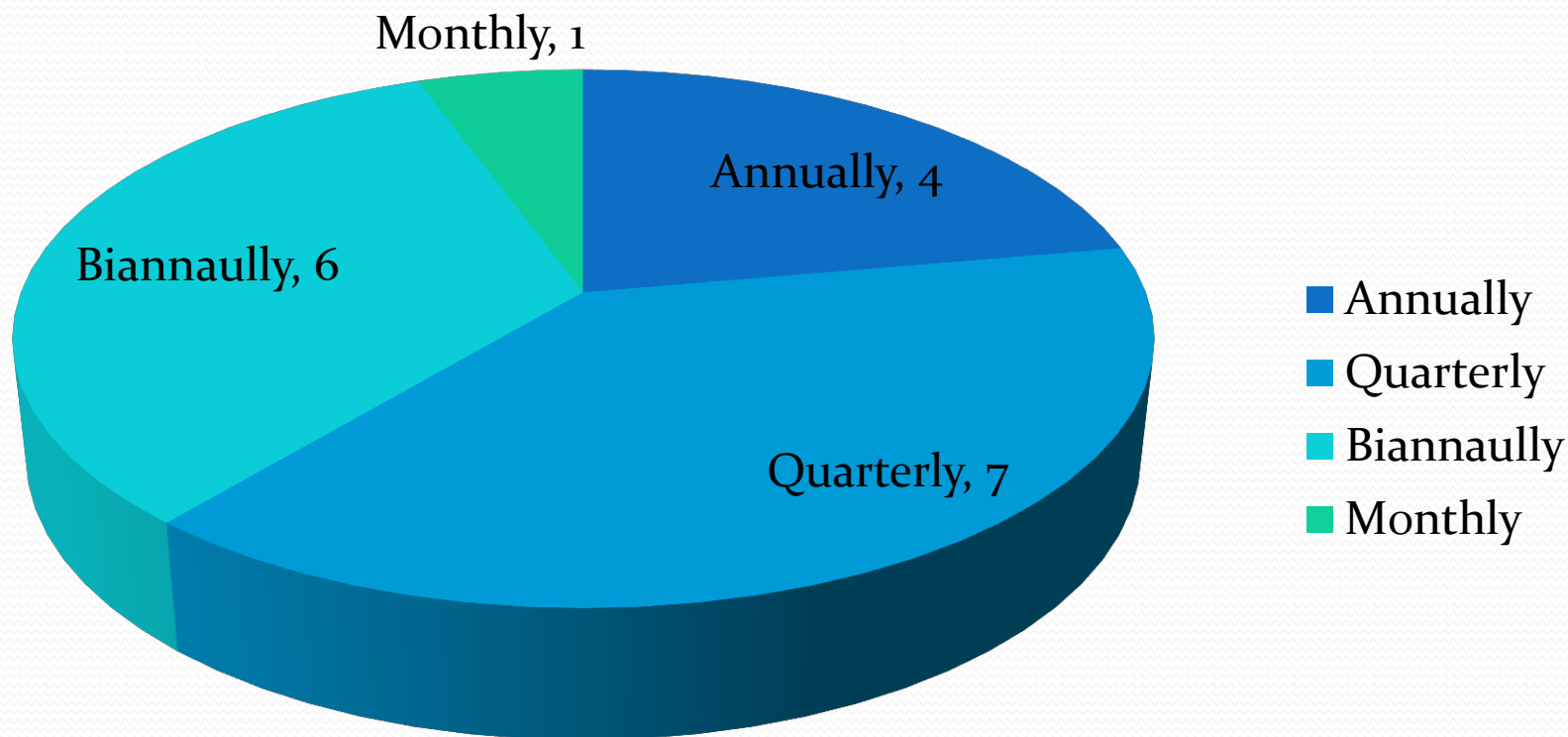
n=15

Progress Reviews



$n=16$

Frequency of Updating Treatment Plan

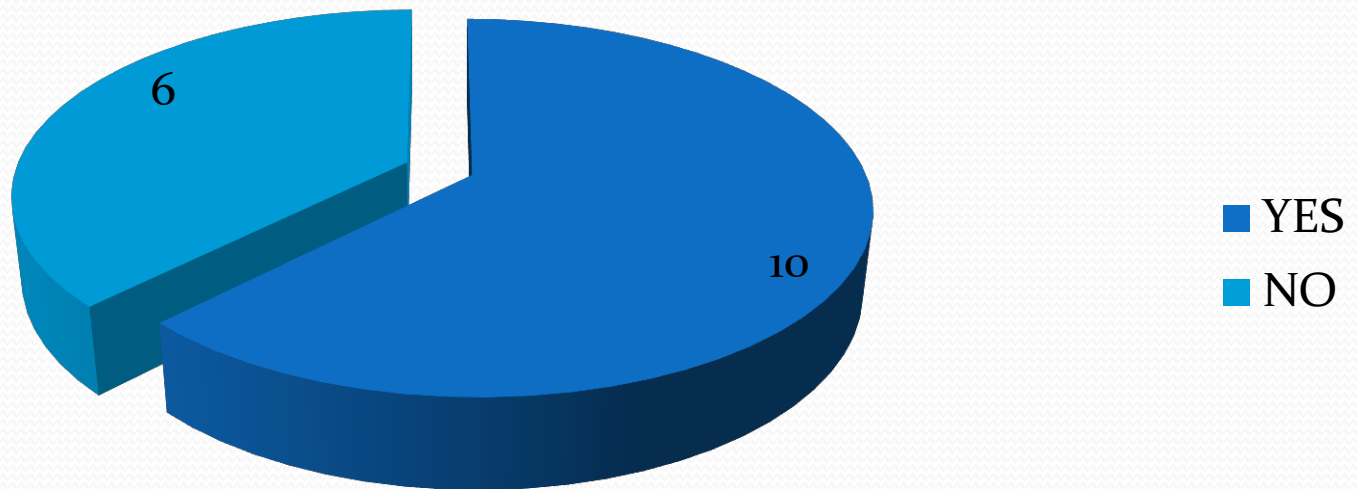


n=16

