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THE TEXAS RESOURCE



The Newsletter on Sex Offender Treatment Issues
from the Council on Sex Offender Treatment

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SENATE FOCUSES ON SEX OFFENDER ISSUES

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Unfortunately, Ashley Estell, age seven, of Plano could not be saved from the hands of sex offender Michael Blair. But as far as Senator Florence Shapiro, R-Plano, is concerned, there will be no more excuses where children's lives are at stake.

Shapiro recently proposed to the Texas Criminal Justice Committee ideas that could prevent future incidents of this nature. Among the reforms are these measures, supported strongly by local community members:

- ◆ Require released out-of-state sex offenders to place their names on a state registry when moving to Texas. Probation officers could help with this task.
- ◆ Create a process to notify the public when a sex offender is being released in an area.
- ◆ Define child safety zones, which sex offenders cannot frequent. Among the zones would be school yards, community pools, arcades, and swimming pools.
- ◆ Establish life in prison for repeat sex offenders.
- ◆ Tighten up "good conduct" credits that sex offenders can earn in prison. This change would make it more difficult for offenders to earn early release.
- ◆ Create a sexual motivation allegation to try offenders. Sometimes offenders are tried on burglary charges, when their real intent was to break in and engage in sexual violence. The sexual motivation allegation would allow offenders to be tried on their real aim.
- ◆ Allow victims to give personal testimony to the Texas Board of Pardons and Paroles when board members are considering release of an offender.
- ◆ Require that victims be notified if an offender has escaped or is going on probation.

These Shapiro reforms are divided into four categories: community, punishment, procedures and victims. Proposals in each area will likely be introduced in the next Legislature as separate bills, which will allow time for consideration of each reform.

Fortunately, Shapiro is not alone in the fight for stronger sex offender punishment. Senate Criminal Justice Committee Chairman John Whitmire, D-Houston, has also expressed strong interest in serious sex offender legislation.

During the interim, Senator Eddie Lucio, D-Brownsville, has been working on the development of the Memorandum of Understanding (MOU) between state agencies and has discovered how complex the state system is when working with sex offenders. He will be looking to draft legislation based on the recommendations of the MOU process.

Council on Sex Offender Treatment

Collier M. Cole, Ph.D.
Chairperson

David L. Cory, ACSW

Walter J. Meyer, III, M.D.



Dear Colleague:

The Legislature has significantly placed much attention on the issues of sex offenders and how to manage them. Options discussed include ideological and philosophical perspectives on how to deal with the problem of sex offenders from punishment to rehabilitation as evident by our lead story on Senator Shapiro's recent presentation to the Senate Committee on Criminal Justice. Possible options include: longer prison sentences, electronic monitoring, more emphasis on sanctions with treatment and victim restitution.

More recently, Senator John Whitmire, chair of the Senate Criminal Justice Committee has taken a public stand against child molesters by supporting life sentences without parole for these types of sex offenders.

Of course, we as a Council endorse treatment for all sex offenders. We encourage the availability of more treatment beds at the TDCJ-ID program. We encourage support from the Pardon and Parole Board in the inclusion of sex offender treatment provisions for paroled sex offenders.

At the recently held Sam Houston State University Conference in October, Senator John Whitmire graciously invited us to a legislative briefing during the first weeks of the session. It is then that he will inform his Senate colleagues on sex offender issues and treatment.

We as a Council commit to keep you informed on these very critical issues. I encourage you to become more involved with the upcoming Legislative session which will convene January 12, 1995. Ultimately, whatever is decided will affect us all.

As a Council, we invite you to contact your local State Representative and Senator. Make an appointment with them at the district office to discuss your work with sex offenders. In turn, your local official will be grateful to you for the information you shared which he or she needs in order to make informed decisions.

Please call Eliza May, Executive Director, at 463-2323 to stay abreast of upcoming legislative session issues. She, along with the rest of the Council, will be working closely with the Legislature on this and other important issues.

