

Sex Offender Treatment in Utah

November 2010

HB 68 (Sex Offender Treatment) passed in the 1996 Legislative Session. This bill appropriated \$410,000 to the Department of Corrections for sex offender treatment starting in FY'97. The legislation also amended 64-13-6 and required the following duties of the Department of Corrections and the Commission on Criminal and Juvenile Justice;

The department shall provide data to the Commission on Criminal and Juvenile Justice to show the criteria for determining sex offender treatability, the implementation and effectiveness of sex offender treatment, and the results of ongoing assessment and objective diagnostic testing. The Commission on Criminal and Juvenile Justice will then report these data to the Judiciary Interim Committee and to the appropriate appropriations subcommittee annually.

The Department of Corrections and the Commission on Criminal and Juvenile Justice have been providing the required reports to the Judiciary Interim Committee annually since the legislation was passed in 1996.

Initial Assessment

During the initial assessment of sex offenders sentenced to prison, the offender is required to complete a sex offender treatability assessment. The assessment form is one of the tools used to determine an offenders eligibility for treatment.

The screening form includes some demographic detail regarding the current offense, the sentence, and information on victim age, gender and relationship to the offender. The screening form also requires the offender to answer questions concerning their philosophical position with regard to their admission of guilt for the convicted offenses, their interest in receiving

treatment, their willingness to participate in examinations to determine sexual arousal, willingness to participate in treatment programs, willingness to forgo contact with victims, willingness to make sex offender treatment their highest priority over other prison activities, and their willingness to agree to not violate several conditions necessary for completion and adequate participation in therapy, including;

- Possession of sexually oriented material
- Possession of contraband material such as alcohol, tobacco and illicit drugs
- Sexual contact with anyone in the correctional institution
- Verbal or physical threats or assault towards anyone
- Confidentiality concerning all discussions and events during group (strictly enforced)

The offender is also required to sign a sex offender treatment consent agreement which outlines all general understandings related to institutional conduct and treatment cooperation and any other special conditions as determined during initial assessment.

Along with the determination that an offender is amenable to treatment, an evaluation takes place. These evaluations provide a detailed social history, risk assessment, psychological testing, diagnosis and psycho-sexual evaluation. This battery of evaluations leads to the development of individual treatment plans based on the offender's unique problems and degree of risk. Treatment progress can then be monitored more accurately with a specific focus on the relevant problems that need to be resolved for each individual.

Assessment Procedures

The following list represents the majority of testing and evaluation instruments and procedures that may be used to establish both initial baseline data and to measure progress throughout the sex offender treatment program.

- A. Clinical Interview — supplemented with autobiographies and questionnaires. These clinical interviews are very comprehensive.
- B. Psychological Tests — The following list of tests may be used:
 1. Intellectual assessment — RIST and K-BIT-2
 2. Academic — WRAT-4
 3. General personality profile — MMPI-II, sentence completion, projective tests, etc.
 4. Sex offender specific testing
 5. Other tests as deemed clinically appropriate.
- C. Penile Plethysmography — This clinical assessment technology is currently the most reliable in identifying deviant sexual arousal, lack of normal sexual arousal, and in providing an objective evaluation of change in sexual arousal. The limitation of the plethysmograph must be understood--specifically the over-interpretation of data. It does not allow the therapist to comment about questions of guilt or innocence. The test approximates a "real-life" situation using standardized audio tapes and assesses the offender's current level of arousal to inappropriate stimuli. The test must be administratively standardized and administered by a well-trained, competent examiner in an appropriate clinical laboratory.
- D. Polygraph - To increase accuracy of the offenders progress (This examination will be used as resources allow).

In general programming terms, treatability of sex offenders is partially driven by available resources. With limited treatment resources, Corrections must stage treatment for offenders. Treatment services are allocated based on a combination of the assessment determining the offenders amenability toward treatment, the results of initial psychological testing and

assessment, the expected length of their sentence, and the number of offenders waiting for treatment slots. It is not always appropriate to place someone in a one to two year treatment program immediately when they are expected to stay a minimum of seven to ten years in prison.