* 2 Programs responded both Annually and Quarterly

Testing and Assessment

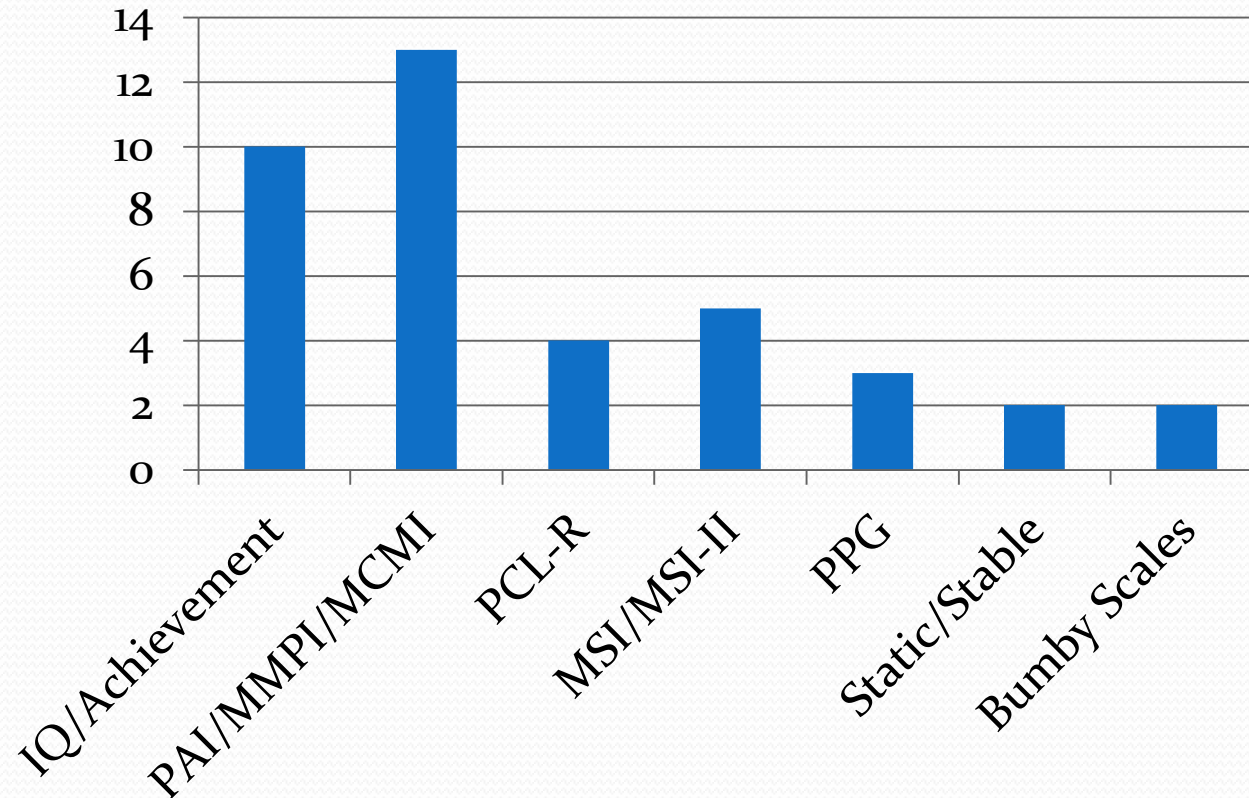
Is there a Pretreatment Battery/Baseline Testing?