Sincerely,

A handwritten signature in black ink that reads "Collier M. Cole". The signature is written in a cursive, flowing style.

Collier M. Cole, Ph.D.
Chairperson, Council on Sex Offender Treatment

Interagency Advisory Committee

Cecelia McKenzie
Chairperson

Texas Department of Health

Linda Bates

*Director, Sex Offender Treatment Program
Texas Department of Criminal Justice
Institutional Division*

Rosalie Bolden

Texas Council on MHMR Centers

Galen Brewer

*Texas Department of Mental Health
Mental Retardation*

Camille Cain

*Governor's Office
Criminal Justice Division*

Patti Dobbe

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Pardons and Paroles Division*

John R. Hill

*Texas Department of Criminal Justice
Community Justice Assistance Division*

Glen A. Kercher, Ph.D.

Sam Houston State University

Linda Reyes, Ph.D.

Texas Youth Commission

Pam W. Rodgers

*Texas Department of Protective and
Regulatory Services*

Harold P. Scogin, Sr.

Texas Juvenile Probation Commission

TEXAS COMMISSION ON CHILDREN AND YOUTH

ABBREVIATED LIST OF RECOMMENDATIONS

The Texas Commission on Children & Youth was created to develop a comprehensive proposal aimed at improving and coordinating public programs for children. The following are the Commission's recommendations. Call (512) 305-9056 to obtain a copy of the final report.

Mobilize Communities

- ◆ **Service Delivery** - Change the service delivery system to provide more local control and collaboration among entities serving children. Encourage development of and support existing local Commissions on Children.
- ◆ **Community-Based Family Resource Center Act** - Request that the Governor charge the major child serving agencies with implementing the federal "Community-Based Resource Center Program."
- ◆ **Children's Resource Districts** - Authorize local entities to vote to tax themselves to fund additional children's services in their area.

Parenting and Family Functioning

- ◆ **Children's Impact Statement** - Require state agency boards to consider a Children's Impact Statement prepared by their respective agency for all proposals affecting the welfare of children and families.
- ◆ **Child Abuse/Neglect Services** - Support increased funding for child abuse and neglect intervention services.
- ◆ **Domestic Violence** - a) Include an anti-violence/peer mediation component to the Essential Elements for grades 1-12; incorporate anti-violence curriculum for TYC youth, b) Endorse work of the Lieutenant Governor's

Juvenile Justice

- ◆ **Early intervention/First referrals** - Require the juvenile board to set policies addressing the range of offenses appropriate for informal adjustment and the number of times a youth may be placed on informal adjustment and provide a continuum of progressive sanctions such that each incident is met with a significant response. Require the Juvenile Probation Commission to monitor and enforce compliance with these policies. Locals should recruit community volunteers to work with youth when they are first referred to the system.
- ◆ **Curfews** - Amend local government code to clarify that all general-law cities are authorized to enact curfews.
- ◆ **A TYC Capital Offenders Program** - Expand services to all capital offenders sentenced to TYC even after youths are paroled.

Recommendations to Communities

- ◆ Encourage staff development for teachers on identification of child abuse, awareness of educators' liability and knowledge of the law.

BOOK REVIEW

by Cecelia A. McKenzie

HANDBOOK OF SEXUAL ASSAULT: Issues, Theories, and Treatment of the Offender

Edited by W.L. Marshall, D.R. Laws and H.E. Barbaree, New York, NY: Plenum Press

This segment completes a five-part review. The first review was written by Judy O'Brien, M.A. LPC while Mathew L. Ferrara, Ph.D. gave his analysis in the second review. The third review by Cecelia A. McKenzie, Program Director for Sexual Assault Prevention and Crisis Services, Texas Department of Health, is written below. To summarize, Tom Burditt provides a critical analysis of parts IV and V, titled *Treatment* and *Conclusion* respectively.

