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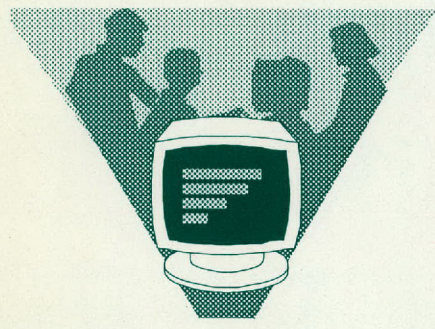
# Texas Resource

The Council on Sex Offender Treatment conducted surveys in 1993 and 1994 of the providers regarding a number of issues including the tracking of recidivism of their clients. Those surveys asked if providers tracked recidivism, but they did not ask for the determined rates on that tracking and the percent of the recidivism rate. Since the last survey, there has been a demand for evaluation of the efficacy of treatment and therefore the Council instigated a survey of the providers to obtain more information about the reoffenses of their clients.

This information is vital to the continuation and adequate financial support of treatment programs for sex offenders. In March of 1996, the Council on Sex Offender Treatment along with provider Barbara Levinson, Ph.D., R.N., LMFT, and Susan Lundgren, social work intern, began a new survey of providers concerning any information they had pertinent to the recidivism rates of their clients. In this study, a sampling of 275 registered sex offender treatment providers were mailed a questionnaire of sixteen questions. These questions were of different categories such as:

- ◆ How many clients treated and the success of treatment
- ◆ Tracking and defining recidivism
- ◆ Number of offenders who re-offended
- ◆ Premature termination of treatment

As stated before, a questionnaire and a cover letter were mailed to each of the providers that are registered with the Council. The providers had the option of returning the questionnaire anonymously. A total of 54% of the providers surveyed responded. After all data were coded and entered in a database, the answers were compiled for this report.



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**Council on Sex Offender  
Treatment**

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Texas Department of Protective and  
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**LETTER FROM THE CHAIR**

Dear Colleague:

For some time now, those of us working in the field have recognized that sex offender treatment can effectively reduce sexual violence and further victimization. While such intensive and specialized treatment does not work for everybody, clinical experience suggests that it can help many individuals to curb their behavior and minimize the risk of reoffense. However, knowing that such treatment works needs to be documented so policy makers can implement cost-effective programs to rehabilitate such offenders, to complement those programs which are already in place which provide sanctions and temporarily remove them from the public eye.

The challenge facing the field of sex offender treatment in all fifty states is to provide outcome data concerning treatment effectiveness and recidivism. Such studies are beginning to surface in the professional literature and the findings are positive.

In the Spring of this year, the Council on Sex Offender Treatment, in conjunction with the Texas Association for Sex Offender Treatment (TASOT), developed a questionnaire addressing these issues that was subsequently sent out to registered treatment providers. The survey, coordinated by Susan Lundgren, a UT School of Social Work intern at the CSOT, revealed encouraging information which suggests that offenders undergoing comprehensive treatment can reduce the risk for reoffense and so prevent further victimization.

It is heartwarming to know that our efforts do make a difference in making Texas a safer place for all. Now we need to let others know that treatment can work. A special thanks to everyone who assisted in this survey, and a request that we all continue to track information with our clients on this very fundamental issue.

Sincerely,

*Collier M. Cole, Ph.D.*

Collier M. Cole, Ph.D.

### RESULTS:

The Council was pleased with the enthusiastic response of the providers. Forty-four providers indicated that they were currently conducting their own clinical study of recidivism. The most common time period to track clients for recidivism is 3-5 years. A recidivism rate of 3.6% in a population of over 10,000 offenders treated during 1995 was found.

### SAMPLING AND MEASURES:

In this survey, only practitioners in the *REGISTRY* were surveyed. While it is acknowledged that there are practitioners who provide treatment to sex offenders other than the practitioners who are registered with the Council, it was beyond the scope of the project to attempt to identify them and survey them as well. The majority of the questions were answered with a check mark for the appropriate answer or answers. In this type of survey there is always the possibility of "self-report bias," respondents may knowingly or subconsciously report answers that will cast them and their work in the most favorable light.

