

# Demystifying Act 21 of 2003 and the Sexual Responsibility and Treatment Program

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# History

- In 2003, the Act 21 law was created and went into effect in February 2004.
- The purpose of the law was to identify individuals who were aging out of the juvenile justice system, but were not safe to return to the community.
- There was a lack of discharge planning in the original commitment law.
- The law was amended in 2012.

# Demographics

- There have been 452 referrals to the SOAB for assessment—of that, 68 residents have been committed to the program since 2003.
- There are currently 59 residents committed to the program.
  - These residents are all male
  - The ages range from 21 to 34-years-old
- 34 counties have residents placed in the program.

# 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 determines that the individual meets criteria, 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 full-time staff, which produces extensive sex offender investigations that make the evaluation and assessment of the convicted sex offender possible.

## Evidence Behind Interventions—Programming—Levels, cont.

- The SRTP uses Cognitive Behavioral Therapy (CBT) as the main therapeutic treatment component. CBT works to help the individual change his distorted thinking patterns, which allows them to connect their thoughts to their feelings and, in turn, change their behavior. CBT has been the primary evidence-based practice used both nationally and internationally.
- The SRTP conducts individualized treatment, recognizing the Risk-Needs-Responsivity Model (RNR), which is also an evidenced-based model.

# Evidence Behind Interventions—Programming—Levels, cont.

- Level System

- Level 1— Orientation
- Level 2-1— To advance from this level the resident must follow the rules, avoid physical or sexual acting out. They have to be safe.
- Level 2-2— Follow basic rules, some investment in treatment, no physical aggression (not hurting others), begin working on their autobiography...telling their abuse history story.
- Level 2-3— Moderate progress toward emotional stability. Demonstrates coping mechanisms.
- Level 2-4— Established stability, active in treatment, insight into their cycle and can relate it to their behaviors. Begin on grounds walk with therapist once they pass Maintenance polygraph.
- Level 3-1— Access the community with a variety of staff
- Level 3-2— Unsupervised time on grounds, increased community opportunities
- Level 4— Begin the process to enter into the community, advanced opportunities to participate in various programs at the hospital.
- Level 5— Community Outpatient Civil Commitment

\*The level system allows everyone to understand the progression through treatment. Residents are fully aware of the importance of the success of levels to gaining control over their illegal sexual behaviors and being able to enter the community safely.

\*We will address more details of treatment for all levels on slide 17.

# Program Evaluation

- The SRTP is in the process of contracting with an expert in the field to review all aspects of the program.
- The SRTP conducts quarterly Advisory Board Committee meetings to continue ongoing evaluations of the program.

# Apparent Inconsistencies in Treatment

- All treatment is individualized
  - Treatment is designed to meet the varied needs of each individual resident, accounting for such factors as diagnosis, IQ, deviant sexual interests, and so on.
  - All residents are expected to follow basic rules for safe behavior.
  - Advancing through the levels is based on investment in treatment, management of risk factors associated with sexual offending and internal mechanisms to ensure safety. As residents move through the program, external measures are reduced to promote increased autonomy though maintained motivation to change and improved self-worth in preparation for entering into the community.

# Mandated Reporting

- Act 31

- Sex offender treatment has historically required full disclosure of prior offending behaviors. Since the inception of Act 31, we have reported five disclosures by residents. Of the five disclosures, only two were referred to law enforcement and investigated, and no additional charges have resulted.

- Honest Engagement

- Providing a comprehensive account of one's history (e.g., family history, their own victimization/trauma, offenses, patterns in thoughts, feelings, and behaviors, including sexual behaviors) is a vital component of treatment. The revelation of history allows for the treatment of sexually dangerous behaviors known to the system and previously unknown to the system. Treatment addresses all potentially dangerous behaviors. An important component of this full disclosure is to help the residents deal with historic feelings of shame. Shame blocks success.

# Staff Turnover

- This is systematically a problem in most human service agencies. Working with people with complex needs can be very challenging.
  - Since the beginning of the SRTP, the program has gained and lost employees as any other agency.
  - The SRTPA position (direct care staff) is an entry level position. Many people leave this position for promotions—many within the other programs at Torrance.