Chapter 11, *Sex Offenders, A Feminist Perspective*, by Judith Lewis Herman expertly explores some of the common myths associated with sexual assault as well as scientific notation, social analysis and documentation of the issues.

Perhaps one of the most succinct issues addressed is, "The unanswered question posed by feminists is not why some men rape, but why most men do not." No one has explored the reason why all men do not rape. It is truly an unanswered question for many who work with survivors of sexual assault and have seen the aftermath of a rapist's work.

Herman also speaks to the fact that so many of the offenders are under 18 years of age - a phenomenon that truly must be addressed regarding sexual violence. Had she quoted more recent sources than Groth, Longo & McFadin, 1982 and USDJ, 1981, her figures would be even higher. Herman's observations regarding the "cycle of abuse" are clear and concise and put these theories in a seldom seen perspective - but, again, the sources are 1979 and 1983.

Herman addresses the issues of follow-up studies in treatment programs; or more accurately, the lack of them.

This, of course, is also an issue of poor funding for the study of sex offenders prior to treatment, during treatment and follow-up of treatment. The issues that arise are how good the treatment is and what is working and what is not.

Her components of treatment seem reasonable and proper to a non-treatment person, especially her call for "constancy of purpose and sustained mobilization of social resources on a large scale" which, of course, require a commitment few are willing to make to this population discarding the fact that we are all affected in some form or manner by these sexually violent acts.

Herman is correct in mentioning the 1980's feminist movement's impact on changing the public view of victims of sexual violence. We must always remember that it is the victims themselves who have done the majority of the work in this "movement." They have worked to assist social, judicial, legal, medical, and advocate services change as well as pushed for reform in sex offender treatment. These women and men do not necessarily place a label themselves and some may not even be aware of the feminist movement. They must never be forgotten as we work to end sexual violence.

Welcome New Providers!

AUSTIN

Jan B. Adair, LPC
Jan Adair and Associates, P.C.
P.O. Box 5474
Austin, TX 78763
(512) 926-4673

John B. Hertenberger, Ph.D.
Healthcare Rehabilitation Center
1106 W. Dittmar
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(512) 444-4835

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Psychological A.R.T.S.
4131 Spicewood Springs Rd., Ste. E-2
Austin, TX 78759
(512) 343-8307

AMARILLO

Anthony Arden, Ph.D.
Restitution Coalition
1705 S. Polk
Amarillo, TX 79012
(806) 374-6368

John S. Sommer, LMSW-ACP
John S. Sommer Counseling
2900 Coggin Ave., Suite S
Brownwood, TX 76801
(915) 646-1114

Bobby Todd, LMFT
Brown County Emergency Shelter
728 Coleman Street
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Ramiro Valdez, Ph.D.
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3355 W. Alabama, Suite 585
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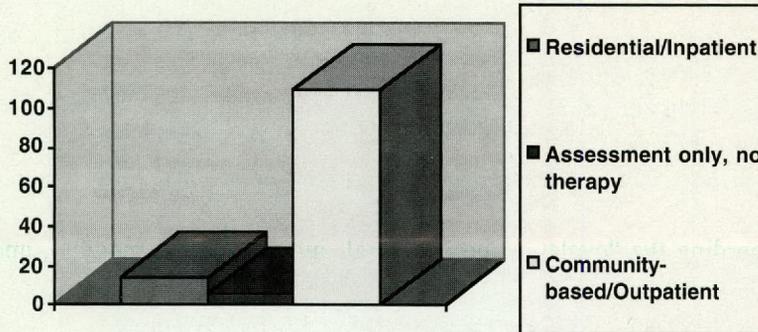
The Council on Sex Offender Treatment 1994 CSOT Juvenile and Adult Sex Offender Treatment Provider Questionnaire

Statistical Analysis of Survey Results

The following report is a summary of the results of the 1994 CSOT survey of registered treatment providers. Of the 264 questionnaires distributed, 121 were returned. Two of these have been omitted from this analysis, one due to being the wrong questionnaire, the other due to incompleteness (missing pages). As a basis for comparison in the 1993 survey, 237 questionnaires were distributed with 100 returned (42%) for analysis.

