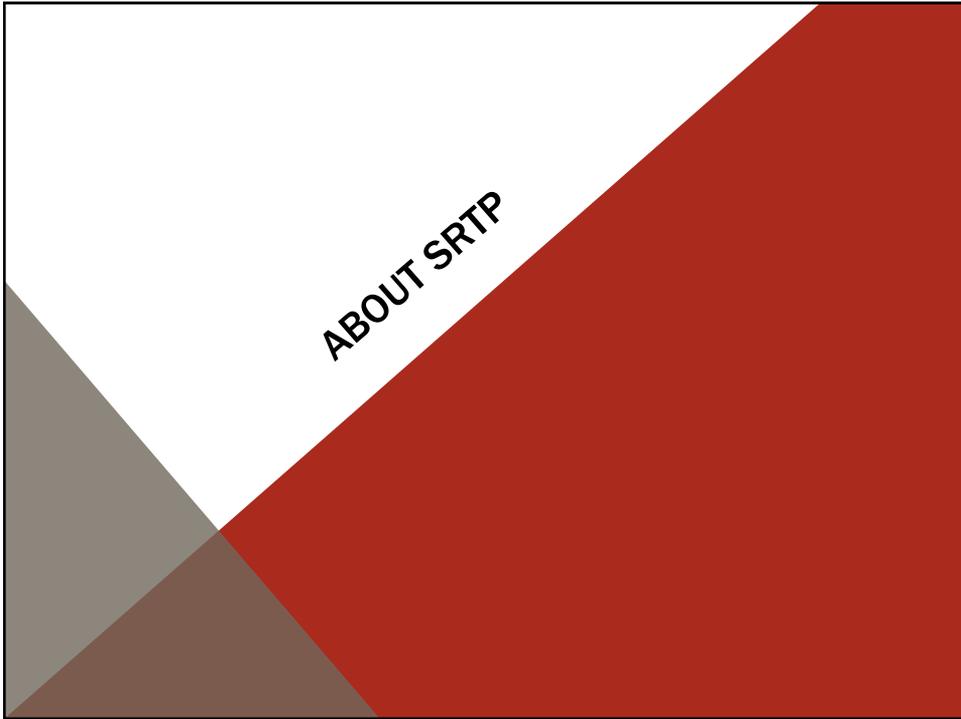


PA SEXUAL RESPONSIBILITY AND TREATMENT PROGRAM  
10 YEARS IN REVIEW – BEST PRACTICE IN SEX OFFENDER INPATIENT SERVICES AND COMMUNITY REINTEGRATION

Bobbi Lawrence, LSW, Executive Director  
Stacie Barnes, Psy.D., Clinical Director

## OBJECTIVES

- **SRTP**
- **Demographics**
- **Admission Process**
- **Best Practice For Working With Sexual Offenders**
  - Good Lives Model
  - Holistic approaches
  - Groups—Sex Offender Specific, Athletic, Education, Character Building and Spirituality
  - Service Provision for Inpatient Settings (Communication and Team Approach)
- **Stage 5—Discharge Process**
- **Implications Of SORNA**
- **What We Have Learned**



## **MISSION STATEMENT**

**To provide all residents with opportunities for growth and recovery and to facilitate a safe reintegration into their communities as healthy, responsible and productive adults.**



# PA ACT 21



- **Went Into Effect On August 14, 2003**
- This is a residential program specifically designed for sex offenders with mental abnormalities that reach their 21<sup>st</sup> birthday and age out of the juvenile justice system.
- **Mandates Pennsylvania's Department Of Public Welfare To Provide Mental Health And Sex Offense Specific Treatment to an Identified Population that had been:**
  - Adjudicated of certain crimes of a sexual nature
  - Currently in juvenile treatment programs yet remain a significant risk to re-offend, as identified by the Sexual Offender Assessment Board and the Court, after reaching the age of 21

## FIRST OF ITS KIND IN THE NATION

Many states have Adult Sex Offender Civil Commitment Legislation, but Pennsylvania is the first to have legislation for civil commitment of **JUVENILE** sex offenders, but has NO Adult Sex Offender Civil Commitment Legislation.