# Residents Seemingly “Stuck” in Treatment

- Who is committed to the SRTP?
  - Individuals with very complex issues, lack of supports, significant histories of trauma, and significant mental health issues unable to be adequately addressed by age 21.
  - Their mental abnormalities and/or personality disorders developed from childhood, with deeply ingrained thought and behavioral patterns that are not readily changed.
- Why would they want to stay?
  - Some residents like being in the SRTP’s safe, consistent, structured, and supportive environment.
- What is the average length of treatment?
  - The disorders that send people into sex offender treatment are complex and difficult to change. Many are considered lifetime disorders; manageable, but not curable. The best statistics available tell us that the average length of stay to be eight years. Currently SRTP’s average length of stay is six years.

# Limited Time Away From The Facility

- **Secure Facility**

- Written Act 21 law states that the residents will be housed in a secure facility.
- Original policy has been modified to allow residents of Levels 3 and above to proceed outside the building without cuffs and shackles, with permission of the court.

- **Community Readiness**

- Once residents reach Level 3-1, they begin the process of reintegrating into the community. The facility alerts the court of this advancement of level and requests written permission to remove the cuffs and shackles and begin the integration portion of treatment. Once on this level, residents begin with walks on grounds with their therapist and build from there. On Level 3-2, they begin unsupervised walks on grounds. At this time, residents are outside the building daily.
- Once on 3-1, residents can participate with events around the hospital, such as music in the grove, social events, annual health fair, and annual consumer conference. Our residents have provided entertainment for the annual TSH auction and the Torrance Trot 5K.

# Community Readiness continued

- At this time, they also begin to go on community outings—for education and appropriate socialization. Examples of outings would include trips to stores, baseball games, restaurants, laundromats, fundamentals of public transportation, a local community college, career centers, museums, local tourist attractions (Flight 93 memorial, Fort Ligonier), fishing, and bowling.
- For residents who have had a drug and alcohol history, once they achieve Level 3-2, they begin to attend AA in the community and work towards getting a sponsor when they achieve Level 4-0. Some of our residents have attended AA functions in the community.
- One of our residents who is currently living in the community on Level 5 has a child who lives with his parents. Prior to entering the community, he attended and completed parenting classes.
- Our residents also work towards getting their driver's permit on Level 4, and 3 of them have obtained a driver's license while on Level 5.

# Lack of Aggressive Representation at Annual Review Hearings

- Residents are advised that they can contact their attorneys as needed and can request a new attorney.
- The program works to facilitate conversations between residents and their attorneys.
- Residents who are on Level 2-2 and participate in the Resident Work Program could hire a private attorney to represent them. The average savings account of these residents is approximately \$7,000.
- A number of attorneys visit the facility on an annual basis prior to the review hearing.
- All attorneys are permitted to participate in monthly treatment team meetings, and some have.
- A member of the Public Defenders Association in Philadelphia is on the Act 21 Board, which meets quarterly. A representative has visited the facility for the past several years. They attend the quarterly meeting, tour the facility, and meet with staff and residents.

# Institutionalization

- Extensive time in placement
  - The average age of placement for residents in the juvenile justice system is age 15. By history, many were in foster placements prior to age 15. Residents are committed to SRTP after their 20<sup>th</sup> birthday and always prior to turning 21.
- Stepdown Unit
  - Unit was developed in 2015.
  - Unit more closely follows life in the community.
  - Residents on level 2.3 and above are placed on this unit.
  - Unit is supervised, but residents are allowed greater flexibility in choices (greater access to kitchen, gym, etc.). Residents decrease number of treatment groups. Residents meet with staff in similar manner to meeting with treatment providers in the outpatient setting.
  - There are currently 11 residents living on the unit, with 2 additional residents living in the community (Level 5, Outpatient Civil Commitment).

# Institutionalization, continued

- **Complex issues**

- Childhood trauma is common to the majority of residents. Trauma changes the brain. Qualified therapists work under best practice standards to re-train the brain.
- Majority of residents entered the social services system prior to age 15.
- Familiarity and dependency on “the system” has been established by the time are they committed to the SRTP.
- Working through trauma and the complex established issue is both difficult and painful. The stress involved in this process is often overwhelming. Residents frequently disengage from treatment at this point. It is normal for them to use deviant or negative coping skills at this time (ex. public masturbation, physical aggression toward staff and peers).
- Therapy resumes at the level of comfort of the individual.
- Program offers groups to enhance and improve social development and healthy relationships.
- Therapy offers hope.
- The change in law to provide for removal of residents from the sex offender registry offered hope for the future.