PROGRAM SETTING

Residential/Inpatient	14
Assessment only, no therapy	6
Community-based/Outpatient	109



PROGRAM COMPONENTS

TREATMENT APPROACH

Relapse Prevention	36
Cognition/Behavioral	48
Psychoanalytic	1
Family Systems	1
Sexual Addiction	1
Psychotherapeutic Sexual Trauma	2
Biomedical	1
Psycho/Socio/Educational	10
Other	15
<u>No response</u>	<u>4</u>
Total	119

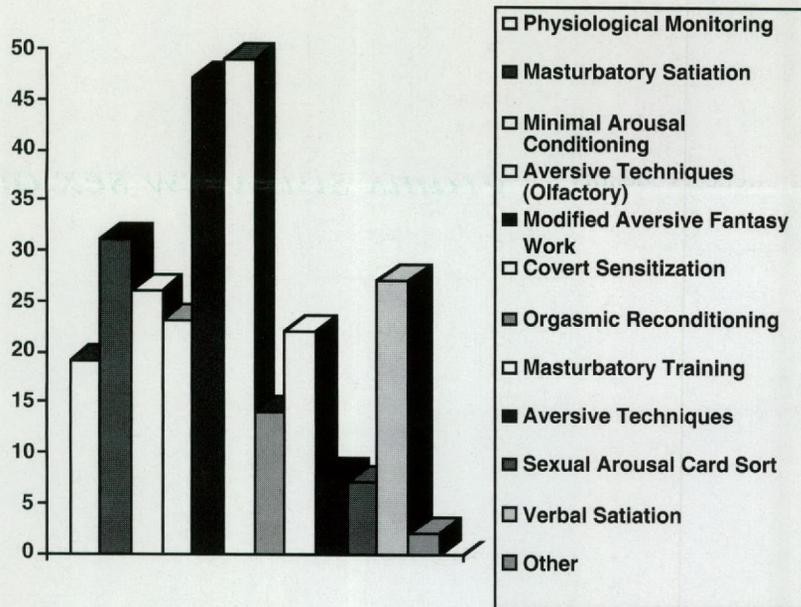
The "Other" generally consisted of composites of the various categories listed. Many respondents did not follow the instructions to check only one item. Those that checked several, indicating a composite treatment approach, were classified under "Other."

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The Council on Sex Offender Treatment
1994 CSOT Juvenile and Adult Sex Offender Treatment
Provider Questionnaire

Statistical Analysis of Survey Results

AROUSAL RECONDITIONING	
Physiological Monitoring	19
Masturbatory Satiation	31
Minimal Arousal Conditioning	26
Aversive Techniques (Olfactory)	23
Modified Aversive Fantasy Work	47
Covert Sensitization	49
Orgasmic Reconditioning	14
Masturbatory Training	22
Aversive Techniques (Faradic)	8
Sexual Arousal Card Sort	7
Verbal Satiation	27
Other	2



Summary

The provider interacts with parole or probation officers on at least a *weekly* basis and has had 80 hours in sex offender-specific treatment training and 100 hours in sexual assault survivor-specific training. The provider works through an *autonomous* or private practice with a *community-based* outpatient program. The typical length of each session is *half an hour* or less, with an average of *eight* participants per group. During 1993, the typical provider conducted *403 hours of treatment* for sex offenders. The client population consists primarily of *child sexual abusers, rapists, and exhibitionists*. The provider has a clearly *written treatment contract* that is given to and discussed with clients. Measurers used for pretreatment assessment include *MMPI, MSI, psychosexual history, and structured clinical interview*.

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BOOK REVIEW

by Tom Burditt LMSW-ACP



The treatment section in the Handbook of Sexual Assault provides the reader with a diversity of interventions in treating the sex offender. All of the chapters except Bradford's emphasize a cognitive-behavioral approach to treatment.