### SURVEY:

The survey began with basic information concerning the number of clients treated in 1995, the number of clients treated in the history of the program, and the length of the program. Providers were asked the average number who prematurely terminate treatment in one year, as well as the reasons for this premature termination.

There have been critics that charged sex offender treatment ineffective in preventing recidivism. Each provider was questioned as to whether they tracked recidivism, and if so, how. An important point to consider is that different providers define recidivism differently. Some define it as committing another sexual offense. In the survey, providers were asked how they define recidivism in order to avoid confusing rates of differing recidivism.

Providers were asked the number of offenders who have re-offended within the varying categories for definition of recidivism. The Criminal Justice Policy Council defines recidivism as re-arrest within three years. Providers were asked the number of clients that they have treated who meet this definition of recidivism.

Providers were then asked the number of clients who had re-offended in 1995. This figure was compared with the number of reported clients served in 1995 to determine a recent recidivism figure.

### QUESTIONS:

The first part of the survey dealt with how many clients were treated in 1995 from each provider. Out of 10,026 clients that were treated in 1995, which was a total from all respondents, an average of 70 clients per provider were treated for sex crimes.

When asked how many clients were treated in the history of the program, an average of 400 clients had entered treatment in each practice. The average number of months these clients were in treatment

was 12-24 months per client. Out of this number there were an average of 5 to 10 clients who prematurely terminated their treatment. Reasons for this premature termination varied from:

- ◆ 102 terminated when Parole/Probation was revoked
- ◆ 80 when the client was transferred to another program
- ◆ 63 when Parole/Probation was completed before program was completed
- ◆ 83 when their therapist terminated treatment for non-attendance
- ◆ 46 when their therapist terminated treatment for non-participation in session
- ◆ 46 when their therapist terminated treatment for non-compliance of agreements
- ◆ 36 terminated for other reasons

Successful completion was measured by discharge contracts, completion of assignments, group consensus, successful polygraph, and an exit interview. When asked if the provider maintained any records concerning their clients, 77 practitioners answered yes and 61 answered no.

A question was asked how the provider tracked clients to determine if recidivism occurred.

- ◆ 32 were tracked by a follow up phone call
- ◆ 24 by a follow up visit
- ◆ 116 by contacting the Probation/Parole officer
- ◆ 29 by contacting other therapists
- ◆ 12 by other means not mentioned

When talking about the definition of recidivism, there were many answers given. This clearly points out that within the field of sex offender treatment there are many therapists who have many definitions of what is titled "recidivism." There was a large range of definitions from discontinued treatment to conviction of a new sexual offense. Along with a wide range of definitions of "recidivism" a provider may have, came a wide range of sources where the provider received their information concerning the client. Such sources are as follows:

- ◆ Parole/Probation officers
- ◆ Law enforcement officers
- ◆ Client self-report
- ◆ Polygraph
- ◆ Plethysmograph
- ◆ Urinalysis testing
- ◆ Client support system

Using the definition that recidivism equals reoffense for any offense, an average of six clients per practitioner responding to the survey recidivated after three years.

The most important finding of this study can be summarized as follows: The average number of clients treated in 1995 by each registered sex offender treatment provider in Texas was 70. The average number of clients who committed sexual offenses in 1995 was 2.5. Thus, the average sexual recidivism rate of treated sex offenders was 3.6%. This number was based upon a total of 10,026 reported clients.

In comparing this figure to the meta-analysis by Hall (1995), we find that his study revealed a 19 percent recidivism rate with an average of 1,313 offenders. Therefore, this study's finding should be viewed with caution due to its much lower recidivism rate. The question "using the definition of re-arrest after three years for any offense for recidivism, what is the number of your clients that have recidivated?" - was developed to match the definition of recidivism developed by the Criminal Justice Policy Council. However, this question created the greatest confusion as some providers understood it to ask what was the number who recidivated after the end of a three year period. In fact, the question was intended to ask about recidivism within three years of release or parole/probation.