# Annual Reports

- Comprehensive psychosexual evaluations that cover in detail the behavioral issues, treatment progress, and individual assessments are provided for the year. They reflect the intensity of treatment and programming.
- New format pending to convey complex information in a more compact manner.
- All residents are evaluated monthly, with a report provided to the SOAB and County MH/ID representative for review. These reports are also available to the residents' attorneys and courts upon request.

# Appearance of Individuals at Review Hearings

- The SRTP staff makes every effort to ensure the residents look their best—not only to attend court, but every day.
  - There is a state employed cosmetologist who comes regularly to provide the residents with hair cuts.
  - Residents shave regularly and are encouraged to keep facial hair nicely trimmed.
  - Residents do not wear uniforms. They wear their own clothes that they purchase if they have funds, or receive clothes from family. If they are indigent, we have a large supply of clothes that are donated that they can have.
  - Residents do look appropriate for court hearings—both in person and on video. Some residents wear dress shirts and ties while others wear button down shirts. The residents take pride in their appearance and want to look well dressed for the court.
  - If a resident is incarcerated, we do not transport them nor do we have control over how they appear in court. They must follow the rules of the particular institution.
  - Negative appearances can be a sign of psychological distress and will be immediately addressed in treatment.

# Has This Group Been Forgotten ?

- **Daily meetings and Treatment Team Reviews**
  - Every weekday morning, our treatment team staff (comprised of our Clinical Director, Psychologist, Therapists, Social Worker, RNs, Activity Staff, Medical Doctor and Psychiatrist, who is at the facility 3 days per week) meet to discuss all residents in the program in terms of current issues and plans to address them.
  - Each resident has a 30-day meeting with the treatment team to discuss their specific goals and progress. Members of the treatment team interact with all the residents on a daily basis.
  - Therapists work with each resident to develop specific goals and interventions. These goals are updated every 30 to 90 days, depending on progress.
  - An External Advocate works at the hospital and has weekly contact with the residents as well.
- **Concerns regarding lack-of home county involvement**
  - Only 2 people in the program have regular monthly contact with a representative from their county (Venango County). This person has attended picnics and special events at the program. A county representative could participate in the residents' monthly Treatment Team Reviews if desired.
  - When residents are ready for community reintegration, Counties have had minimal involvement in locating housing or programming. Currently all residents are living in Westmoreland County.
  - Some counties do have a representative on the Act 21 Advisory Board.

# Active Treatment

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

- **Offense Specific and General Therapy Related Groups**
  - Sex Offense Specific (SOS), Arousal Management and Reconditioning (AMR), Healthy Relationships, DBT, Relapse Prevention, Trauma, Understanding Emotions, Acceptance & Commitment, and Autobiography
- **Basic Education**
  - General Education (Grammar, Literature, Math, and History), Public Speaking, Health and Wellness, Current Events, Community Readiness, and Money Management
- **Character / Skill Building**
  - Socialization, Group Dynamics, Life Skills, Positive Characteristics of a Man, Spiritual groups, Restorative Justice, Pop Culture & Mental Illness, Superhero Psyche, Resident Work Program, Leadership, and How To Be A Champion
- **Sports / Recreation**
  - Intermural Sports (Baseball, Basketball, Hockey, Volleyball), Fitness groups, Sportsmanship groups, Fantasy Sports leagues, Music (band), Art, Sewing, and Cooking

# Active Treatment



Physical activity is a very important component to overall mental health. At SRTP, the residents enjoy daily physical activity to keep both their mind and their body healthy. Throughout the year, our Therapeutic Activity Staff Worker (TASW) team run different Intermural programs, which offer the young men a sense of teamwork and competition. It also allows the resident to learn the rules and procedures for playing a variety of sports that they might not have had the opportunity to play while growing up. The “sports” program at SRTP is enjoyed by the residents and a vital part of treatment. Below is the winning softball team—Crazy 8’s.

# Gardening Group at SRTP

The gardening group at SRTP allows the residents on Level 2:2 or above, the opportunity to learn the basic horticulture skills. During this group, resident prepare the soil; plant a variety of vegetables; tend and weed the garden; then harvest and eat the “fruits” of their labor. Everything they learn can be replicated upon their return to the community. The residents learn pride, responsibility, and a skill that will last them a lifetime. They learn that they can have a huge garden or even a few plants in a bucket will work if they live in an apartment.