n=16

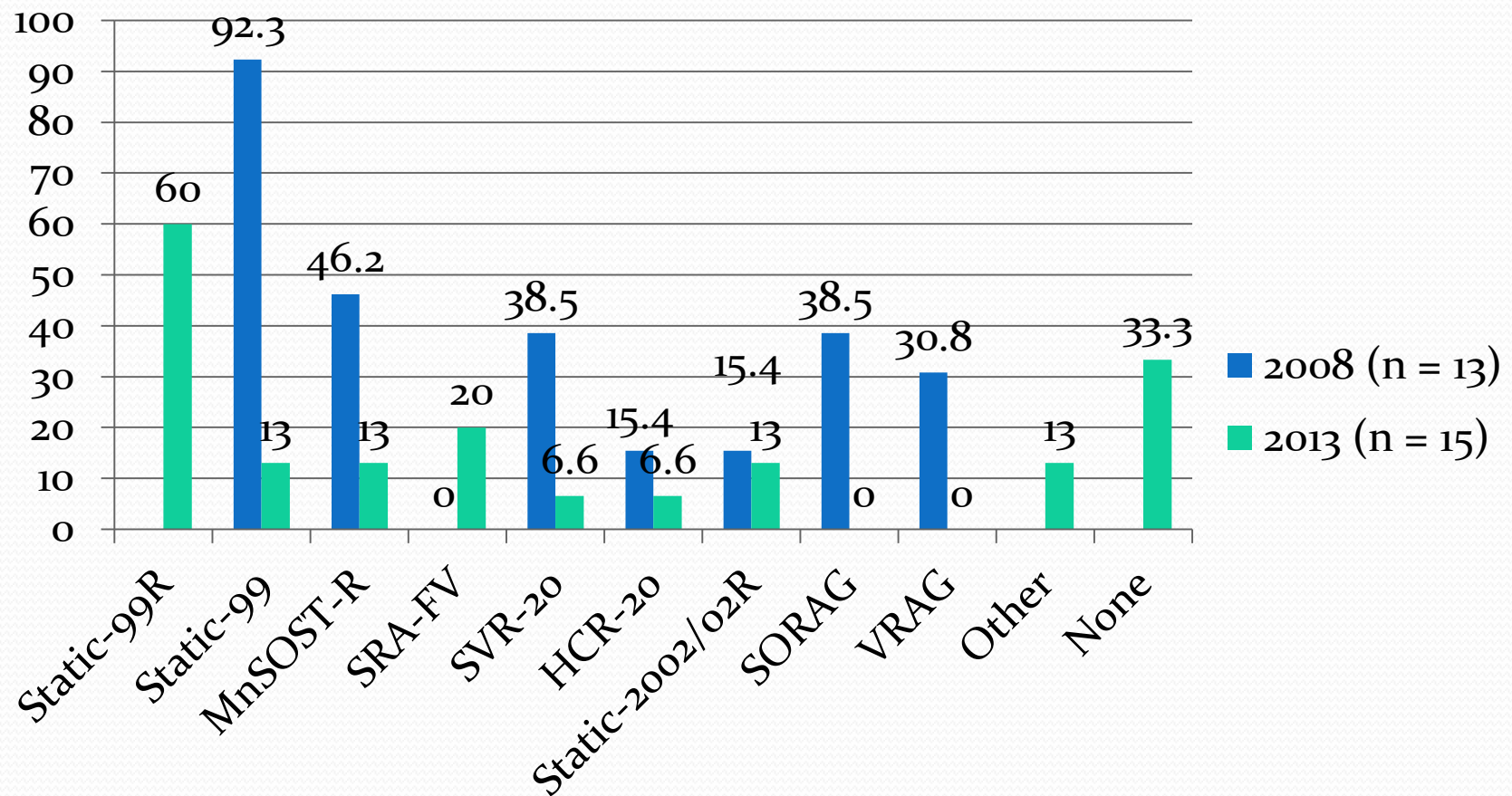
40% of programs with Pretreatment Testing repeat at least some testing to assess progress