## SPECIFIC SEXUAL CRIMES THAT WOULD QUALIFY SRTP REFERRAL

Qualifying sexual crimes for civil commitment under Act 21 include the following:

<b>18 PA C.S. § 3121</b>	Relating to Rape
<b>18 PA C.S. § 3123</b>	Relating to Involuntary Deviate Sexual Intercourse
<b>18 PA C.S. § 3124.1</b>	Relating to Sexual Assault
<b>18 PA C.S. § 3125</b>	Relating to Aggravated Indecent Assault
<b>18 PA C.S. § 3126</b>	Relating to Indecent Assault
<b>18 PA C.S. § 4302</b>	Relating to Incest



## MENTAL ABNORMALITY OR PERSONALITY DISORDER



Not only must the individual meet the sexual offense criteria but they must also exhibit :

***“Having a mental abnormality as defined in Section 6402 (relating to definitions) or personality disorder, either of which results in serious difficulty in controlling sexually violent behavior.”***

**A mental abnormality is defined as a “congenital or acquired condition of a person affecting the person’s emotional or volitional capacity.”**

## **THERE ARE FOUR MAJOR GOALS OF SEX OFFENDER PROGRAMS**

- 1. To Decrease Deviant Sexual Interests**
- 2. To Identify The Thinking And behavior Patterns That lead The Offender To Commit Sexual Crimes**
- 3. To Understand And Accept Responsibility For Their Behavior And It's Impact On Their Victim(s)**
- 4. To Develop A Program That Will Keep Them From Committing Another Sex Crime In The Future**

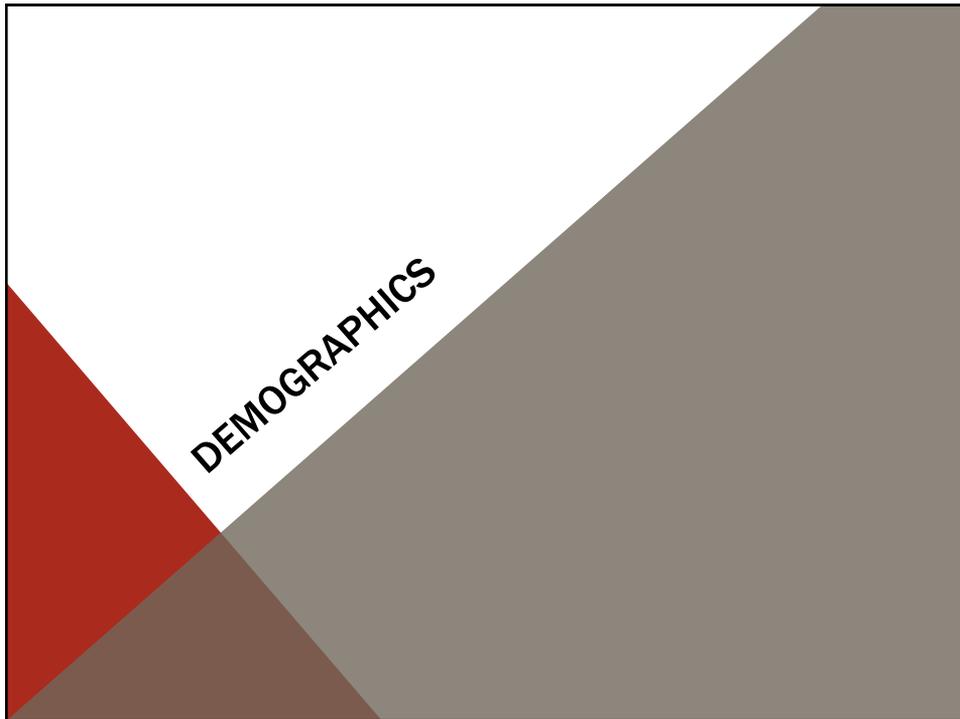


### **ACT 21 TARGET GROUP**

The young adults to be served by this program include individuals with very complex needs which may include:

**aggression, predatory behaviors, violence, non-response to previous treatment and recidivism.**

These persons may also present treatment challenges related to behavior management, psychopathology, sexual deviancy, severe characterological problems, personality disorders, and other complications.



