

ASSESSMENT AND RISK MANAGEMENT OF PEOPLE WHO HAVE SMI AND SEX OFFENDING BEHAVIORS

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Ground Rules



- (1) Participate: Learn or help someone learn
- (2) Enjoy yourself

Objectives: You Will...

1. Recognize the challenges of managing the perceived societal risk presented by sex offenders.
2. Identify the difficulties of adapting traditional models of sex offender treatment and supervision to those with severe mental illnesses.
3. Become familiar with current research, public policy, and efforts being made to address the nexus of risk and treatment for this population.

CHALLENGES

Objective: Recognize the challenges of managing the perceived societal risk presented by sex offenders

Service Needs Similarities

- Treatment
- Housing
- Employment
- Rehabilitative supports
- Balance patient needs with public safety

SMI Approaches

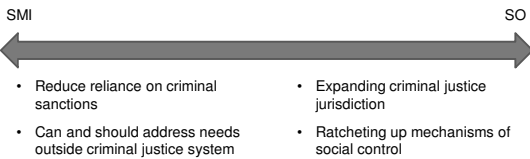
- "First Responder" initiatives
 - Police training and responding
 - Streamlining access to emergency psychiatric treatment
- Diversion programs
- Mental health courts
- Jail- and prison-based treatment, rehabilitation, and reentry models
- Team based models of community corrections
 - E.g., Forensic Assertive Community Treatment Team model

SO Approaches

- Supplanting therapeutic ideals of earlier generation laws
- Now focused on identifying, tracking, and controlling
- Mandatory registration
- Community notification
- Enhanced supervision terms
- Residency and boundary restrictions
- Mandatory lifetime GPS monitoring and supervision
- Involuntary (and generally indefinite) civil commitment

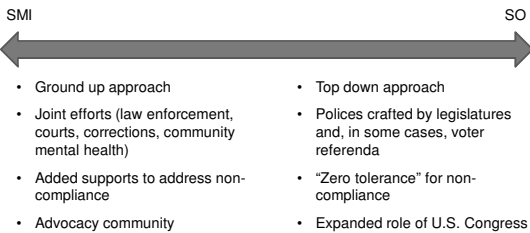
Comparing the Two Approaches

1. Role and reach of criminal justice system in the management of the two populations.



Comparing the Two Approaches

2. Roles of practitioners and legislators in establishing policy and practice.



Comparing the Two Approaches

3. Management approaches differ in philosophy and practice concerning community reintegration.

SMI ←————→ SO

<ul style="list-style-type: none">• Recognition of complex community reintegration needs.• Recognition of importance of housing, employment, psychosocial rehabilitation, and IDDT in shutting the revolving door.	<ul style="list-style-type: none">• Further isolation, complicating effective reintegration• Policies linked to registration, community notification, and employment and residence restrictions impede recovery
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Comparing the Two Approaches

SMI ←————→ SO

THE MANAGEMENT CHALLENGE

<ol style="list-style-type: none">1. Diversion; Reduce criminal justice role2. Understand and resolve a problem3. Promote community reintegration	<ol style="list-style-type: none">1. Increased accountability; Expand criminal justice role2. Reactive legislation initiatives3. Increased marginalization
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ADAPTING

Objective: Identify the difficulties of adapting traditional models of sex offender treatment and supervision for those with severe mental illnesses.

Co-Occurrence of SMI and SO Behavior

- SMI population slightly more likely than non-SMI population to be held on a sexual assault charge.
- National Correctional Survey Data from 1998 suggest SMI are slightly more likely than those without a mental illness to be held on a sexual assault charge:

	<u>SMI w/ SO</u>	v.	<u>No SMI w/ SO</u>
Jail Detainees:	5.2%		4.1%
State Prisoners:	12.4%		7.9%
Federal Prisoners:	1.9%		0.7%
Probationers:	6.8%		4.1%

- Bureau of Justice Statistics survey in 2005 found only modest differences:

	<u>SMI w/ SO</u>	v.	<u>No SMI w/ SO</u>
State prison inmates	11.0%		10.4%
Jails	3.4%		3.6%

A Prior Risk Factors for SO

General Population

- Number of prior offenses
- Deviant sexual preferences
- Antisocial / Psychopathy

SMI Population

- Number of prior offenses
- Deviant sexual preferences
- Antisocial / Psychopathy

Dynamic Predictors

SO Population Recidivism

- Homelessness
- Unstable employment
- Lack of social supports

SMI Criminal Justice Recidivism

- Homelessness
- Unstable employment
- Lack of social supports

NGRI Acquittees and Sex Offending

- Schizophrenia and Schizoaffective Disorder most common diagnoses
- High prevalence of comorbid substance use and paraphilic disorders
- Sex crimes tend to be situational rather than habitual:
 - 43.0% had non-sexual criminal histories
 - 4.2% had criminal histories that were exclusively for sex offenses
 - 16.8% had both sexual and non-sexual offenses

Sex Offender or Offended Sexually

- Lewd proposals
- Disrobing / Indecent exposure
- Voyeurism
- Comparatively mild contact offenses
- Other things short of serious sexual violence

Sex Offender or Offended Sexually

Related to High Risk SO Variables

- Co-occurring paraphilia
- Co-occurring personality disorder
- Habitual behavior

Related to Psychiatric Disorder

- Poor impulse control
- Social inappropriateness
- Situational behavior

Interactions Among Variables

- Psychotic symptoms
- Substance use
- Impaired social functioning
- Limited experience with normative sexual relationships

Typical Components of SO Treatment

- Psychoeducation
 - Sexuality
 - Relationships
 - Interpersonal skills
- Victim awareness / empathy enhancement
- Cognitive restructuring
 - Denial, minimization, justification, rationalization
- Managing deviant sexual arousal
- Emotion management
- Relapse prevention

Adaptation Problem

- The SMI patient's SO behavior may not stem from problems typically targeted in SO programs
- Treatment programs for SMI patients may not offer traditional SO programming from SO treatment experts

RESEARCH, PUBLIC POLICY, AND PRACTICE

Objective: Become familiar with current research, public policy, and efforts being made to address the nexus of risk and treatment for this particular population.

