

Sex Offender Management Programming In Massachusetts

By Allison Hallett

Sexual victimization remains a significant and prevalent problem throughout the United States. And it is no secret that effective sex offender management is difficult at best and yet critical to public safety. Correctional agencies are responsible for providing effective sex offender treatment opportunities in order to prepare sex offenders for successful reentry. In Massachusetts, the Department of Correction is committed to providing a sex offender treatment program that reduces recidivism by identifying and changing the thoughts and behaviors that contribute to sexual offending. By significantly reducing the risks of re-offending, both the goal of public safety and the goal of careful community reentry of offenders can be achieved.

The DOC contracts with Forensic Health Services Inc. to provide a research-based, comprehensive sex offender treatment program for male and female sex offenders who are criminally confined and/or civilly committed. The program is founded on the principles of cognitive behavioral methodology shown to be effective with this correctional population. A relapse-prevention model has also been incorporated into the treatment services to further reduce the likelihood of recidivism. The sex offender treatment program is delivered in three components: pre-treatment,

core treatment and maintenance. Sex offenders enroll in pre-treatment when they are approximately six years from their earliest possible release date.

The goal of the pre-treatment component is to prepare the offender for the core treatment part of the program. Several intervention strategies are employed in pre-treatment, including independent learning activities, psycho-educational classes and group therapy. Pre-treatment introduces basic concepts and terminology of sex offender therapy, material that will assist in the understanding of real-life examples and help the offender begin the process of identifying and confronting the full range of his or her own sexual deviancy. The focus in the pre-treatment program is on an intellectual understanding of the materials rather than integration of the concepts. In this part of the program, offenders address the early stages of denial, the concepts of relapse prevention and the meaning of a deviant cycle. Materials covered in pre-treatment are re-addressed in core treatment with more depth and with the expectation that offenders effectively integrate the material. To complete pre-treatment, an offender must successfully complete written assignments from workbooks,

attend classes and groups, and participate appropriately in groups both by accepting and giving feedback. To demonstrate his or her understanding and knowledge about his or her offense, the offender is required to present a version of the primary offense that matches or exceeds the information contained in the official version of the offense. Participation in an intake assessment is also required. Finally, completion of pre-treatment depends upon the treatment team agreeing that all pre-treatment requirements have been met by the offender and recommending that he or she be transferred to core treatment.

Core treatment is a unit-based part of the program that relies on principles of a therapeutic community. While in core treatment, offenders participate in primary therapy groups, psycho-educational classes, behavioral treatment, community unit meetings and other activities identified in their treatment plans. The requirement to participate in a comprehensive transfer assessment prior to beginning core treatment may result in the identification of specific and individually oriented issues that form the focus for treatment. These issues determine goals that are incorporated into a treatment plan that uses an achievement matrix, which is reviewed with the offender early in the treatment process. The achievement matrix is a tool designed to help the treatment team and the offender track progress in the sex offender treatment program. Each component of core treatment focuses on a specific area of sex offender treatment. However, it is the



Offenders participate in a group therapy session at the Massachusetts Treatment Center.

Photo courtesy Massachusetts Department of Correction

integration of all the components that determines treatment progress. Therapeutic progress is measured using the tools provided by the program (treatment plan, achievement matrix) and the clinical assessments made by members of the treatment team. Each area is evaluated separately; however, treatment progress is defined by the integration of all the components.

While in core treatment prior to release, a major part of discharge planning involves building support systems that will be in place upon release. The clinical staff meets and approves who will serve as the offender's primary source of support. This is a rigorous process involving full disclosure by the offender of his or her offending history to the selected support persons while in the presence of clinical staff. The clinical staff also monitor and evaluate the release plans of the offender, including where he or she will live, what he or she will do for work, and how he or she will handle potentially risky situations and/or risky emotional states.

Maintenance programming is for inmates who have successfully completed the structured programmatic requirements for core treatment. The components of maintenance programming are designed to promote the offender's recovery and serve as a model for his or her treatment in the community. The maintenance program is a crucial bridge between the structured components of core treatment and release to the community. The gains made in core treatment must be sustained during this transition period. As part of discharge planning, clinical staff coordinate an appointment with a community sex offender treatment provider.

In addition to the sex offender treatment program, Forensic Health Services Inc. also offers specialty programs for male sex offenders. This specialized programming may be employed to address a variety of sex offender treatment issues. The specialty programs augment existing programming and consist of *Spanish Language Groups*, for individuals whose primary language is Spanish; *Violence: Past and Present*, for individuals who have lived violent lives in street gangs and are seeking help

There are two broad subtypes of female offenders, those that independently offend and those that co-offend with male partners.

to organize their lives in a nonviolent fashion; *Survivor's Group*, meant to help offenders address their own documented traumatic histories with respect to their governing offense; *Emotions Anonymous*, designed in a 12-step format, for individuals struggling with emotional difficulties (e.g., depression, anger, grief, anxiety); and *Assistance Workshops*, for individuals struggling to keep pace with their peers in sex offender programming. Clinical staff are available to these individuals for tutoring and additional therapeutic assistance. This workshop format does not replace existing programming but augments psychotherapy and psycho-educational programming.