Basic Considerations

The current sex offender program is conceptually well-founded and constructed. It contains elements of all of the criteria of an excellent program as outlined by the U. S. Department of Justice National Institute of Corrections. It provides individualized and targeted treatment which addresses problem areas, risk, and motivation. Length of treatment could range from six to 18 months, dependent on risk, motivation and response to treatment. The program also requires the completion of treatment workbooks.

The premise of the Department of Corrections' Sex Offender Treatment Program is that the vast majority of prison-committed sex offenders are expected to complete the program prior to parole. When the clinical screening committee determines further treatment is necessary beyond the program offered at the prison, the recommendation that they be required to complete further treatment at a C.C.C. is sent to the Board of Pardons and Parole. All offenders are expected to attend intensive out-patient sex offender treatment upon release.

An orientation to the program is conducted during the initial prison admission reception and orientation process outlining the program components as well as admission procedures and progress requirements. Based upon assessment criteria, a prioritized Offender Action Plan is formulated and the offender becomes responsible for entering and completing treatment. An offender's expected length of incarceration is taken into consideration when scheduling admission to the Sex Offender Treatment Program (SOTP).

The program is currently offered at the Draper Prison. In addition, treatment is offered in one county jail - San Juan County. Treatment is coordinated through Corrections Division of Programming's Sex Offender Treatment Program. Common treatment goals, common

assessment procedures and criteria, and component-specific curricula are available. Treatment has a minimum time consideration based upon content, but completion may take longer if an offender's motivation is low.

Given the gravity of recidivism with this group of offenders, the program emphasizes quality treatment and measurable outcomes. The program is designed in such a manner that treatment takes into consideration the offender's previous treatment gains in other treatment settings.

Treatment is individualized based on problem areas, risk, motivation, and documented progress in treatment. Length of treatment could range from six to 18 months. If the inmate satisfactorily completes the program, further treatment in a CCC they may not be recommended again, however, intensive outpatient treatment is required. Community safety takes precedence over any conflicting consideration and ultimately is in the best interest of the abuser and his or her family.

- A. The sex offender treatment that is provided by the Utah Department of Corrections (UDC) Division of Programming in the prison system is based on best practice principals. The sex offender treatment is best described as Cognitive/Behavioral therapy with a strong relapse prevention component. Therapy is provided in a group psychotherapy format. All therapists providing treatment to offenders are mental health professionals that have additional training in sex offender treatment.
- B. The goal of sex offender treatment is to lower recidivism. Deviant sexual behavior is controllable given adequate effort in treatment and the continued practice of the principles learned in treatment, once the offender has terminated formal treatment.
- C. The SOTP will address the following issues and the offender will demonstrate competency based on measurable criteria.
 1. Acceptance of responsibility for the crime(s) of current incarceration as well as other criminal acts, charged and uncharged, sexual and non-sexual.
 2. Understanding of deviant cycles and identification of his/her own deviant cycle.

3. An intellectual and emotional understanding of the impact of their assault(s) on their victim(s).
4. Understanding of the SO treatment process and the offender's role and responsibility in treatment.
5. Demonstration of the offender's commitment to change.
6. Identification of thinking errors and irrational beliefs and a demonstration of corrected thinking.
7. Identification of risk factors.
8. Intervention in risk factors.
9. Demonstration of understanding and practice of the factors involved in appropriate, healthy relationships.
10. Intervention in deviant sexual arousal patterns as measured by the plethysmograph.
11. Development of appropriate aftercare plans including a commitment to maintain and live the list criteria.
12. Understanding, acceptance, and demonstration of appropriate boundaries, respect of others, self control, and pro-social behaviors.