**REFERRALS TO SEXUAL OFFENDER  
ASSESSMENT BOARD**

Since 2004 when the law was passed there have been approximately 350 referrals to the Sexual Offender Assessment Board.

To date, 50 (14%) of those referrals were committed to the SRTP.



## DEMOGRAPHICS

- Currently there are 43 residents –there is not currently a maximum limit of individuals that could be committed however our current building can only accommodate 65 individuals. One individual is currently in Level 5 (Involuntary Outpatient Commitment).
- 25 counties have placed individuals at the SRTP Program. This program serves the entire state of PA. Although we have been asked we are not currently accepting referrals from outside of the state.
- There have been 6 discharges thus far—more information will be provided about those discharges later in the presentation.
- Admission must occur prior to the individual's 21<sup>st</sup> birthday.

## ADMISSION BY COUNTY

Adams	1	Lebanon	5
Allegheny	1	Leigh	3
Bedford	1	Luzerne	2
Berks	3	Mifflin	1
Butler	1	Perry	1
Chester	1	Pike	1
Columbia	1	Schuylkill	1
Delaware	2	Sullivan	1
Erie	4	Venango	1
Huntingdon	1	Warren	1
Jefferson	1	Wayne	3
Juniata	1	Westmoreland	2
Lackawanna	2	York	3
Lancaster	3		



## YEAR OF ADMISSION/DISCHARGE

<u>Admission</u>		<u>Discharge</u>	<u>Stage 5</u>
2004	2		
2005	5		
2006	3		
2007	6		
2008	6		
2009	4		
2010	2	2	
2011	5	2	
2012	6	2	
2013	4		
2014	6		1

## WHERE DO THEY COME FROM

New Castle YDC	Southwood RTF
Northwestern Academy SET	Appalachian Youth Services
Cove Prep	Cresson Secure
Harborcreek Youth Services	SCI Fayette
Berks County Prison	Franklin County Prison
Luzerne County Juvenile Center	Summit Quest Academy
Children's Aid Society	Abraxas
South Mountain Secure Treatment Unit	
Diversified Treatment Alternatives	



## RESIDENT CHARACTERISTICS

- DSM IV Diagnosis—Pedophilia, Paraphilia, Anti-social, Borderline, Conduct Disorder
- Systemic Problems within the family
- Victims were known to them
- Average IQ is approximately 80 ranging in scores from 60 to 110.
- Co-occurring Disorders—about 25%
- Past History of Abuse/Neglect
- Reoccurring Treatment Failures
- ADHD, Autism, General Development Delay
- Physical Abnormalities
- Minimal Aggression
- 100 % male population—although we could accept a female resident none have been approved for admission.

ADMISSION PROCESS

## **COURT PROCESS**

The Juvenile Probation Office makes a referral through the County District Attorney or Solicitor to the Sexual Offenders Assessment Board(SOAB) who completes an assessment and makes a recommendation. If the SOAB recommends further treatment, the county solicitor will petition the court for a commitment hearing.

The youth has a right to be assisted in the proceedings by legal counsel and an independent expert in the field of sexually violent behavior, to be paid by the county of residence.



## **SEXUAL OFFENDER ASSESSMENT BOARD (SOAB)**

- The SOAB is an independent board of psychiatrists, psychologists, and criminal justice experts appointed by the Governor, according to statute, to assess all sex offenders convicted under 42 Pa. C.S. § 9791, commonly known as Megan's Law.
- The SOAB is supported by a fulltime staff, which produces extensive sex offender investigations that make the evaluation and assessment of the convicted sex offender possible.