Recognizing the differences inherent in female offenders, Forensic Health Services Inc. customizes sex offender treatment programming to meet the needs of this unique population. The program for female offenders also includes pre-treatment, core treatment and maintenance. There are two broad subtypes of female offenders, those that independently offend and those that co-offend with male partners. The direction of treatment is influenced by the type of offending, although as with all sex offender treatment, the primary goal in treatment is to address the factors that contributed to the offending in order to reduce the risk of re-offending. Those female offenders who are victims of past abuse are encouraged to participate in psycho-educational classes that address trauma issues. Forensic Health Services offers an individual assessment of each offender, identifying potential trauma issues and making recommendations for her treatment program. The programming for female offenders parallels the cognitive-behavioral treatment program that is offered to male offenders. Offenders address the factors that contributed to their sex offending behaviors and develop a relapse prevention plan to prevent future offenses. Therapy groups,

psycho-educational classes (including survivor's group, domestic violence, healthy relationships, transitioning and release planning), specialty groups and maintenance programming (after program completion) are offered to the female offenders.

In addition to providing sex offender treatment in an effort to reduce recidivism, the Massachusetts DOC also recognizes that release notification is critical to effective sex offender management. In an effort to increase public safety, the department has created a dedicated sex offender unit charged with the responsibility of ensuring that all sex offenders have registered prior to release as well as making all statutorily and policy mandated sex offender release notifications.

Community supervision for sex offenders in Massachusetts relies on two models that are yielding favorable outcomes: the parole department's Intensive Parole for Sex Offenders (IPSO) and the probation department's Sex Offender Containment Program (SOC).

IPSO uses the containment model of sex offender supervision, which entails intensive supervision through the use of either electronic monitoring or global positioning devices; home and work visits and drug testing; mandatory sex offender treatment; development and adherence to an approved relapse-prevention plan; special curfew conditions; no unauthorized out-of-state travel; and the use of polygraph examinations. Additional strict conditions are imposed on sex offenders released under the IPSO program, including special conditions for those sex offenders who have committed sex offenses against victims under the age of 18. Since its inception in 1996, more than 200 parolees have been supervised under IPSO, and none of these offenders have been returned to custody as a result of committing a new sex offense.

Continued on page 81

Sex Offender Management

Continued from page 75

The SOC program, also based on the containment model of sex offender supervision, uses the same strategies as IPSO for offenders under probation supervision. Since its inception, more than 60 probationers have been supervised under SOC, and none of these offenders have been returned to custody or had their probation supervision surrendered as a result of committing a new sex offense.

Finally, Massachusetts officials have learned through the years that collaboration is a vital ingredient for effective sex offender management. Concerned practitioners in the field began a very early collaboration through the creation of the Massachusetts Coalition for Sex Offender Management (MCSOM). The mission of MCSOM is to promote public safety and health by improving the effectiveness of sex offender management in Massachusetts and increasing the public's understanding of sex abuse and exploitation. MCSOM fosters public and private interagency relationships in order to develop and promote effective policy and practice in the areas of sex offender assessment, identification, enforcement, supervision, treatment, sentencing,

registration, incarceration, community education and victim advocacy. Agencies of the Executive Office of Public Safety, the Executive Office of Health and Human Services, the trial courts, victim assistance agencies, adult and juvenile sex offender treatment provider organizations and district attorneys have committed representatives to MCSOM in the spirit of collaboration with the goal of improving sex offender management in Massachusetts.

Another significant effort toward the improvement of the overall sex offender management continuum in Massachusetts is work being done in conjunction with the Center for Sex Offender Management. Specifically, the Massachusetts Executive Office of Public Safety was awarded a grant under the Bureau of Justice Assistance's Comprehensive Approaches to Sex Offender Management Program. This two-year grant provides support for a planning process to create effective sex offender management programs and policies. To date, a statewide comprehensive assessment of Massachusetts' current sex offender management policies and practices, as well as the identification of existing strengths and gaps, has been conducted. Along with this analysis, three Massachusetts pilot-

site communities have been selected. Recommendations for implementation will be explored in these communities. Organizationally, the CSOM project is structured into three tiers, a steering committee, an implementation team and an assessment group. Working together on this initiative are representatives from numerous state agencies, victim assistance agencies, adult and juvenile sex offender treatment provider organizations, police departments and district attorneys' offices.

Successful sex offender management relies on a coordinated and integrated response by all agencies responsible for public safety. The availability of effective sex offender treatment is essential both in correctional institutions and the community. Also essential are intensive supervision in the community and the collaboration of governmental agencies, local law enforcement agencies, sex offender treatment providers and the community. Offender accountability, rehabilitation and victim and community safety can be achieved through this integrated approach to the reduction of future victimization.

Allison Hallett is director of the Program Services Division for the Massachusetts Department of Correction.