- D. The sex offender program is designed to provide treatment to as many offenders as possible. The treatment population includes male and female offenders, the mentally ill, and those offenders with cognitive, intellectual and academic challenges.

Assessment Criteria

The approval or denial of an offender to move from one treatment period to another is the role of the Clinical Treatment Team, and is based upon measurable assessment of treatment progress. There are four criteria for treatment period advancement and, ultimately, for any recommendation to the Board of Pardons and Parole:

Criterion 1: Completion of Assignments Including Classes and Groups

Content areas are presented according to modalities specified for each treatment period i.e., psycho-educational group discussion or therapy format, and structured classroom curriculum. The offender is expected to satisfy

minimum requirements in the following areas:

- Criminal Thinking
- Cognitive Restructuring
- Sex Education
- Victim Empathy
- Communication in Dating/Relationship Skills
- Anger Management/Assertion Training
- Relapse Prevention/Abuse Cycle

Criterion 2: Standardized Ratings

Offenders are rated at the end of each treatment period.

Criterion 3: Electrophysiological (Plethysmograph) Tests

The offender is expected to reduce deviant sexual interests and replace those with non-deviant sexual interests as measured by penile plethysmography.

Criterion 4: Behavioral Assessment

The offender is expected to make necessary changes in basic skills such as grooming and personal hygiene and interpersonal skills, such as eye contact, airing complaints and asking for clarification. The offender is also expected to make necessary changes in awareness and problem solving skills. Skill development is observed and measured by trained staff.

Any recommendations to the Board of Pardons and Parole pertaining to an offender's treatment progress must have the approval of the Clinical Treatment Team and are required to be supported by assessment results.

The Community Correctional Center treatment program takes into account (for offenders transferred from prison) previous treatment results and progress. It may require up to 12 months for completion. Successful completion is required prior to release to aftercare and is based upon assessment criteria determined by the CCC's treatment committee.

Aftercare, a relapse prevention component designed for offenders who have either successfully completed treatment in the prison and/or at a CCC, is required for sex offenders. This component may employ supervised support groups as well as group and individual therapy as specified. The offender undergoes periodic assessment. Utilization of outside providers is approved by UDC and they are required to adhere to departmental guidelines regarding treatment focus, assessment criteria, and reporting procedures.

The Division of Programming sex offender program provides the results of ongoing assessment of sex offenders and objective testing to the Board of Pardons and Parole in the circumstances described in Table 1.

Table 1
Reports Provided to the Board of Pardons and Parole

Type of Program Participation	Report and Schedule
Screening for eligibility of participation in SOTP	Memo indicating acceptance or non-acceptance
Inmates who have completed treatment or discharged from treatment for any reason.	Discharge summary
Inmates who are not in treatment and who are to appear before the Board of Pardons and Parole for hearings.	Status Report with recommendations
Inmates who are in treatment and who are to appear before the Board of Pardons and Parole for hearings	Treatment Summary with recommendations
Sex Offender Tracking list - waiting lists - lists of inmates not accepted to treatment - inmates removed or who refused treatment	Report is available on request

Sex Offender Treatment Statistics

The following statistics represent work completed by the current sex offender treatment program in the prison between January 1, 2006 and June 30, 2010.

Type of Treatment Activity	FY'06	FY'07	FY'08	FY'09	FY'10
Pre-treatment Assessments	104	176	222	233	215
BOPP Treatment Summaries - Sent to BOPP for specific hearings for offenders in treatment	97	135	212	142	134
Social Histories	96	163	148	233	180
Status Reports - Sent to BOPP for specific hearings for offenders not in treatment	78	52	84	85	73
Discharge Summaries	104	108	140	232	216

Table 3 details the number of sex offenders receiving treatment during the last five fiscal years. Information on the total number of inmates participating in the program, the average number in treatment at any time during the year, the number of inmate completing treatment, the number of inmates removed from the treatment program, and the number of inmate paroled while they were in treatment are given for each fiscal year.

