Sex Offender Treatment for Offenders with Intellectual and Developmental Disabilities (IDD)

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Mexia State Supported Living Center

- Forensic Center for Texas Dept. of Aging and Disability Services (DADS)
- Persons with IDD (MR)- IQ 70 or below
- Adaptive Deficits / Developmental delays
- Alleged sex offenses- (and other offenses)
- Not competent for trial- not adjudicated
- Registered sex offenders
STARS Program
Specialized Treatment and Rehabilitation Services

- Anger Management
- Aggression Management
- Substance Abuse
- Physical Sexual Abuse Survivor
- Specialized Treatment of Paraphilias (STOP)
  Group format- Initiated in 2001
- LSOTP for Registered Sex Offenders.
Sex Offender Definition

- Is or has been convicted or adjudicated of a sex crime
- Awarded deferred adjudication
- Convicted, adjudicated, or received deferred adjudication for a sexually motivated offense
- Programs usually work with probation officers and within SSLC/ federal parameters.
Paraphilias

- Exhibitionism
- Fetishism
- Frottage
- Pedophilia
- Voyeurism
- Paraphilia, NOS
  - obscene phone calls, sexual activity with animals, sexual activity with feces, etc.
CSOT Treatment Standards

• Cognitive behavior approach
• Skill building in social skills & sex education
• Recommend use of individual behavior interventions
• Community & victim safety is priority

• Groups of 30-60 minutes
• Alternatives to identifying risks
• Individual treatment plan in 60 days
• Alternative treatments if lack of progress
Cognitive Behavioral
Relapse Prevention

• **Cognitive Behavioral**
  – Thoughts influence behavior
  – To change behavior must change thoughts

• **Relapse Prevention**
  – Understand behavioral cycle
  – Understand how to interrupt cycle
Cognitive Behavioral Relapse Prevention

• Acknowledge responsibility for behavior
• Acknowledge desire to change behavior
• Understand cognitive distortions
• Understand one’s personal offense cycle
• Understand how to interrupt offense cycle
• GOALS: Community Safety-
  » No More Victims
Therapeutic Factors in Group

• (Irving Yalom-Theory and Practice in Group Psychotherapy)
• Information
• Hope
• Universality
• Altruism
Group therapy factors

• Family- recap roles
• Socialization skills
• Imitative Learning
• Interpersonal Learning
• Cohesion
• Catharsis
Treatment Components

- Group rules - respect, confidentiality,
- Honesty Worksheet
- Layout - Responsibility
- Offense Ladder
- Thinking Errors
- Relapse Prevention and Trip Plans
- Community Planning
- Commit to future treatment.
Accepting Responsibility

• **Honesty Worksheet**
  – Pledge to be honest
  – List all previous victims
  – Provide details of the offense

• **Layout**
  – Provides details from Honesty Worksheet
  – Acknowledges responsibility
  – Acknowledges desire to change behavior
  – Honesty and truth
My name is________ and I am a good person. My behavior has not always been good because I committed a sex offense.

My sex offense was_________.

I offended against_________.

I understand that I could commit another sex offense.

I want to change my behavior.

I will be honest.

I will tell the truth.
Cognitive Distortions

• Erroneous thought patterns that often guide behavior

• Each of us uses cognitive distortions
  – Double-stuff Oreos
  – Officer I thought the speed limit was still 55 mph here.

• 10 Thinking Errors
Cognitive Distortions
Thinking Errors

• Me First- My needs – not theirs
• Right Now- meet my needs- immediately-
• Hop Over- Change the Topic
• Minimize- Not really important---
• I Can’t- do this- Change the Rules for ME
More Cognitive Distortions-

• Shut Down- Not do anything
• Poor Me- Pitiful- beyond help
• Big Bad Bully- I can make you do this
• Mr. Good Guy– I couldn’t have done THAT
Correcting Thinking Errors

- Be aware of the thinking error being used
- If you hear the client using one of his thinking errors, challenge him.
- Use the group process-other members
  - Ask what thinking error is he currently using.
  - Ask him to correct the thinking error.
Relapse Prevention