Commonly Used Pre-Treatment Assessments

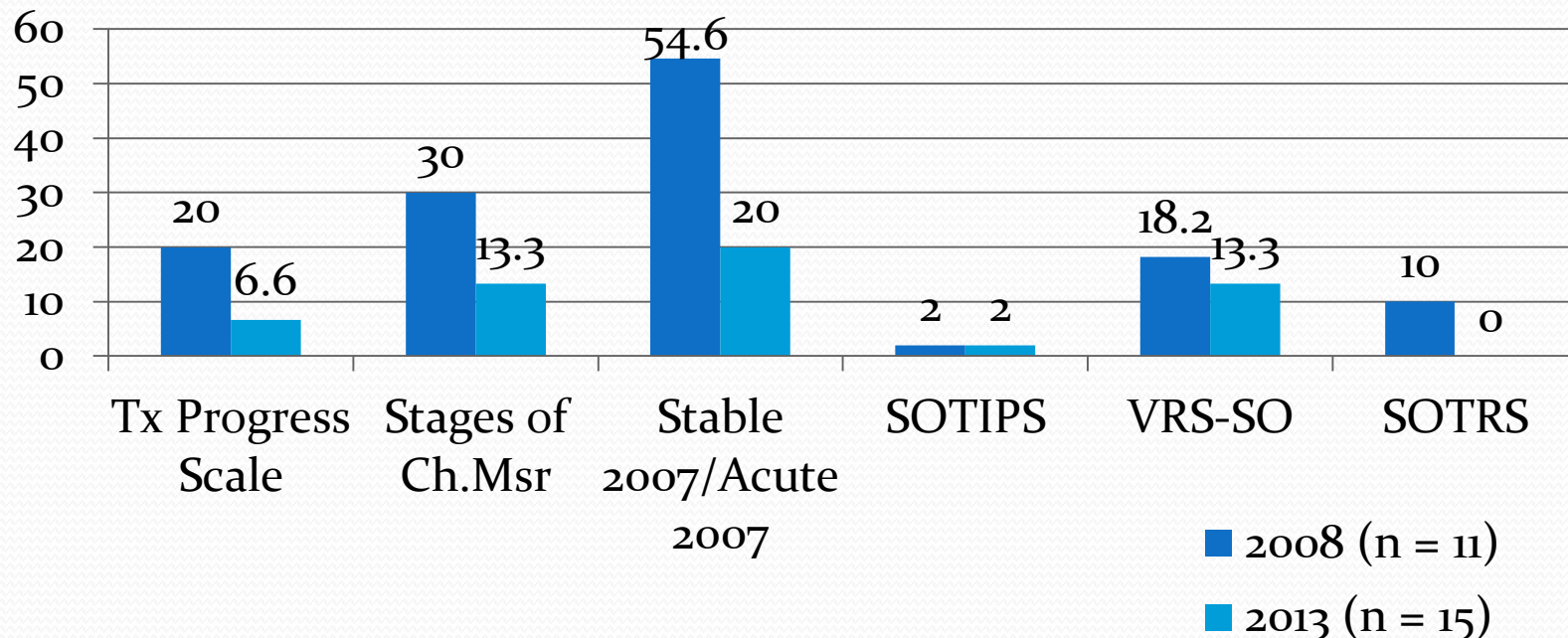


Less frequently used tests (n = 1): Rorschach, Category Test, ADHD screen, Affinity, Baron EQ, STAXI, Abel Becker Card Sort, Paulhus Deception Scales, Garos Sexual Behavior Inventory, Holden Psychological Screen, MAST/DAST

Risk Assessment Instruments Used in Progress Reviews



Measures of Treatment Progress



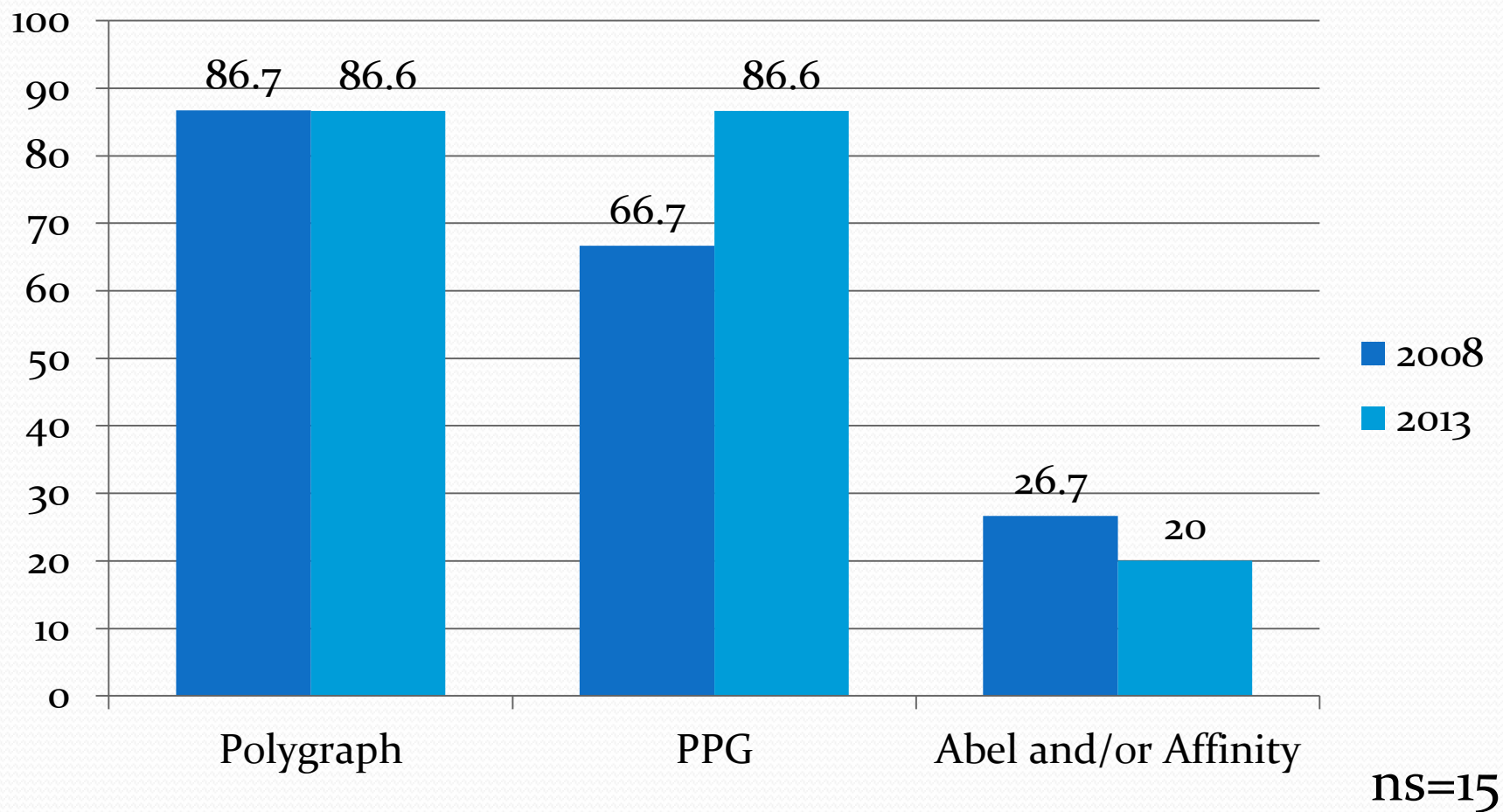
6 Programs (40%) reported using no treatment progress measure;
2 Programs (13.3%) use facility-developed measures

