

Sex Offender Treatment in Utah

October 2006

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

In accordance with Section 63-55-264, 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 Judiciary Committee began receiving reports from the Department of Corrections based on the new reporting requirement created by the 1996 Legislature.

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
- ✕ 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 offenders 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 – this is 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** – WAIS-3, Shipley, Slosson, K-BIT, etc.
2. **Academic** - WRAT-3
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 immediately place someone in a one to two year treatment program 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 and is individualized and targeted treatment which addresses problem areas, risk and motivation. Length of treatment could range from six to eighteen months, dependent on risk motivation and response to treatment. The program also requires the completion of three 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. 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 Management 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 DIO'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 offenders 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 eighteen 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 Institutional Operations (DIO) 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, the offenders role and responsibility in treatment.
5. Demonstration of the offenders 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.
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:

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 (observed behavior)

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 qualified, trained staff.

Any recommendations to the Board of Pardons 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.

As of October 3, 2006, there were 1747 inmates incarcerated in the Corrections' prison system for sex offenses. Sex offenders account for 27.5% of the total inmate population.

The Community Correctional Center's 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 sex offender program within the Division of Institutional Operations provides the results of ongoing assessment of sex offenders and objective testing to the Board of Pardons and Parole based on the following schedule.

Type of Program Participant	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 <ul style="list-style-type: none"> - waiting lists - lists of inmates not accepted to treatment - inmates removed or who refused treatment 	Report is available on request

Type of Treatment Activity	Number Served 1/1/01 - 12/31/01	Number Served 1/1/02 - 12/31/02	Number Served 1/1/03 - 12/31/03	Number Served 1/1/04 - 12/31/04	Number Served 1/1/05 - 12/31/05	Number Served 1/1/06 - 09/01/06
Psychological Evaluations	151	129	151	NA	NA	NA
Pre treatment assessments					48	54
90-day Treatment Summaries - sent to BOP	405	428	379	409	discontinued	discontinued
BOP Treatment summaries - sent for specific board hearings for offenders in treatment	195	225	160	121	86	88
Social Histories	187	174	227	106	115	48
Status Reports - sent for specific board hearings for inmates not in treatment				66	57	38

The adjacent statistics represent work completed by the current sex offender treatment program in the Division of Institutional Operations between January 1, 2001 and August 30, 2006.

The following information details the number of sex offenders receiving treatment during the last six years.

	Number Served 1/1/01 - 12/31/01	Number Served 1/1/02 - 12/31/02	Number Served 1/1/03 - 12/31/03	Number Served 1/1/04 - 12/31/04	Number Served 1/1/05 - 12/31/05	Number Served 1/1/06 - 9/01/06
Ave. Inmates Participating	427	604	412	391	240	132
Inmates Completed	74	57	51	77	67	54
Inmates removed	103	92	84	78	82	28
Inmates Paroled while in treatment	Not tracked	Not tracked	Not tracked	14	22	9

On the following pages, we have included a number of key documents that have been presented to Interim Legislative committees during the 2005 Interim Summer.

Sex Offender Treatment Expenditures (FY'02- '06) Utah Department of Corrections
October 11, 2006

Division of Institutional Operations Sex Offender Treatment

Program	FY02 Actual Expenditures	FY03 Actual Expenditures	FY04 Actual Expenditures	FY05 Actual Expenditures	FY06 Actual Expenditures
Draper Sex Offender Program	815,722	768,600	826,400	824,000	764,857
BYU Contract	59,300	59,300	59,300	35,361	51,357
San Juan County Jail Contract	68,000	68,000	68,000	67,062	63,348
Total	\$943,024	\$895,903	\$953,704	926,423	879,562

Division of Adult Probation and Parole Sex Offender Treatment

Facility / Region	Provider	FY02 Actual Expenditures	FY03 Actual Expenditures	FY04 Actual Expenditures	FY05 Actual Expenditures	FY06 Actual Expenditures
NUCCC	CFD	145,555	149,533	135,606	131,670	143,894
Fremont CCC	CFD	118,600	113,830	99,995	76,262	130,597
Bonneville CCC	PAST	124,960	120,430	31,045	0	0
Bonneville CCC	CFD	0	0	93,455	106,479	111,576
Orange Street CCC	CFD	6,400	5,440	0	10,085	5,325
Region 3	Project Turn	265,991	274,500	228,750	274,500	274,500
SL Sex Offender Unit	CFD	63,473	120,180	120,025	120,000	118,092
Total		\$943,024	\$783,913	\$708,876	\$711,996	\$783,984

NOTE: The Division of Adult Probation and Parole is also housing an estimated 158 sex offenders for sex offender treatment in community corrections centers, with an estimated annual cost of approximately \$3.5 million. This is in addition to the treatment contracts listed above.