## SOAB ASSESSMENT

The Sexual Offender Assessment Board (SOAB) conducts an assessment to determine if the youth has ***“serious difficulty in controlling sexually violent behavior”*** and is in need of commitment for involuntary treatment. The Board must complete and provide its assessment to the court no later than 90 days after the youth’s 20th birthday. (If SOAB was not notified in an appropriate amount of time by Probation, the Board must submit its assessment within 180 days of the youth’s 20th birthday.)

## COURT PROCESS CONTINUED—

- The court shall conduct a ***“dispositional review hearing”*** no later than 180 days before the youth’s 21st birthday, or 90 days if there was a reasonable delay.
- If the court determines that there is prima facie (case evidence of the need for involuntary treatment) the court will direct the county Solicitor or designee to file a petition.
- The petition must be filed within 30 days, with the commitment hearing within an additional 30 days.

## 2<sup>ND</sup> HEARING

At the **second hearing** the Court will hear arguments relative to the commitment.

Within 5 days the Court is required to make a decision regarding commitment.



**THIS IS A CIVIL COMMITMENT **NOT** A  
CRIMINAL CONVICTION**

**Individual identified will have been committed under Pennsylvania's SVP Civil Commitment "Act 21", which provides for the detention, evaluation, treatment and residential care of persons who are considered to be Sexually Violent Delinquent Children. These services will be provided at the Pennsylvania Sexual Responsibility and Treatment Program or **S RTP**.**

## LENGTH OF COMMITMENT

The court will write an order for immediate commitment for inpatient involuntary treatment for an initial period of one year. The individual can be re-committed yearly up to 99 years.



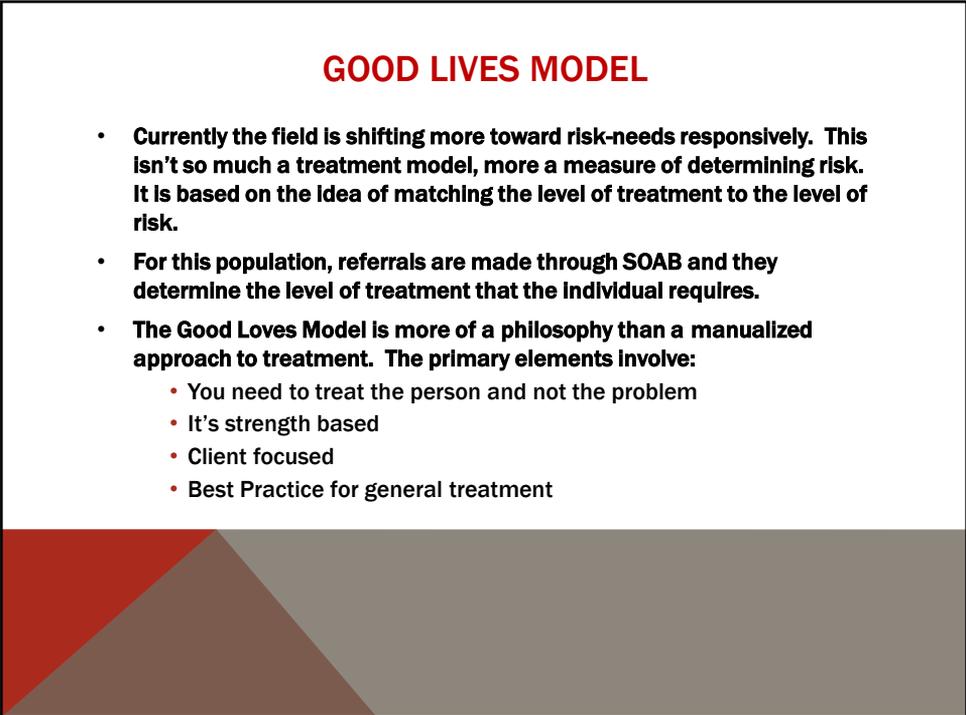
Sixty days prior to the end of the one year period, SRTP must complete and submit an evaluation of the resident's status in the Sexual Responsibility and Treatment Program to the SOAB.