#### **LIMITATIONS and RECOMMENDATIONS:**

Data analysis should be conducted on a truly random sample for generalizability of results. This was not the case with this study. As stated before this survey was mailed only to those providers who were registered with the Council on Sex Offender Treatment. Of these registered providers, approximately 54% answered the survey. The limitations of a self-report mail survey were evident in this project. Frequently, questions were misinterpreted and the answer had to be disregarded and could not be included in the data analysis. This survey also made no attempt to distinguish between adult and juvenile offenders or among the varying types of sexual offenders.

The recommendation for a second study is that it would be effective to collect further data without the limitations of the current study. A more reliable report of recidivism should be sought such as using Department of Public Safety records. It is recommended that each provider be interviewed personally to eliminate sampling bias and misunderstanding of survey questions. The subsequent study should also differentiate between juvenile and adult offenders, as well as the varying types of sex offenders. It should also examine the type of treatment received in those programs with the lowest recidivism rates. It is possible that a special allocation by the Legislature would be needed to fund such a study. The information is available but must be collected, collated and evaluated. This information will help answer the question, "What type of treatment works best, with what type of offender, in what setting?"

#### **CONCLUSION:**

The current study appears to support the concept that sex offender treatment is effective. This study would support conducting a further study with greater external validity. As we can not incarcerate all sex offenders permanently, treating sex offenders must be considered a viable option. Only further research can find the answer to the question: **"What kind of treatment works best, with what type of offender, in what setting, with what measure of success?"**

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# *For Your Information*

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## *Sunset Review*

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The current entitlement of the Council will expire on August 1, 1997. At this time, the Council is under Sunset Review. The role of the Council will be reviewed to determine if its functions are necessary to the State of Texas or should be done in a different form or agency. The process involves an extensive review of the Council's operations by the Sunset Commission. The process will result in a formal recommendation to the upcoming 1997 Legislature. If you should have any questions or comments for the Sunset Commission please feel free to contact the:

**Texas Sunset Advisory Commission**  
**P. O. Box 13066 Austin, Texas 78711**  
**(512) 463-1300**

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## *REGISTRY Renewal*

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**REGISTRY** renewal applications are due by or on October 1, 1996. The providers of the **REGISTRY** should be receiving, in late August, the materials for registration in the 1997 **REGISTRY** of Sex Offender Treatment Providers. This year several changes of the process should be noted:

- ◆ Please notice that Fiscal year is being noted to follow CEU's.
- ◆ Those individuals who entered the **REGISTRY** of Fiscal year 1993 or Fiscal year 1995, should have completed 24 CEU's during the period including Fiscal year 1995 and Fiscal year 1996.
- ◆ All providers should check their recorded hours of CEU's for 1995 and 1996.

- ◆ Those who entered the **REGISTRY** in Fiscal year 1994 or Fiscal year 1996 will need to have completed 24 CEU's in the period including Fiscal year 1996 and Fiscal year 1997.

### SUPERVISION OF AFFILIATE MEMBERS

Those individuals doing supervision with affiliate members of the **REGISTRY** will now need to verify that supervision. The affiliates and the supervisors will both need to sign a joint form regarding the hours of supervision. This is needed to document the clinical progress of the provider.

## *Training Calendar*

### **5th Annual Texas Adult Sex Offender Conference**

Treatment and Supervision of Sex Offenders

Sam Houston State University; Huntsville, Texas

October 6-8, 1996

For conference information call: Cecil Marquart at (409) 294-1682

For hotel information call: University Hotel at the Criminal Justice Complex (409) 291-2151

**KEYNOTE SPEAKER:** Charlene Steen, Ph.D., JD is a licensed psychologist clinical social worker and retired attorney, who has directed a family sexual abuse treatment program, provides assessments and expert testimony for the courts, treats both offenders and victims of abuse, and presents workshops throughout the US. She has written *Treating Adolescent Sex Offenders in the Community*, *The Relapse Prevention Workshop for Youth in Treatment*, and "Case Management for Sexual Abuse Victims" in *The Handbook of Forensic Sexology*.