Sex Offender Treatment and Recidivism Utah Department of Corrections October 2006

Corrections currently has over 1745 sex offenders housed in the prison system. These offenders are all required to participate in sex offender treatment. The Board of Pardons and Parole makes sex offender treatment progress an important determinant of a release decision.

Local and national research have both indicated that sex offender treatment reduces the probability that an offender will continue offending upon release from prison.

The Department has struggled to build a sex offender treatment system that meets the demand for these services. In an attempt to ensure that all incarcerated sex offenders receive treatment, the department has had to stage offenders into these programs based on their expected length of stay.

Since the Board of Pardons is unlikely to release a sex offender without some treatment progress, inadequate resources may increase the length of stay for an offender, at great cost to the state.

Sex Offender Program Graduates Recidivism
In order to make some type of comparison to the overall sex offender release population, we compared all 1991 through May 2, 2004 program graduates to all other sex offenders released in 2000, 2001, 2002, 2003 and 2004, 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 (today minus the parole release date is equal to, or greater than, 12 months).

Sex Offender Parole Release 12-Month Recidivism

Year of Release	12 month Return Rate	Percent of Returns Who had a New Commitment	Percent of Returns Who Violated Parole Conditions
2000 non grad	46.9%	14.5%	85.5%
2001 non grad	37.7%	16.2%	83.8%
2002 non grad	40.8%	13.8%	86.2%
2003 non grad	43.0%	12.4%	87.6%
2004 non grad			
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, primarily because sex offenders are scrutinized on parole more closely than most other offender groups.

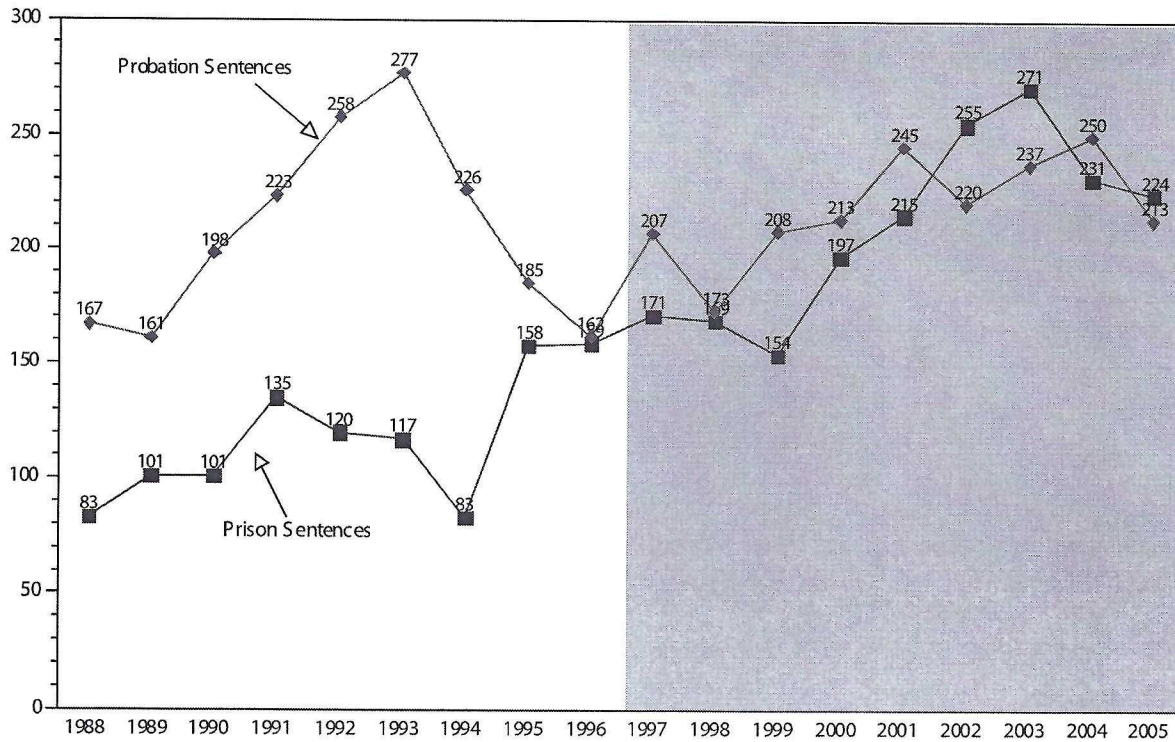
✕ This data seems to substantiate national data (see McGrath et al.(2003)), indicating treatment completion greatly improves an offender's chance of success on parole. The overall return rate for sex offender treatment completers is less than half of the overall return rate for non-completers (19.5% versus a 2000 through 2003 average 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.*

**Growth in the Sex Offender Population Utah Department of Corrections
October 2006**

**Number of Felony Sex Offenders Sentenced to Probation versus Prison
1988 to 2005**



The number of felony sex offenders supervised by the Department of Corrections has continued to grow over the last 18 years.