## ANNUAL REVIEW

SOAB must then complete another evaluation of the individual and submit it to the committing court. The Court will schedule a hearing within 30 days of receipt of the reports. If the Court finds that the individual continues to have "serious difficulty in controlling sexually violent behavior" and is in need of commitment for involuntary treatment, the individual will be committed for **an additional period of one year.**



**•BEST PRACTICE FOR  
WORKING WITH SEXUAL  
OFFENDERS—TREATMENT**



## **GOOD LIVES MODEL**

- **Currently the field is shifting more toward risk-needs responsively. This isn't so much a treatment model, more a measure of determining risk. It is based on the idea of matching the level of treatment to the level of risk.**
- **For this population, referrals are made through SOAB and they determine the level of treatment that the individual requires.**
- **The Good Lives Model is more of a philosophy than a manualized approach to treatment. The primary elements involve:**
  - You need to treat the person and not the problem
  - It's strength based
  - Client focused
  - Best Practice for general treatment

## TREATMENT DIFFERENCES VS. TRADITIONAL MENTAL HEALTH

- **Limited Confidentiality**
- **Involuntary treatment in most cases**
- **Limited trust & skepticism**
- **Focus on sexual deviancy**
- **No Cure**
- **Structured & Control**
- **Responsibility**
- **More Confrontational**
- **Multiple levels of clients**
- **Group main mode although Individual therapy is vital**

## WHY GROUPS ?

- Learn skills easier
- Challenging Feedback from peers
- Intense therapeutic context
- Easier to access issues
- Less likely to distort & keep secrets
- More emotional/social support
- Cost effective



## GROUPS PROVIDED

Each resident gets at least 5 hours of active treatment per day—the groups include:

- **Offense/General Therapy Related Groups**
  - Sex Offense Specific, Arousal Management and Reconditioning, Healthy Relationships, DBT, Relapse Prevention, Trauma, Understanding emotions, Acceptance & Commitment
- **Basic Education**
  - Grammar group, general education, Math, Public Speaking, Health and wellness, current events, Basic Literature, Community Readiness
- **Character/ Skill Building**
  - Everyday socialization, group dynamics, life-skills groups, positive characteristics of a man, Spiritual groups, Restorative Justice, Pop-culture & mental illness, comic book psyche, Resident Work Program, Leadership,
- **Sports/Recreation**
  - Intermural football/baseball, basketball, hockey, volleyball, fitness groups, sportsmanship groups, Fantasy sport leagues, Music (band), art, sewing, cooking, Tai Chi

## KEY ELEMENTS OF SEX OFFENDER TREATMENT

1. **Offense disclosure/responsibility**
2. **Offense specific cognitive restructuring**
3. **Offense Process (assault cycle)/Intervention (regulation) skills**
4. **Victim Empathy**
5. **Arousal Control or Regulation Skills**
6. **Clinical (core) Issue Resolution**
7. **Social skills & Interpersonal Issues/Relationships & Affective Regulation Skills**
8. **Lifestyle Restructuring**

## **1. OFFENSE DISCLOSURE AND RESPONSIBILITY**

- **Disclosing offenses and victimology**
- **Denial and responsibility**
- **Initiate basic arousal control as needed**

## **2. OFFENSE COGNITIVE RESTRUCTURING**

- **Identify cognitive distortions & defenses**
- **Restructure distortions**
- **Develop counters to distortions**
- **Review offenses taking responsibility**
- **Restructure core beliefs or schemas**

## BASIC COGNITIVE DISTORTIONS

- Denial- Omitting information or not admitting to the truth, including leaving out the details of the offense.
- Lying- Any type of deliberate distorting of information.
- Justifying- Making bad things "okay", making it alright, creating excuses.
- Entitlement- unwarranted requests, demands, expectations, & an attitude of "I want what I want when I want it & I want it right now!", includes the "shoulds", "musts", "ought to's"& "How awful".
- Power Games- acting superior, dominant, controlling, bossy, defying authority,...
- Minimize- to make less important; reduce the significance.