Program Participation	FY'06	FY'07	FY'08	FY'09	FY'10
Total Inmates Participating	349	368	444	464	447
Average Inmates Participating	135	139	218	221	226
Inmates Completing	51	105	79	127	137
Inmates Removed	71	12	87	94	77
Inmates Paroled While in Treatment	24	5	9	10	4

Sex Offender Treatment Expenditures

The following two tables show the amount of money expended by the Department of Corrections on sex offender treatment in the last 5 fiscal years. Table 4 shows treatment expenditures by the Division of Programming for the inmate population.

Expenditures for the Draper prison program, and contracts with BYU and the San Juan County Jail are shown.

Treatment Program	FY'06	FY'07	FY'08	FY'09	FY'10
Draper Sex Offender Program	\$764,857	\$763,070	\$909,246	\$917,110	\$888,383
BYU Contract	\$51,357	\$27,841	\$19,681	\$29,591	\$30,649
San Juan County Jail Contract	\$63,348	\$90,667	\$68,000	\$68,000	\$67,988
Total	\$879,562	\$881,578	\$996,927	\$1,014,701	\$ 987,020

Table 5 shows expenditures by Adult Probation and Parole for sex offender treatment during the last 5 fiscal years. AP&P uses contracts with a variety of private providers for treatment and assessment of sex offenders. The amount expended on each contract by location in the state is shown.

Facility/Region	Provider	FY'06	FY'07	FY'08	FY'09	FY'10
Northern Utah CCC	CFD	\$143,894	\$157,431	\$165,823	\$141,945	\$110,390
Northern Utah CCC	Fox, Ph.D.		\$7,760			
Ogden	CFD		\$7,800	\$17,606	\$3,090	
Fremont CCC	CFD	\$130,597	\$130,385	\$130,280	\$113,819	\$112,963
Bonneville CCC	CFD	\$111,576	\$139,841	\$108,994	\$50,969	
Orange Street CCC	CFD	\$5,325			\$120	
Salt Lake	Project Turn	\$274,500				
SL Sex Offender Unit	CFD	\$118,092	\$127,021	\$126,224	\$133,705	\$108,917
Provo	Fox, Roby, Ph.D.		\$18,450	\$14,000	\$16,000	
Price	Roby, Ph.D.		\$4,200	\$3,200		
Diagnostic Program	Ririe, Ph.D.		\$51,189	\$26,600	\$26,300	
Diagnostic Program	CFD		\$96,129	\$95,595	\$108,940	
Total		\$783,984	\$743,616	\$687,776	\$594,888	\$332,270

NOTE: The Division of Adult Probation and Parole is also housing an estimated 92 sex offenders for sex offender treatment in community corrections centers, with an estimated annual cost of approximately \$2.6 million. This is in addition to the treatment contracts listed above.

On the following pages, we include data provided by Corrections on sex offender treatment and recidivism.