How do Clients Progress in Treatment?

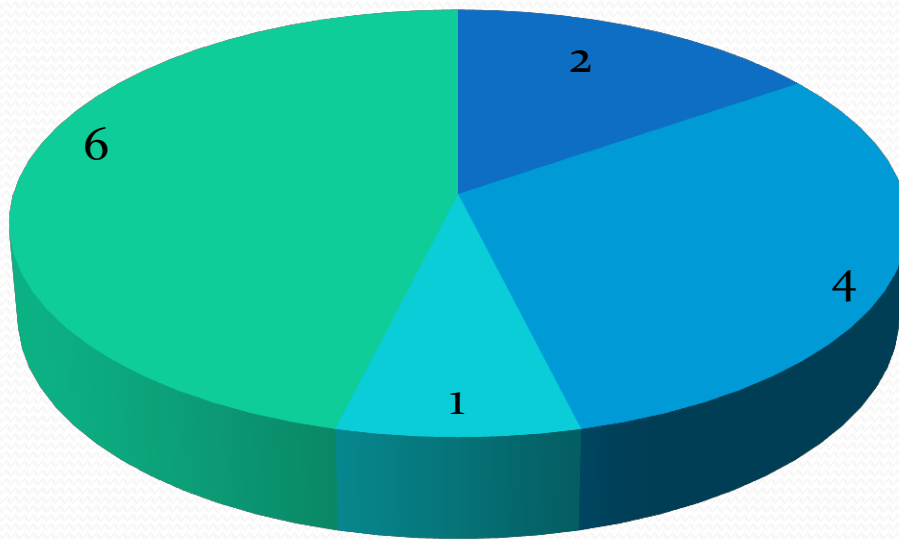
Method	Percent
Assignments/Learning Objective	100%
Observable Behavior Change	100%
Reduction in Known Stable/Acute Risk Factors	60%
Polygraphs	66.7%
Consent to Sex'l Arousal/Interest Assessment	46.7%
Consent to Sex'l Arousal Behavioral Modification	20%
Consent to Sex'l Arousal Psychaitric Modification	20%
Changes in Actuarial Scores	6.7%