Epidemiology

- Prevalence of SMI among SO population in criminal justice system.
 - Psychiatric disorders (e.g., depression, anxiety, personality disorders, substance use) common
 - Severe mental illnesses (e.g., schizophrenia) not as common
- Incidence of sexually problematic behaviors among individuals under the care of the public mental health system.

Effects of SO Management Policies on SMI Patients

- Registration laws
- Notification laws
- Residency restrictions
- Sexually violent predator civil commitment laws

Gaps in Service

- Are mental health providers and case managers able to effectively identify and intervene with sexually problematic behaviors? When should treatment start? In what format and who should do the treatment?
- Are community corrections agencies able to safely, effectively, and efficiently manage the risks presented by sex offenders with SMIs?
- Are SO treatment providers able to service SMI patients, and adapt programs accordingly?

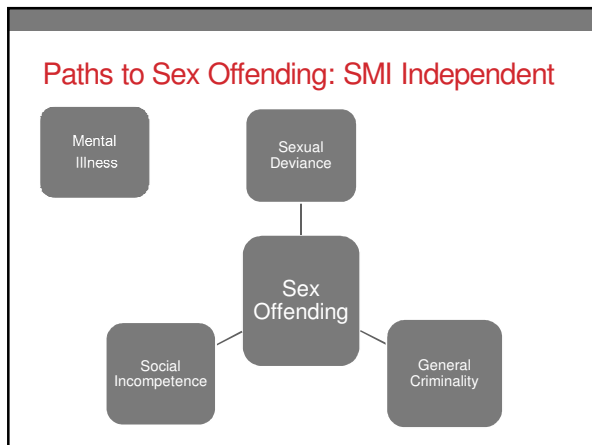
Role of SMI in SO Behavior

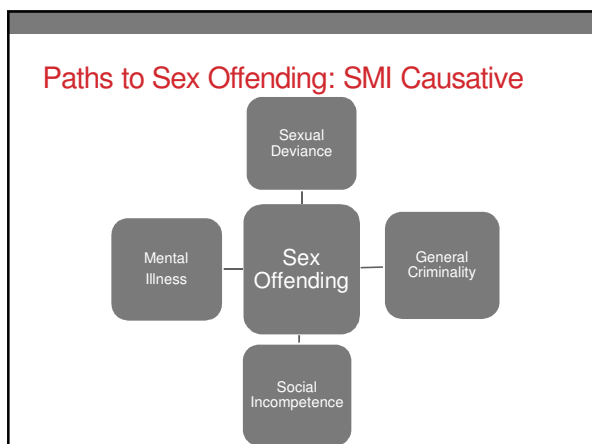
- Multi-variate understanding (we understand SMI and we understand SO; but what about SMI with SO?)
 - SMI symptoms (e.g., hallucinations, delusions)
 - Personality
 - Sexuality
 - Socio-environmental factors
 - Psychosocial factors
- Distinguish those whose SMI are unrelated to their SO behavior and those whose SMI are related to their SO
 - Untreated mental illness?
 - Medications and psychosocial interventions or SO treatment?

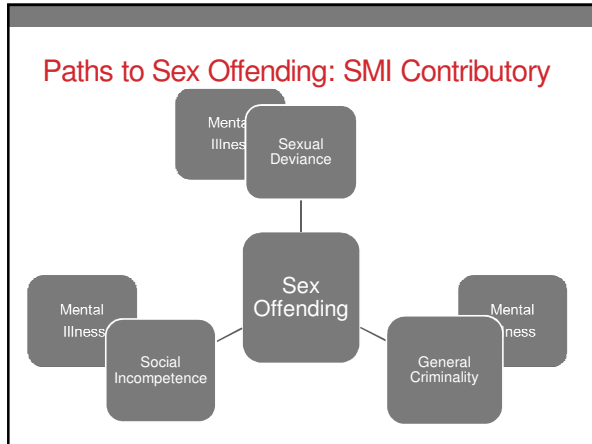
Relationship Between SMI and SO

- Independent
- Causative
- Contributory
 - Simple
 - Complex









- Treatment Selection**
- What are you treating, at its core?
 - Mental illness?
 - Hallucinations?
 - Delusions?
 - Mania?
 - Substance use?
 - Social incompetence?
 - Sexual deviance?
 - Criminal thinking, attitudes, and behavior?
 - A combination of the above?

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SUMMARY / WRAP UP

You Should Now...

1. Recognize the challenges of managing the perceived societal risk presented by sex offenders.



- | | |
|--|---|
| 1. Diversion; Reduce criminal justice role | 1. Increased accountability; Expand criminal justice role |
| 2. Understand and resolve a problem | 2. Reactive legislation initiatives |
| 3. Promote community reintegration | 3. Increased marginalization |

You Should Now...

2. Identify the difficulties of adapting traditional models of sex offender treatment and supervision to those with severe mental illnesses.

- The SMI patient's SO behavior may not stem from problems typically targeted in SO programs
- Treatment programs for SMI patients may not offer traditional SO programming from SO treatment experts

You Should Now...

3. Become familiar with current research, public policy, and efforts being made to address the nexus of risk and treatment for this population.

- Assessment should include and treatment should be driven by a determination of whether the SMI is independent from, causative of, or contributory to the sex offending behavior

Questions / Comments



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