## THINKING ERROR OF SEX OFFENDERS

- **He/she wanted me to do those things to her.**
- **He/she enjoyed it as much as I did.**
- **He/she was just a little flirt.**
- **He/she knew what he was doing.**
- **He/she came on to me.**
- **I was teaching them about sex**

### **3. ASSAULT CYCLE AND INTERVENTION**

- Identify offending process & patterns
- Cognitive restructuring & arousal control as needed
- Identify risk factors/situations
- Develop approach/avoidance intervention (coping) or regulation skills

### **4. AROUSAL CONTROL**

- Identify & assess sexual interests via arousal (intensity, process, frequency, fantasies, etc.) by rating arousal & controls
- Decrease deviant arousal & sexual preoccupation
- Increase normal arousal
- Develop self management controls/counters (regulation skills)

## PENILE PLETHYSMOGRAPH



The Penile Plethysmograph (PPG) is used in some programs, including the SRTP, for the detection and modification of deviant sexual arousal patterns and to assist in determining discharge readiness

## POLYGRAPH

**The Polygraph is a required component of treatment in many programs. It is used to discourage lying and to promote more honesty about their sexual offense history, how well they are doing in treatment and about their deviant sexual arousal patterns.**



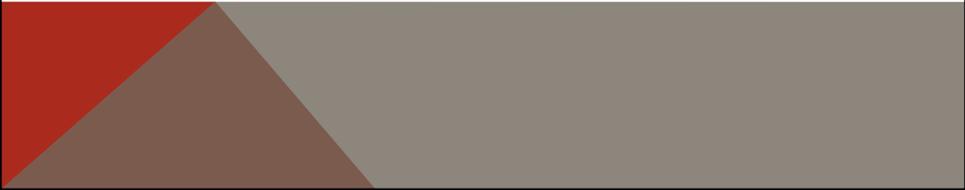
## 5. VICTIM EMPATHY

- Target key elements (harm/emotional recognition, emotional expression, responsibility-cognitive distortions, remorse, perspective taking skills)
- Victim specific & global empathy
- Empathy skills

## 6. SOCIAL-AFFECTIVE DIMENSION

- Assess social skills & attachment issues
- Basic social skill development
- Develop appropriate relationships
- Target interpersonal issues (intimacy skills & issues)
- Develop emotional regulation skills

## **7. CLINICAL CORE ISSUE RESOLUTION**

- Identify key developmental-motivating factors & other criminogenic needs
  - Resolve key issues
  - Develop coping strategies
  - Change core beliefs or blueprints
- 

## **8. LIFESTYLE RESTRUCTURING**

- Identify dysfunctional lifestyle patterns, characteristics, behaviors, disorders,...
  - Restructure or change dysfunctional themes behaviors into functional.
  - Develop general regulation skills
- 

## TREATMENT-CLINICAL GUIDELINES

Primary Goals: 1-no more victims  
2-reduce deviant arousal  
3-appropriate arousal  
4-lifestyle changes  
5-management skills

Rapport/Empathy with firmness & flexibility  
Maintain control  
Offense specific issues  
Avoid enabling  
Structured treatment  
Both process & skills development  
Link all trauma to victim empathy  
Insight with behavioral change  
Do not allow victimizing

