

OVERCOMING THE OBSTACLES OF COMMUNITY TREATMENT PROGRAMS

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INTRODUCTION

Treatment in the Community

- Clients are in a highly dynamic environment
- We must tailor our tools and approaches to client- and community-specific needs and challenges
- Successful real-time self-management in the community is the focus of treatment

CHALLENGES OF TREATMENT IN THE COMMUNITY

Risks In the Community – Responding to live risk

- Easy access to potential victims
- Easy access to mood-altering chemicals
- Return to anti-social peer groups
- Lack of structure
- Employment & housing challenges
- Limited access to mental health services

Protective factors in the community are also very dynamic (e.g. client employment, relationships, etc.)

REFERRAL FOR SOT CHECKLIST 2016

- DOC-1336: Referral Form
 - Should include supervision discharge date
- DOC-179: Social Investigation
- Criminal Complaint (current/past sexual offense(s))
- JOC (current/past sexual offenses(s))
- DOC-2354: Criminal History including juvenile if available
 - Important for STATIC-99R scoring

REFERRAL FOR SOT CHECKLIST 2016

- SOT records from past
 - Examples: DOC-1423, DOC-1577, Assessments from Court, STATIC-99R, SOTIPS
 - Important for placement
- For child pornography cases:
 - Documentation of files seized for assessment purposes
 - Example: More boy than girl content
- Any other documents you believe would assist in understanding current risk level of client.

INTAKE/ASSESSMENT PROCESS

- Sign releases for collaboration
- Get indication for motivation level
- WASI-II testing if needed for placement
- Hand out SOTIPS worksheet

MEETING WITH CLIENT FOR PLACEMENT

Completing SOTIPS

Sexual Offense Responsibility

- Examples of attitudes or thoughts that indicate minimization of responsibility include:
 - It is her fault. She lied about her age.
 - It only happened because I was drinking.
 - We had sex but it was consensual.
 - He lied about what happened because he was mad at me.

MEETING WITH CLIENT FOR PLACEMENT

Sample Interview Questions

- Who or what do you think is to blame for what happened? Why do you say that?
- Why do you think you did this?
- Do you think your punishment was fair? Why do you say that?

Rating Guide (use definitions in scoring manual):
 0 = minimal or no need for improvement
 1 = some need for improvement
 2 = considerable need for improvement
 3 = very considerable need for improvement

| | 0 | 1 | 2 | 3 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Sexuality and Risk Responsibility | | | | |
| 1. Sexual Offense Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sexual Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sexual Attitudes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sexual Interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sexual Risk Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminality | | | | |
| 6. Criminal and Rule-Breaking Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Criminal and Rule-Breaking Attitudes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment and Supervision Cooperation | | | | |
| 8. Stage of Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Cooperation with Treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Cooperation with Community Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Management | | | | |
| 11. Emotion Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Impulsivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Stability and Supports | | | | |
| 14. Employment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Residence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Social Influences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sub-totals | | | | 4 |
| Total | | | | 4 |

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STAFFING FOR PLACEMENT

| Static-99R Risk Level and Score | | SOTIPS Risk Level and Score | | |
|---------------------------------|---------|-----------------------------|---------------|---------------|
| | | Low | Moderate | High |
| | | (0-10) | (11-20) | (21-48) |
| Low | -3 to 1 | Low | Low | Moderate-low |
| Moderate-low | 2 to 3 | Low | Moderate-low | Moderate-high |
| Moderate-high | 4 to 5 | Moderate-low | Moderate-high | High |
| High | 6 to 12 | Moderate-high | High | High |

SOT AS IT RELATES TO THE CASE PLAN

- Educational program (24 dosage hours)
- SO2 (90 dosage hours)
- SO-INT (150 dosage hours)
- Aftercare program (30 dosage hours)
- SO-Intellectually disabled (90 dosage hours)
- Individual programming
- ATR program (45 dosage hours)

SO-EDUCATION

- Typically what we see in this group:
- Low risk related to assessment tools
 - Category B offense where education is needed
 - Child pornography clients low on CPORT

S02 PROGRAMING

Typically what we see in this group:

- Moderate/high risk related to assessment tools
- Considerable improvement need in 5 identified sexuality and risk categories

SO-INT PROGRAMING

Typically what we see in this group:

- Very high bar
- High on assessment tools
- 2 or more separate sexual convictions over history
- Often offense behavior is not similar

SO-INTELLECTUALLY DISABLED

Typically what we see in this group:

- Moderate/High risk related to assessment tools
- IQ scores : Low average-Borderline

SO-AFTERCARE

Typically what we see in this group:

- Completion of standard programming (institution, community)
- Touchstone treatment as “live risk” returns (reentry)
- Action/Maintenance stage of change

SO-ALTERNATIVE TO REVOCATION

Typically what we see in this group:

- Violations of probation related to sexual misbehavior
- Polygraph failures and admission to new sexual misbehavior after completion of standard programming

ADDITIONAL RESPONSIVITY OPTIONS

Responsivity to risk/need on an individual basis

- Responsivity is enhanced with a variety of services
- Individual sessions
- Individual assignments
- Olfactory aversion
- Covert
- Special needs client accommodations (physical, behavioral, cognitive, etc.)

INDIVIDUAL TREATMENT

Clients with specific responsivity issues such as:

- Ongoing need in one of the 16 categories after group moves on
- Single need area (e.g. relapse prevention skills)
- Sexual preoccupation
- Deviant arousal, but low risk
- Female/transgender clients

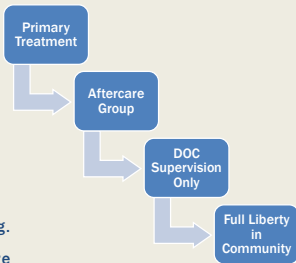
PROGRESS MEASURES

Reassessing areas of need and strength

- On-going assessment of skills demonstrated in group
- Continuous assessment of behavior in community
- Completion of required assignments
- Formal re-assessment with SOTIPS

TRANSITION PLANNING

Aftercare/transition planning and preparation begins on **Day One** of treatment



- Self-management in the community is reinforced in every intervention session
- Additional treatment (e.g. trauma therapy) as an adjunct to other aftercare

COLLABORATION & CONSULTATION

With Department of Corrections:

- Monthly staffings
- Weekly progress reports
- On-going communication re: individual client needs

Within ATTIC Correctional Services:

- Weekly clinical supervision
- Attendance at conferences and other training
- Outreach to researchers, EBSCO database, and other resources