✂ The chart above shows the number of sex offenders sentenced to prison or probation between 1988 and 2005.

✂ In 1988 only 83 sex offenders were sentenced to prison. Last year, this had increased to 224, an increase of almost 3 times. In 1988 167 sex offenders were sentenced to probation compared to 213 in 2005, an increase of 27.5%.

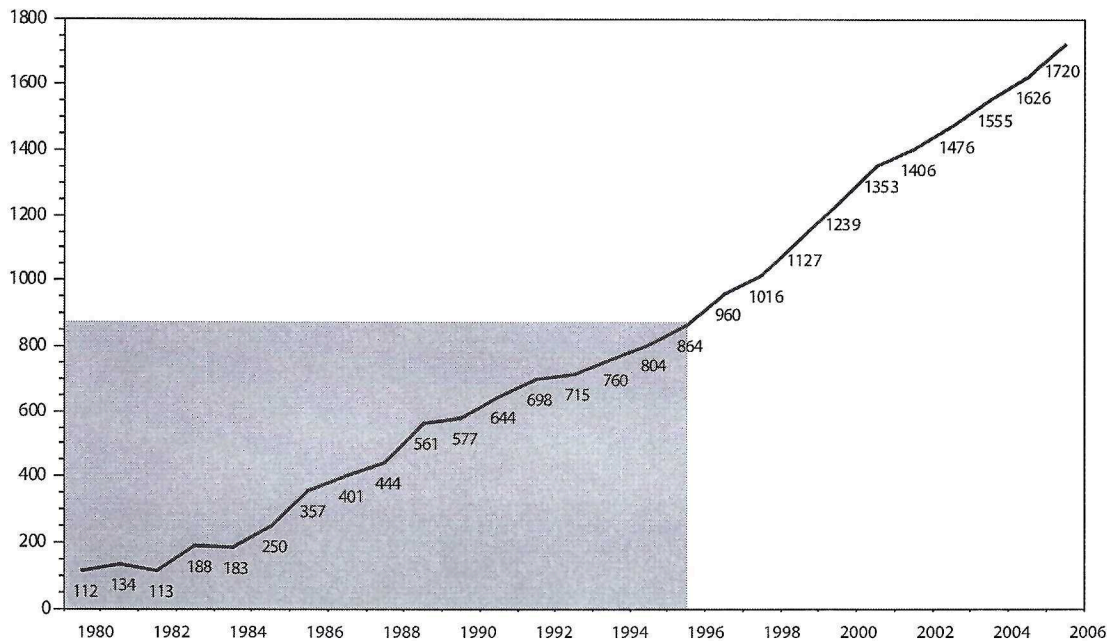
✂ The pattern of sex offender sentencing has changed since 1996, when the mandatory minimums were eliminated.

✂ In 1988 about one-third of felony sex offenders went to prison. Last year, this had increased to one-half.

✂ In 1988, 72% of first degree sex offenders went to prison. In 2005, this increased to over 92%.

*Growth in the Incarcerated Sex Offender Population Utah Department of Corrections
October 2006*

**Total Number of Felony Sex Offenders In Prison
August 15th, 1980 through 2006**



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 total number of sex offenders incarcerated in prison has grown by over **215%** between August 15th 1996 and August 15th 2006.

✕ 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 the existing treatment staff, delayed treatment progress, and may influence the possibility of an offender receiving an earlier parole release date.

Sex Offender Legal Status by Degree, Utah Department of Corrections
October 11, 2006

Degree	Probation	Inmate	Parole	Total	Percent of Degrees
1 st Degree	25	920	235	1180	38.9%
2 nd Degree	213	584	267	1064	35.1%
3 rd Degree	337	242	84	663	21.8%
Misdemeanor	128	0	0	128	4.2%
Total	703	1746	586	3035	
Percent of All Legals	23.2%	57.5%	19.3%		

✕ Almost 60% of all sex offenders under the jurisdiction of Corrections are in prison.

✕ Thirty-six percent of all third degree felony sex offenders are in prison.

✕ Seventy-eight percent of all first degree felony sex offenders are in prison.