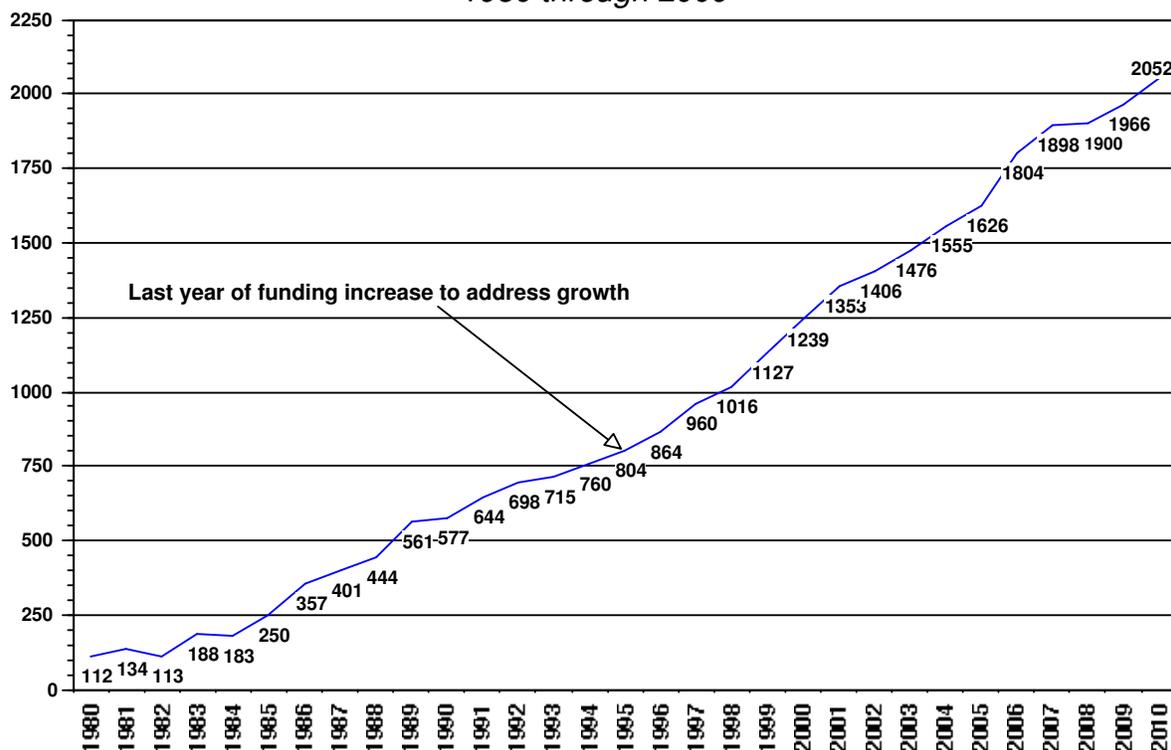
Growth in the Incarcerated Sex Offender Population

Utah Department of Corrections

October 2010

The total number of sex offenders incarcerated in prison has more than doubled between August 15th 1996 and August 15th 2009. As of August 15, 2010, 2,052 inmates were incarcerated in the Corrections' prison system for sex offenses. Sex offenders account for 30.2% of the total inmate population.

Number of Felony Sex Offenders Sentenced Prison
1980 through 2009



NOTE: The population count provided for August 1999 is an estimate based on an interpolation between the August 1998 and August 2000 counts, due to a database migration issue.

- The last new funding received for prison sex offender treatment programming was in 1996 when there were about 900 incarcerated sex offenders.
- Between 1996 and today, and without additional sex offender treatment funding, growth in the incarcerated sex offender population has forced the sex offender treatment staff to dole out treatment services on a much more limited schedule.
- The Board of Pardons and Parole bases a large part of their sex offender parole release decision on the progress that an offender has made with treatment while incarcerated.

Lack of adequate treatment funding has stressed treatment staff, delayed treatment progress, and may influence the possibility of an offender receiving an earlier parole release date.