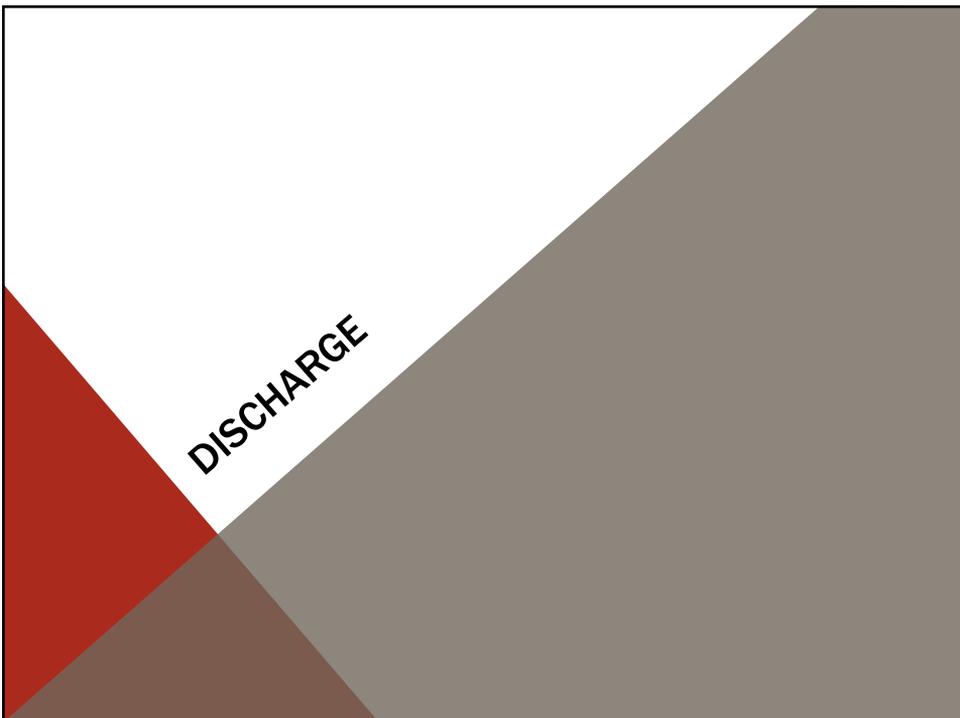
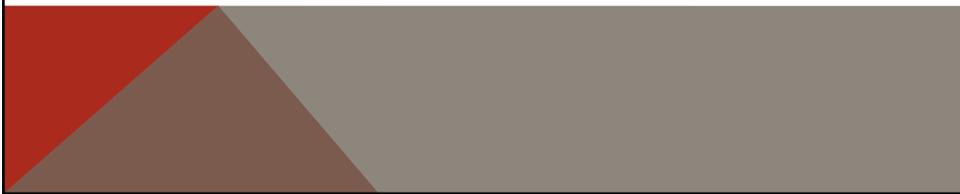
## PSYCHOPHARMACOLOGY

- Medications can be helpful in reducing the intensity of sexual urges and can serve as an effective adjunct to standard cognitive-behavioral therapies. Medications are NOT a stand-alone remedy to this problem.
  - Anti-Androgens (“chemical castration”)
  - Anti-Depressants
  - ADHD Medications
  - Medications to deal with suicidal urges/aggression



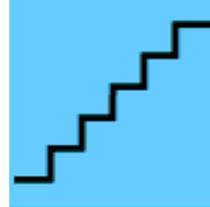
### LONG-TERM INSTITUTIONALIZATION

- A concern for judges as commitments go on for many years
- At level 2-2, can work and get paid
- At level 3, can engage in community-based activities



## LEVEL SYSTEM

- Orientation
- Level 2-1
- Level 2-2
- Level 3-1
- Level 3-2
- Level 4 (Transition Planning Stage)
- Level 5—Involuntary Outpatient Commitment
- Discharge



## LEVEL 5—INVOLUNTARY OUTPATIENT COMMITMENT

In 2012 with the inception of SORNA—there is now an involuntary outpatient commitment that has been added into the program prior to discharge.

Should the court find that the individual no longer exhibits the serious mental abnormality or personality disorder, the individual will be transferred to an involuntary outpatient .