n=15

Instrumentation Utilized in Treatment Programs

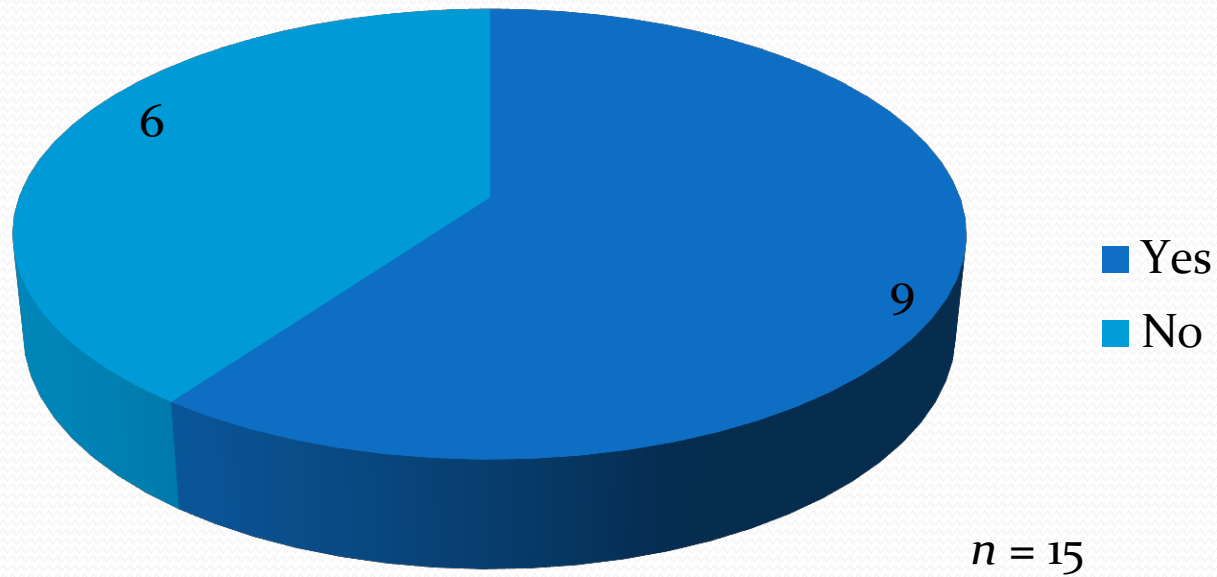


Level of Polygraph Disclosure Required to Complete Program

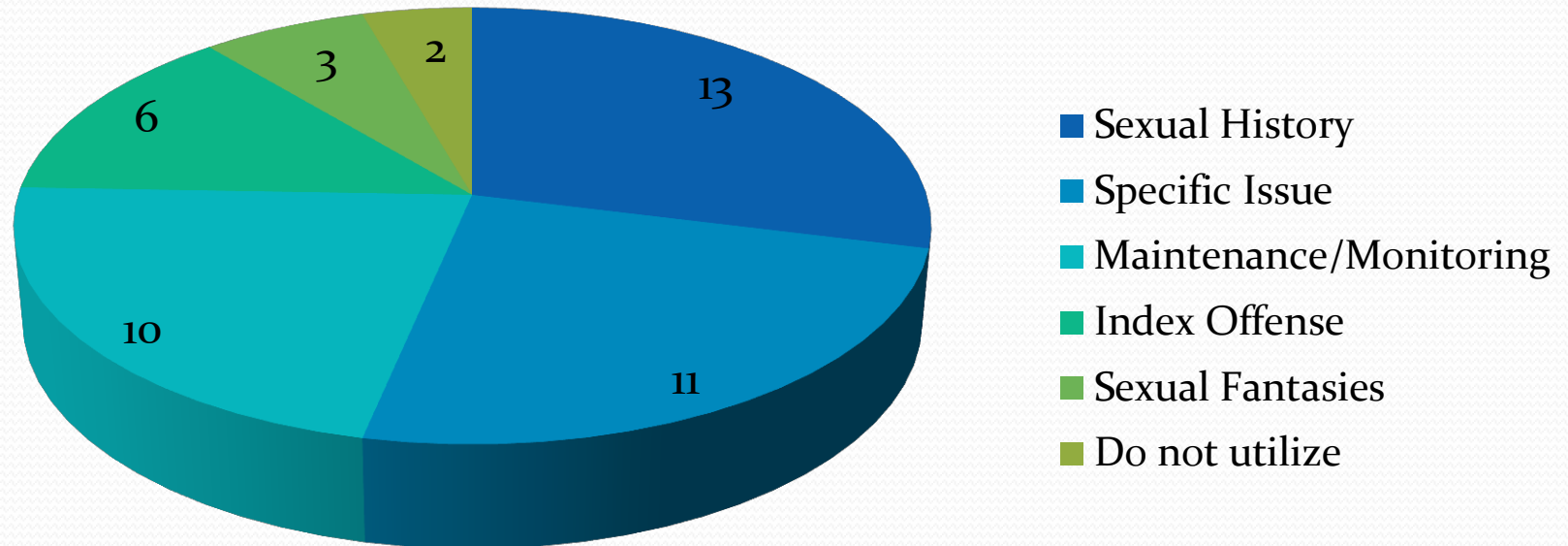


- Must disclose a sexual offense history that is very consistent with official records
- Must disclose a sexual offense history that is reasonably consistent with official records
- Must disclose at least some sexual offense history even if inconsistent with records
- Must disclose all sex offenses included uncharged

Are Clients Required to Pass a Full Disclosure Polygraph?



Type of Polygraph Utilized



$n=15$

Clinical Staffing & Supervision

Educational Level of Staff

- Most programs ($n = 14$) employ both doctoral and masters level treatment providers
- 1 program employs only master's level providers
- 4 programs use only masters and doctoral level, -they do not use bachelor level providers at all
- 11 programs utilize treatment provider with a bachelor's degree
- 4 programs include treatment providers that do not have a bachelor level degree

n=15

Resident : Staff Ratio

- Total census: Treatment providers
 - Range = 4.5:1 – 29.6:1
 - Median = 9.7:1
 - Mean 13.2:1