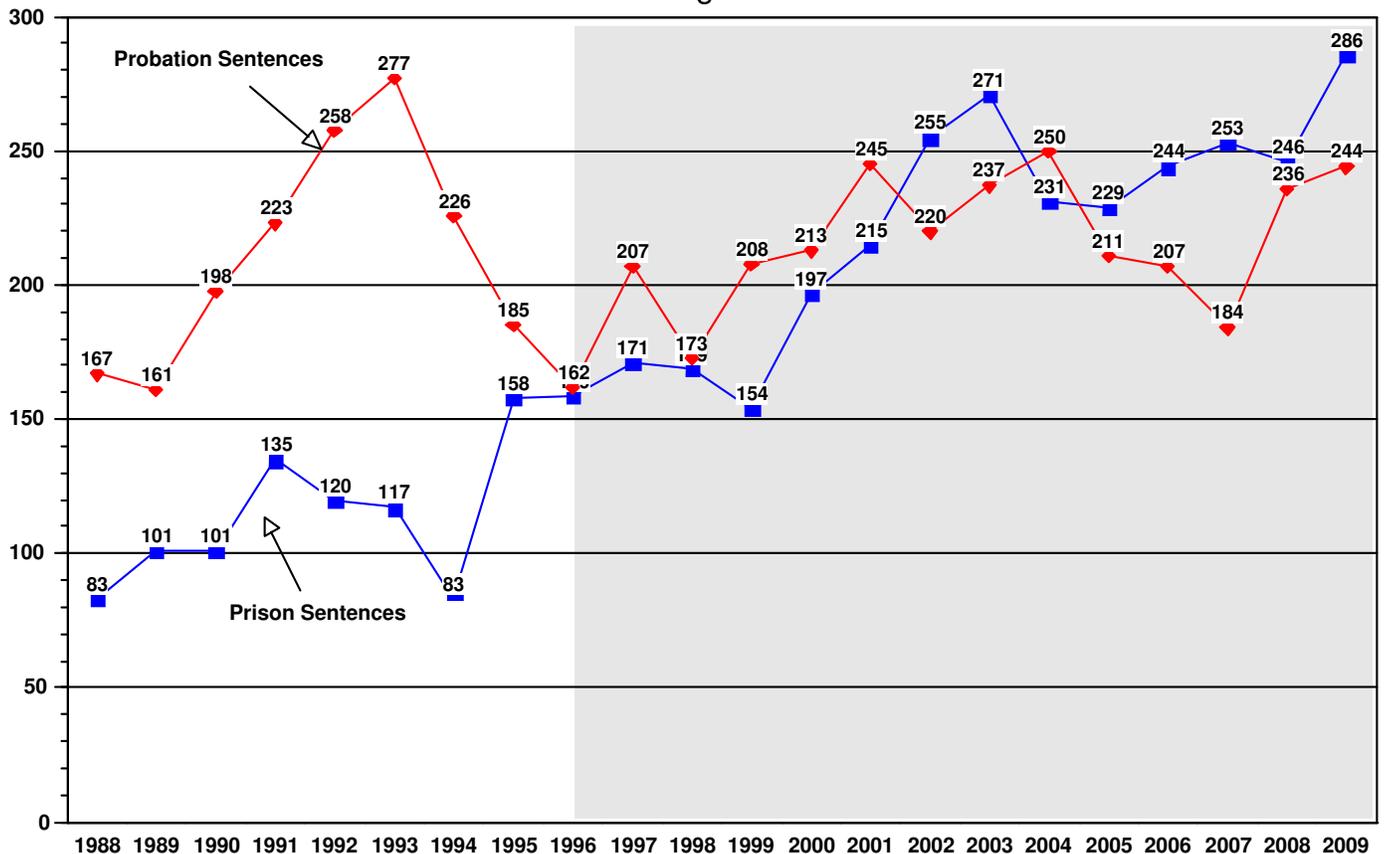
Growth in the Sex Offender Population

Utah Department of Corrections

November 2010

The number of felony sex offenders supervised by the Department of Corrections has continued to grow over the last 21 years.

Number of Felony Sex Offenders Sentenced to Probation versus Prison
1988 through 2009



- The chart above shows the number of sex offenders sentenced to prison or probation between 1988 and 2009.
- In 1988 only 83 sex offenders were sentenced to prison. Last year, this had increased to 286, an increase of over 3 times. In 1988 167 sex offenders were sentenced to probation compared to 244 in 2009, an increase of 46%.
- The pattern of sex offender sentencing has changed since 1996, when the mandatory minimums were eliminated.
- In 1988 about 33% of all felony sex offenders went to prison. Last year, this had increased to 54%.
- In 1988, 72% of first degree sex offenders went to prison. In 2009, this increased to 90%.