The Executive Director of SRTP may petition that the individual be considered for release should it be determined that the individual no longer meets the criteria mentioned above.

## LEVEL 5—CHANGES IN THE LAW (12-2012)

### Amendments to 42 Pa. C.S. Chapter 64 (relating to court ordered Involuntary treatment of certain sexually violent persons)

- **Admission information is to be provided to the Director of SRTP. Should the individual not be committed those records will be destroyed.**
- **An outpatient treatment plan will be developed and provided to the court, the resident, SOAB, and all attorneys of record.**
- **The court may approve or disapprove the treatment plan. Upon approval of the treatment plan, the individual is transferred to IOT.**
  - Conditions of IOT Treatment Plan may include—absolute compliance, residency restrictions, visitation restrictions, communication restrictions, and periodic polygraph tests. Counseling by an approved SOAB provider is mandatory.
  - If the individual violates the treatment plan, the individual will be returned to the facility.

## DISCHARGE

- This involuntary outpatient commitment will last for one year.
- 60 days prior to the expiration of the 1-year outpatient commitment period, both SRTP and SOAB will submit reports to the court. A review hearing shall be scheduled within 30 days of the receipt of the assessments.
- The court can then discharge the person and inform them on the record and in open court of their obligation to attend counseling under the new subsection (g) including the penalty for failing to attend counseling under the newly created 18 Pa.C.S. 4915 (relating to SORNA requirements). The minimum requirement is AT LEAST monthly counseling with an approved SOAB member is.

## S RTP DISCHARGES PRIOR TO 12-2012

Prior to SORNA—6 individuals had been discharged from S RTP

1. The first resident was discharged due to discrepancies between the SAOB report and the report from S RTP indicating that the individual was in remission for pedophilia. Currently that individual is incarcerated with pending charges of robbery. He also had bad check charges and was charged with welfare fraud.
2. Three individuals were transferred to the civil side of Torrance State Hospital. One individual won an appeal and the other two were from Luzerne County.
3. One individual passed away at the facility due to an unexpected illness.
4. One person “successfully” completed the program prior to 12-20-2012.

## SORNA

- PA's model of the Federal Adam Walsh Act
- Replaced Megan's Law
- Residency Restrictions
- Changes in registration
  - Juveniles must register (currently under Supreme Court Appeal)
  - S RTP residents have to register
  - Community Notification
  - Violations of registration



### **ALL READY AND NO PLACE TO GO**

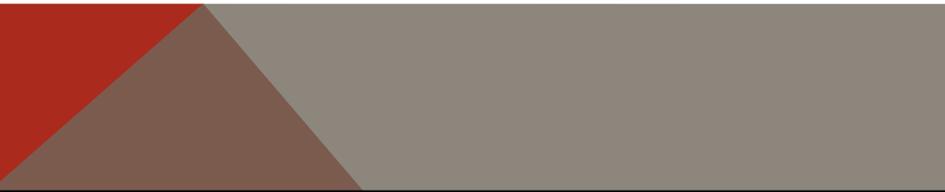
- Successful completers of secure treatment require step-down
- Current step-downs will not take Tier 3 or offenders with prior failure
- A Statewide Outpatient Facility for Young Adult Sex Offenders?
- An on-grounds step-down at the SRTP?



## NEEDS FOR LEVEL 5 TRANSITION

### Community Living for Inpatient Sex Offenders

- Supportive Structure/Staff
- Employment Opportunities—Job Training
- Access to public transitions
- Increasing Opportunities for Independence
- Coordination with discharging facility
- Financial support for treatment
- Access/Support for Continuing Education
- Money Management Assistance/Accountability



## NEEDS FOR THE FUTURE—

- **Developing Community Step Down Programs**
- **Outpatient Civil Commitment Programs for Sex Offenders**
- **Adult Sex Offender Commitment (in other states)**
  - Discharge from Prison into state hospital
  - Transitional living
  - Teens that don't meet SRTP criteria
- **Concerns with Juvenile Registration**