### **Your Third Hand: Presented by Diana Garza Louis**

October 17th, 1996 - **Incest Families: Separation & Reunification**

October 18th, 1996 - **Treatment of Child Abuse Victims**

Sheraton Beach Resort / South Padre island

Your Third Hand 11811 Cedar Valley Cove Austin, Texas 78753-2207

**Association for the Treatment of Sexual Abusers: Winds of Change**

15th Annual Research & Treatment Conference

Chicago, Illinois - November 13-16, 1996

Alternative Behavior Treatment Centers

55 Wilson Lane Des Plaines, IL 60016

(847) 827-9250 Fax: (547) 827-9455

Call local organizer for meeting information

**Solutions 2000 Outstanding Speaker Series: "Research Findings on Sex Offenders and Sex Offenders: Community Based Treatment"**

December 9-10, 1996 - Austin, Texas

CJAD and TJPCD approved

For hotel information call: Red Lion Hotel (512) 323-5466

Sponsored by Solution 2000, Inc. Houston, Texas

## *Job Postings*

The **Council On Sex Offender Treatment** is accepting applications for an Interim Executive Director position. The Interim Executive Director is supervised by the Chairperson of the Council and works under the direction of the Council On Sex Offender Treatment. The job involves carrying out the goals and objectives of the Council; following agency guidelines, procedures, policies, rules and regulations; following budget guidelines set by the Council; coordinating program activities with other work units in the agency and external organizations. Applicant must have knowledge of the principles and practices of public administration and modern management methods; ability to plan, organize, and direct the work of others. Applicant must have a Bachelors Degree, Masters Degree preferred, from an accredited college or university, with major course work in a field relevant to assignment. Applicant must have ability to liaison with public officials and other agencies and testify before legislative committees.



Starting salary is \$39,816. Closing date for accepting applications is 8/31/96 or until filled. If you should have any questions please call the CSOT at (512) 463-2323.

The **Texas Department of Criminal Justice** has the following position available for the sex offender treatment program at the Huntsville unit:

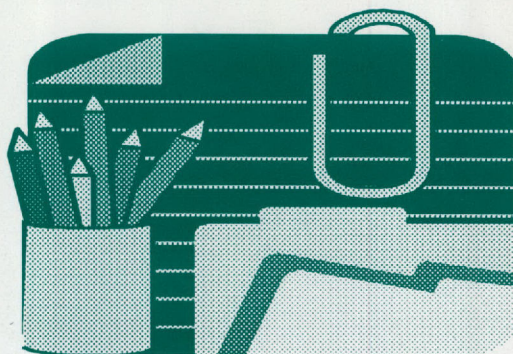
Director of Programs II - Sex offender treatment program clinical director. Huntsville Unit / Huntsville, Texas. Hazardous duty. No housing. Annual salary not to exceed \$51,864.00. Performs highly advanced administrative work directing the Sex offender treatment program therapeutic community and SOTP out patient program.

Applicants must submit a State of Texas Application for employment to Pam Higgins, Regional Human Resources Office, TDCJ, 2503 Lake Road, Ste. 17, Huntsville, Texas 77430.

Phone: 409-293-3187

**Mesilla Valley Hospital**, located in the beautiful Sonoran Desert town of Las Cruces, in southern New Mexico, is looking for a licensed, masters level practitioner/manager to design and run a twelve-bed residential treatment program for sexual offenders. Strong perpetrator treatment experience required.

Call Tom Vincent, Human Resources Director at (505) 382-3500 or fax resume to (505)382-3071.



## *Council on Sex Offender Treatment*

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Austin, TX 78711-2546

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### *STAFF*

**Vacant**

*Executive Director*

**Evelyn Nichols**

*Administrative Assistant*

**Robert E. Wilson**

*Chief Fiscal Officer*

**Susan C. Lundgren, MSSW**

*Research Associate*

**Staci R. Hollingsworth**

*Communications Intern*

**The Texas Resource**

**Council on Sex Offender Treatment**

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