There are numerous benefits to gardening. In an article written by Robin Jacobs, she points out six unexpected health benefits of gardening:

1. Stress relief and self-esteem building
2. Heart health and reduced stroke risk
3. Hand strength and dexterity
4. Brain health and lower Alzheimer’s risk
5. Immune regulation
6. Decrease in depression and improvement in overall mental health



# Active Treatment



# Music Therapy

Who doesn't enjoy music? At S.R.T.P., we introduce our clients to basic music concepts and theory. If our residents show interest and dedication, we offer basic guitar and percussion instruction on an individual, as well as, group basis. Music by definition can be an enlightening experience. It can also give our clients a sense of self-worth that they may have never felt before. It also give residents an opportunity to develop their personal skills by performing in front of others.

With practice, many of our residents advanced their musical skills and have been able to work together forming an S.R.T.P. band, "Change In Motion," who play songs from artists like Pink Floyd, Green Day and the Foo Fighters, to name a few. They have performed at many events at the S.R.T.P., as well as Torrance State Hospital and have received numerous accolades from visitors and hospital administration alike.

We have three groups to grow and develop the resident's love of music. The first is an introduction group ran by Mr. Josh DePetro. This group focuses on basic instruction for those that have no musical experience. There is a vocals group run by Mr. Ken Brewer to help develop future singers for the Band. Lastly, Mr. Lee Martin and Mr. Mike Fabian direct the SRTP Band. Music can be an important instrument of growth.



# Resident Forum



Resident Forum is a meeting between members of the Treatment Team, the External Patient Advocate(s), and designated resident representatives (Level 2-2 and higher) in which residents are able to express concerns, make requests, and seek clarification on matters. Members of the Treatment Team will address all issues at the meeting or prior to the next meeting (if necessary). Resident Forum Representatives are elected by the residents on a quarterly basis. Each ward will elect one resident to be their representative and one resident (who has the second highest number of votes) to be the alternate representative.

Representatives are responsible for collecting questions, concerns, etc. from the other residents on their ward and for verifying that the requests are not already addressed in the Patient Handbook or the Rules and Norms Manual. They are also responsible for clarifying any questions, concerns, etc. with the residents who have requested that such items be addressed. Failure to do so will result in the issues in question not being discussed. The representatives will then share the outcome of the meeting with the other residents on their ward. Representatives can be removed from their position due to behavioral issues/contracts or for repeated failure to fulfill their obligations. Representatives will be financially compensated for attending the meetings.

# Fantasy and Treatment

- Residents are not “punished” for disclosing their sexual fantasies or behaviors.
  - Fantasies reveal interests (legal and illegal; healthy and deviant).
  - Fantasies reveal triggers to offending.
  - Treatment teaches fantasy management or elimination, and risk reduction.
  - Safety in the community is possible.
  - Behavioral contracts/contingency contracts are therapeutic assignments meant to foster an understanding of risk issues and allow for development of appropriate coping skills. Reflects risk reduction.

# PPG and Polygraphs

- Penile plethysmograph (PPG) is a tool used to understand where the individual is in his response (sexual) cycle. Useful for risk determination and treatment planning. Not easily manipulated.
- PPG reflects arousal information.
- Behavioral treatment addresses arousal reconditioning.
- Polygraph is a tool widely employed in the field to facilitate a full understanding and scope of treatment issues.
- Polygraph facilitates breakthroughs in client's denial and protection of unhealthy or illegal behaviors.
- Polygraph is never used to reveal prior illegal behavior.



# “Cruel and Unusual Punishment”

- The process of commitment is set in law.
- Treatment is not punishment.
- The assessments for court are conducted by the independent experts of the SOAB.
- All individuals have the right to their own expert.
- Commitment is for a one year period.
  - Note: Recently, a resident went before the court for prior acts that could have received 40-80 years in prison. His SRTP treatment was acknowledged by the court and he was placed on 10 years of probation.
- The problems of SRTP residents are established and complex. While the residents are confined, they are offered treatment daily, which is wholly unavailable at this level in the adult criminal justice system.
- Treatment provides the opportunity to learn to never re-offend again. No more confinement and no more victims.

Thank you for the opportunity to speak with you today about this program. If you would like any additional our information is below.

# Contact Information

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