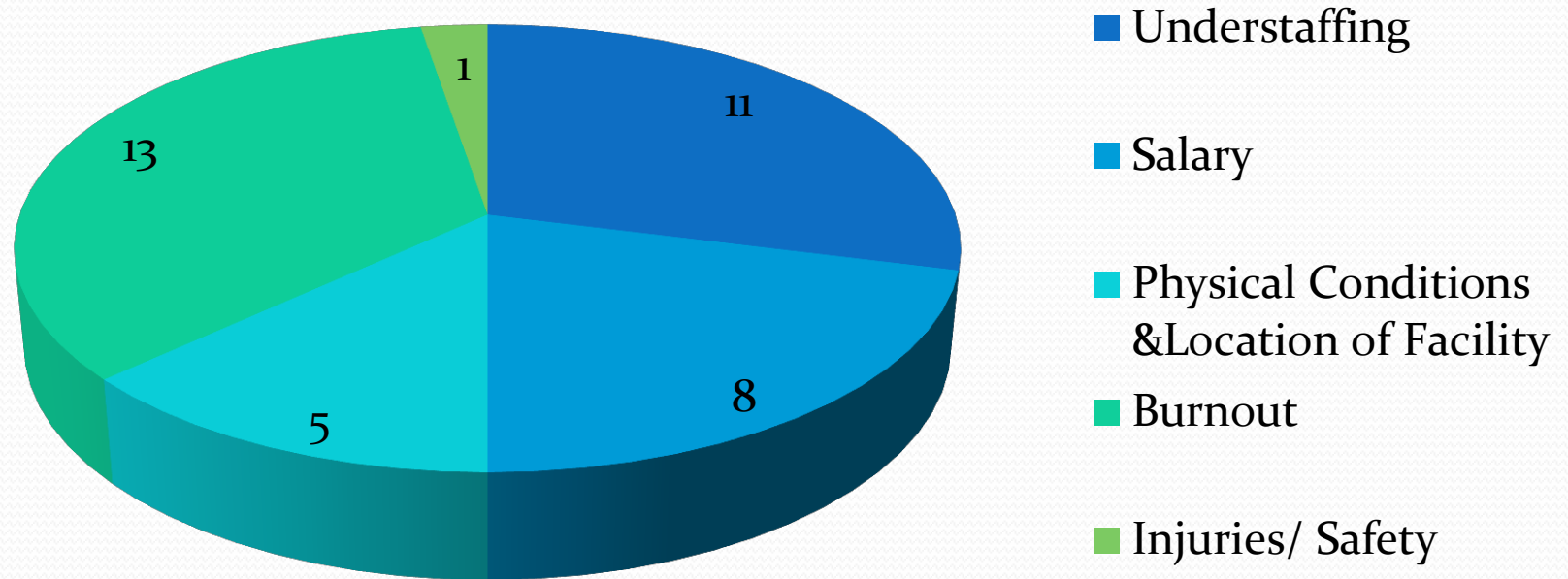
Training and Supervision

- All 15 responding programs provide clinical supervision and in-house trainings
- 13 program provide clinical supervision to all clinical staff
- 1 program provides clinical supervision only to unlicensed staff
- 1 program provides supervision to staff that do not have a graduate degree and students

Clinical Supervision & Debriefing

- 7 programs require clinical debriefing; one additional state requires it for prelicensed clinicians only
- 6 programs do not require therapy debriefing
 - Of those 6, 3 stated that debriefing is strongly recommended and/or is common practice

What Factors Contribute to Staff Turnover?