William Murphy's chapter on assessment and modification of cognitive distortions is perhaps the best chapter as it provides excellent practical tools for the clinician. Murphy presents a compelling argument that cognitive distortions are a critical component in the treatment of sex offenders. He presents several different models of understanding the role of distorted cognitions in sex offenders. Further, he demonstrates the utility of differential assessment tools in clinical practice. There is an excellent example of a handout which explains to the client the role cognitive distortions play in the sexual abuse cycle.

William Pither's chapter on Relapse Prevention will prove useful to both therapists and corrections officers. Pither's model proposes that a variety of factors influence whether or not a sex offender will avoid committing another abusive act. He suggests that offenders identify high risk factors, develop coping strategies, and rehearse situations dealing with these factors and strategies.

J.M.W. Bradford's chapter on the hormonal therapy of sex offenders cites several studies which indicate the efficacy of this pharmacological treatment. In the current public climate of fear and distrust this approach has undoubtedly become quite appealing. However, Bradford fails to adequately explain which subset of the sex offender population is amenable to this type of intervention.

Richard McFall's chapter on enhancing social-skills suggests little empirical support for utilizing this type of training to impact recidivism. He discusses several assessment instruments which can target those offenders in need of such training. This chapter was too theoretical and not particularly useful to the clinician.

V. Quinsey and C. Earls, in a chapter devoted to the modification of sexual preferences, discuss methodologies used to assess and alter sexual arousal patterns. They encourage the use of the phallometric exam to discourage client dissimulation. They also examine the issue of "faking" during plethysmographic examination. It would

have been helpful if the authors had discussed methods to counter "faking," including the use of the polygraph.

W.L. Marshall examines treatment outcomes in a chapter reviewing cognitive-behavioral treatment programs throughout North America. He presents data from several outpatient programs which show very low recidivism rates. Marshall states that the main problem with this outcome data is that treated groups are rarely compared with matched control groups. This results in what Marshall calls "good press but not good science." He encourages research which is more methodologically sound to present a more accurate picture of treatment effectiveness.

In Part V, the Conclusion, W.L. Marshall asserts that treatment programs typically exclude high risk, recalci-

Marshall contends that far too many treatment programs still view sex offending as a "sickness."

trant, and violent offenders. This exclusionary criteria permits the treatment selection of a category of offender who is most likely to benefit from treatment, excluding those individuals who are most in need of treatment.

Marshall contends that far too many treatment programs still view sex offending as a "sickness." Marshall cautions us that sex offending is not a "sickness" one is cured of but rather, a "robust disposition, highly resilient and resistant to alteration." Treatment should be seen as training sex offenders to reduce their exposure to risky situations, to alter their views in a prosocial direction, and to teach them alternative coping responses.

Overall, this compilation of articles offers the reader an overview of cognitive-behavioral treatment of the sex offender; a compliance-based model. Marshall reminds us that many sex offenders may not fit this model. He challenges us to become more eclectic in our approach and to develop new and innovative treatment interventions.

Training Calendar

March 9-11, 1995

Sexual Offenders: Assessment, Treatment & Professional Issues. Houston, Texas. For information, call Jean Gonzales at (713) 521-0707.

March 27-29, 1995

Treatment of Sex Offenders Part III: Treatment Specifics. Tarrant County Junior College, Fort Worth, Texas. (817) 232-7703.

May 16-17, 1995

Sexual Offenders. William Marshall, Ph.D., Queen's University in Canada. Austin, Texas.

July 13-14, 1995

3rd Annual Conference on "Working with the Juvenile Sex Offender." Austin, Texas. For information, call CSOT at 463-2323.

October 15-17, 1995

4th Annual Conference on the Treatment and Supervision of Sex Offenders. Huntsville, Texas. For information, call (409) 294-1677.

Seasons Greetings



Council on Sex Offender Treatment Staff

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Editor

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