Sex Offender Legal Status by Degree

Utah Department of Corrections

November 1, 2010

Degree	Probation	Inmate	Parole	Total	Percent of Degrees
1 st Degree	30	1131	365	1526	39.8%
2 nd Degree	311	684	350	1345	35.1%
3 rd Degree	369	260	102	731	19.1%
Misdemeanor	228	2	0	231	6.0%
Total	938	2077	818	3833	
Percent of All	<i>24.5%</i>	<i>54.2%</i>	<i>21.3%</i>		

- Approximately 54% of all sex offenders under the jurisdiction of Corrections are in prison.
- About 74% of all first degree felony sex offenders are in prison, compared to 36% of all third degree felony sex offenders.
- Since this time last year, both the probation and parole sex offender populations have increased by between 3.4% and 4%, and the inmate sex offender population has grown by over 4.7%.
- Between mid-October of 2006 and mid-October 2010, the total sex offender population under the custody of Corrections has increased by 4.3%, or an additional 159 offenders.

Sex Offender Treatment and Recidivism

Utah Department of Corrections

Handed out during the 2007 General Legislative Session – January 31, 2007

In a National Study released in January of this year, a meta-analysis of a number of cognitive-behavioral therapy programs (similar to the one operated by UDC), found that these programs significantly reduce recidivism by an average of 14.9%. (*Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs: What Works and What Does Not. January 2006. www.wsipp.wa.gov*)

Sex Offender Prison Program Graduates Recidivism In Utah

In order to make some type of comparison to the overall sex offender release population, Corrections compared all 1991 through May 2, 2004 program graduates to all other sex offenders released in 2000, 2001, 2002 and 2003, who had **not** completed all the phases of treatment by their parole release date. We looked at first year return rates for all offenders who had at least 12 months of parole opportunity.

Sex Offender Parole Release 12-Month Recidivism

Year of Release	12 month Return Rate	Percent of Returns Who had a <u>New Commitment</u>	Percent of Returns Who Violated <u>Parole Conditions</u>
Non-grad 2000	46.9%	14.5%	85.5%
Non-grad 2001	37.7%	16.2%	83.8%
Non-grad 2002	40.8%	13.8%	86.2%
Non-grad 2003	43.0%	12.4%	87.6%
1991 – May 2, 2004 Program Graduates	19.5%	12.3%	87.7%

- The majority of sex offender recidivism results from technical violations of the conditions of parole, not new criminal behavior, primarily because sex offenders are scrutinized on parole more closely than most other offender groups.
- This data seems to substantiate national data (*see McGrath et al.(2003)*), indicating treatment completion greatly improves an offender's chance of parole success. The overall return rate for sex offender treatment completers in Utah is less than half of the overall return rate for non-completers (**19.5% successful completers versus 2000 through 2003 non-completers of 42.1%**).
- Between January 1991 and May 2, 2004, there were only 9 offenders who: 1) were graduates of the sex offender treatment program: 2) were released to parole, and had twelve months of opportunity on parole and: 3) returned for a new criminal conviction within one year.
- Of those 9 returns, only 2 of the offenders were returned to prison for a new sex offense conviction. **Those two offenders represent only .05% of the total treated and released population, between January, 1991 and May, 2004.**

A Longitudinal Study of Sex Offender Recidivism (1979 through 2006)

- 388 offenders convicted of a felony sex offense who were treated in the Bonneville Community Corrections Center program between 1979 and 1994, both successful program completers and failures.
- Criminal activity tracked for between 11 and 26 years, with an average of 16.5 years of follow-up.
- 83% of the offenders had no new criminal convictions during the entire follow-up period.

Successful completers of treatment were significantly less likely to have any form of recidivism than those who failed – successful treatment completers had a 26% lower recidivism rate than non-completers.

- Sex Offender Treatment IS Effective! -