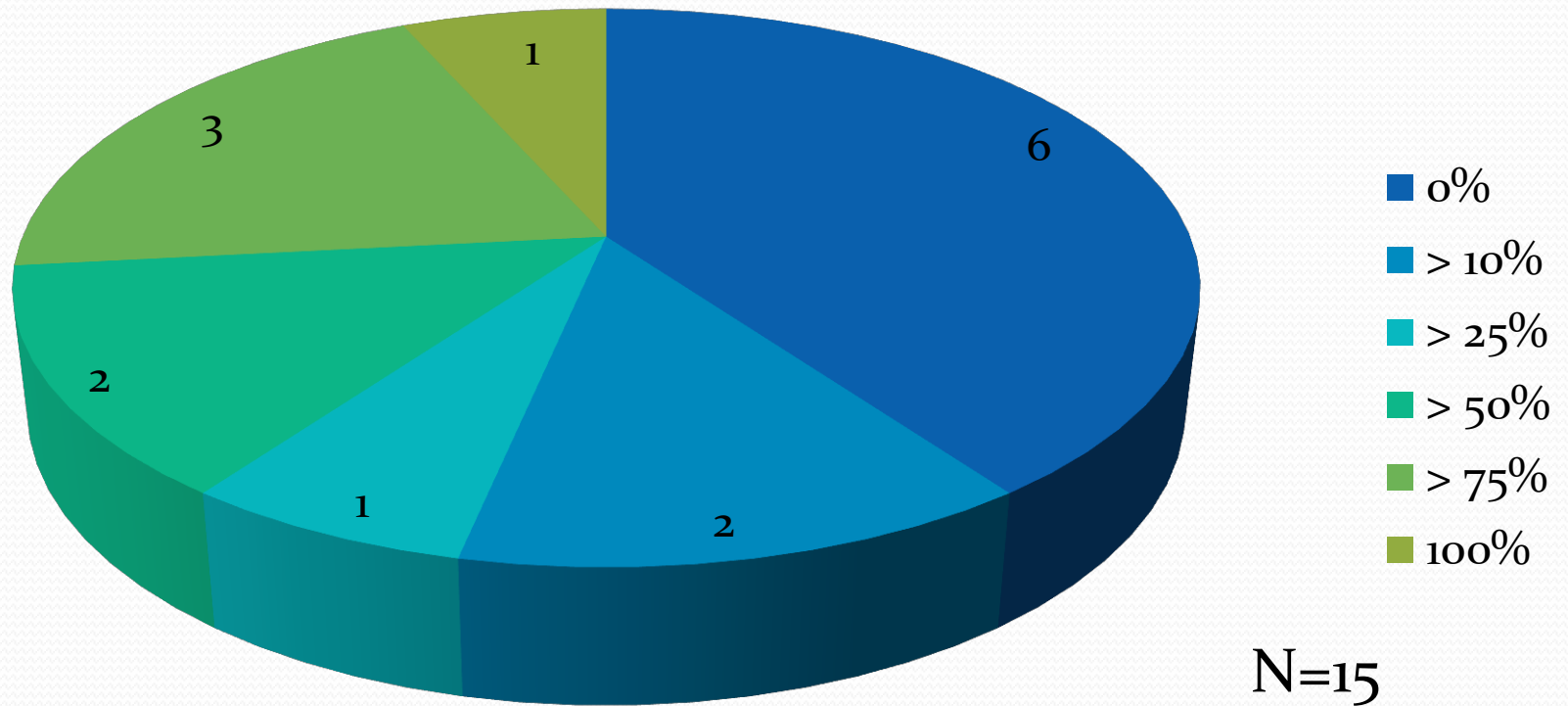


n=15

Manualized Treatment

- Of the 17 states responding, 12 utilize a standardized protocol for administering treatment (five do not).
- Less than half of the programs use manualized treatment protocols (7 use/10 do not use manualized protocols).
- When treatment is not manualized most programs have written facilitator guidelines to structure the group (11 programs) but 27% (4 programs) do not have written facilitator guidelines.

Percentage of Treatment that is from a Manual



More on Manualized Treatment

- In 31% of the 16 programs responding, every client receives manualized treatment and in 69% every client does not.
- About one third (6) of programs report using facility created manuals, one third (6) report using manuals purchased from an outside agency and one third (5) report the issue of where manuals came from is not applicable, presumably because they do not use manuals.

What Manuals are Used?

Seven programs specified what manualized treatments they use:

NIC Thinking for Change

Adult Relapse Prevention Manual (C. Steen)

Who and Why, Why and How, Changing Me

Dialectical Behavior Treatment

Good Lives, RNR

Robert Longo's Series 1-3, Safer Society Press

True Thought, Acceptance and Commitment Handbook

Change Company-Interactive Journals

Accreditation, Independent Review & Research

- 10 of 16 programs are not accredited
- 2 are accredited by Commission on the Accreditation of Rehabilitation Facilities (CARF)
- 2 are accredited by Joint Commission on Accreditation of Healthcare Organizations (JACHO)
- 1 is accredited by American Correctional Association (ACA)
- 12 programs have conducted independent program reviews (5 have not)
- Slightly more than half (56%) the 16 programs responding have a research or program evaluation program

Treatment Levels & Privileges

- All 16 responding programs report use of a treatment level system
- 15 of 16 responding programs have a privilege level system

What Kind of Sanctions are Imposed for Rule Violators?

- 10 of 17 responding programs utilize a disciplinary board or hearing officer for rules violations (7 do not)
- The most common sanction for rule violations is loss of privileges (i.e. movement, property, canteen, recreation, phone, work); some programs implement treatment assignments, require a prosocial activity, and restitution.

Cell Phones, MP3 Players & X-Boxes

- None of the 17 programs responding allow cell phones; 10 programs report cell phone usage is covered by a policy
- When a resident is found in possession of a cell phone the phone is examined and then discarded (N=17)
- 5 of 17 programs allow residents to have MP3 players; 12 do not
- 7 of 15 responding programs allow x-boxes, 8 programs do not

Computers

- 3 out of 17 programs allow clients to have personal computers; the other 14 do not
- 16 out of 17 allow access to computers, -an increase of 3 from last year
- All 16 responding report clients cannot have access to computers equipped with internet yet in a subsequent question 2 programs reported having computers equipped with internet access that is monitored by staff observation, computer software limiting access and tracking sites
- 15 of 16 allow computers for word processing
- 12 of 16 allow access to computers equipped with law library
- 4 of 17 programs allow flash drives while 13 do not

Medical Issues

- All 17 responding programs have an on-site medical clinic; 12 have an infirmary
- Primary medical care is provided by a range of providers, most commonly physicians, then nurse practitioners, and physician's assistants.

What Measures does your Program take to Contain Rising Costs\$

- A variety of innovative strategies are employed among programs to contain rising costs
- The most commonly reported involve expecting more from staff and services (i.e. expanding without adding staff, reducing patient to staff ratios, eliminating/leaving vacant positions, modify services, controlling overtime, reorganizing clinical services, requiring fewer patient assessments); also out sourcing services, streamlining documentation, monitoring purchasing, internal audits, double occupancy rooming.
- Commonly reported strategies to contain **medical costs** are: reduced patient to medical provider ratios, reduce outside medical services, reduce likelihood of transport for medical services, cap/negotiate physician charges & outside medical services, increase in generic formularies, implementation of wellness programs; review board for outside medical services.

Sex, Porn & Latex!

- Whereas last year none of the 12 states that responded allowed pornography, 2 of the 15 states that responded this year allow residents to access pornography (13 do not allow).
- No state allows conjugal visits (N=17)
- One state provides condoms to residents (16 do not)

Questions, Comments, Suggestions for Next Year's Survey?

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