• Understanding personal offense cycles
• Teach interventions to interrupt the cycle
  – “ACE” technique
  – High-Risk plans
  – Danger Zones
• Assist clients to implement intervention
Offense Ladder-

• Bad thoughts: I’m worthless  
  • I’m a pervert; Nobody loves me

• Bad Words  
  • Rape; Child molestation

• Bad Actions  
  • Creating another victim

• Bad feelings

• Lying about bad feelings
Offense Ladder- and Cycle

• Lying about bad feelings
• Having bad sexual thoughts
• Looking for a person and place to do my offense
• Grooming- Preparation for Offense
• Doing my offense
• Excitement / Pleasure
• Bad feelings / Bad thoughts
“ACE” Technique

• **Avoid**
  – Try to anticipate “high-risk” situations and stay away

• **Cope**
  – If found in a high-risk situation, what can I do to protect any possible victims and myself

• **Escape**
  – Extricating oneself from a high-risk situation
High-Risk Plans

• Individualized to one's own personal situation
• “ACE” technique in action
• Stop-Think-Go
• Measures an individual’s progress based on how he tries to protect the community.
High-Risk Plans

• **Must be relevant to the individual**
  – if client’s offense was with young children, then plan that discusses what if’s with one their own age isn’t relevant

• **Must relate to the activity planned.**

• **More important to have their thoughts than correct answers.**
  – We can’t determine where they are in the process if answers aren’t their ideas.
High-Risk Plans

• Positive self-talk
• What to do if you start to have bad thoughts?
• Negative Scenes
• What would cause you to cancel the trip?
• What “if’s”
Cultural /Family Considerations

• Matriarchal dominance
• Absentee Fathers
• Paternal dominance
• Expectations toward women
• Boundary diffusion
STOP Program Goals

• NO MORE VICTIMS
• Community Safety
• Remember: Sex Offender Treatment has goals that differ from more traditional therapy goals.

Community Safety is the primary consideration.
Completing the Program

• Sex Offender counseling will continue to play a significant role in each of these lives after the leave MSSLC.
• Risk assessment
• Review progress in STOP
Risk Management Consultation

• Risk management approach,
• Risk of recidivism is always present,
• Recommendations to do everything within reason to reduce the possibility of offense.
  – Continued treatment – counselor or LSOTP
  – Monitoring- especially in risky situations
  – Environmental structuring
  – Trip Planning/ Relapse Prevention tools.
Risk Management Consultation

• Juvenile Sex Offender Assessment Protocol (J-SOAP)
• PCL-Hare Psychopathy Checklist- R/ Juv
• ERASOR- Estimate of Risk of Adolescent Sexual Offense.
• START- Short Term Assessment of Risk and Treatability- with HCR-20
• ARMIDILLO- the Assessment of Risk and manageability of Individuals with Developmental and Intellectual Limitations who Offend (used in New Mexico Program)
Resources


- Hare Psychopathy Checklist- PCL-2 and youth version
  Multi-Health Systems, 908 Niagara Falls, Blvd, North Tonawanda, New York, 14120-2060

- Erasor- J.R.Worling. Thisletown Regional Centre
  51 Panama Ct. Toronto, Ontario, Canada M9v4L8
  416/326-0064 jworling@ican.net

Resources

• Mikkelsen, Edwin J., and W.J. Stelk, 2001 Criminal Offenders with Mental Retardation: Risk Assessment - and the continuum of community-based programs. NADD- 132 Fair Street, Kingston NY, 12401

• Schwartz, Barbara, ed.. 1999-The Sex Offender: Theoretical advances, treating special populations, and legal developments. Vol 3 of 5 vol set- Civic Research Institute, 4490 US Route 27, PO Box 585 Kingston, NJ08528

Resources

- McGrath, Robert and Stephen Hoke. 2001 Vermont Assessment of Sex Offender Risk-Center for Sex Offender Management at csom.org.
Resources

• Irving Yalom. Theory and Practice of Group Psychotherapy. NY Basic books.


• L.A. Davis. People with Cognitive, Intellectual and Developmental Disabilities and Sexual Offenses. www.ancor.org/issues/SexOffenders