

Texas Resource

The Official Newsletter of the Council on Sex Offender Treatment

Fall/Winter 1998

Volume 6, No. 1

Farewell Letter from the Departing Chair:

Dear Colleague,

It has been an honor and tremendous experience to serve as a Governor's Appointee to the Council for the last fourteen years, and Chair of the agency for the last seven years. Now, as my appointment ends, I return to my clinical practice and teaching/research activities in Galveston.

I have been most fortunate to have witnessed the emergence of sex offender treatment as a mainstream forensic discipline here in Texas. The Council has worked hard to network with key agencies and groups over the years and to gain respect for our efforts to reduce sexual violence. During my tenure, the Registry has come into effect, along with the Texas Resource, annual continuing education conferences, the establishment of guidelines for sex offender polygraph evaluations, "white papers" regarding state-of-the-art treatment and supervision

strategies, and the opportunity to participate in the legislative process with respect to sex offender issues.

My thanks to all of you for supporting the Council's endeavors. And especially, my warmest thanks and respect go out to past and present Executive Directors and staff, members of the Interagency Advisory Committee, and Governor Appointees.

Much still needs to be done in terms of making sanctions tough and consistent, continuing to collaborate and network with colleagues from all disciplines, making the public aware of our efforts, and documenting through outcome studies that sex offender treatment does work.

Let's keep moving forward toward our mutual goal . . . no more victims.

Best wishes to all,

Collier M. Cole, Ph.D.
Clinical Psychologist

Letter from the Incoming Chair:

Dear Friends,

With trepidation I accepted the position of Chair of the Council on Sex Offender Treatment on October 30, 1998. This responsibility weighs particularly heavy in light of Dr. Cole's outstanding example of excellent leadership during his tenure as Council Chair.

The major issues facing us include civil commitment and the sharing of information between the mental health provider and the supervision team. We have reviewed SB 29 concerning civil commitment (see page 12). Another major issue for the Council is its

financial stability. We are moving from a budget that appropriations and fees have supported to one supported only by fees. The Council will weigh reducing personnel and functions versus the level of fees. We are applying for grants and developing courses (meetings) to add further support for the Council's mission.

If you have any suggestions or other agenda items for the Council to consider, please contact me or the Council office. I look forward to working with you.

Sincerely,

Walter J. Meyer, III, M.D.
Chair, Council on Sex Offender Treatment

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For more information on the appointment process,
visit the Governor's web site at
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Need to file a Complaint?

Where do I start?

Complaints against Registered Sex Offender Treatment Providers and Affiliate Sex Offender Treatment Providers should be submitted to the Council on Sex Offender Treatment, Complaints Division, PO Box 141369, Austin, Texas 78714-1369, or call either (512) 834-4530, or the toll-free number 1-800-942-5540.

You will be sent a complaint form and general release on which you should explain your allegations thoroughly. Be specific about dates, times, names, etc. Provide any supporting documentation available. ***Please do not contact any council member directly.*** Council members who have previous knowledge of a complaint should recuse themselves from voting on the final decision.

We do accept anonymous complaints, but it may be difficult to act on them. The lack of witnesses, or the inability to secure additional information from the anonymous complainant, may hinder the council's ability to pursue these complaints. Should you need assistance regarding the process of filing a complaint, contact the council's office or a complaint investigator at the phone numbers in the first column.

What happens next?

An acknowledgement letter is sent to the complainant, unless anonymous. All complaints are reviewed by the executive director who, in consultation with an assigned council member and/or assigned consultants as needed, determines if a violation of the Act or rules is alleged. Complaints alleging violations of the Act or rules will be assigned to an investigator, ***if the violations occurred on or after August 9, 1998.*** The investigative process currently takes about 100 days on average to complete. This time allows for gathering evidence, interviews, and on-site visits as necessary.

The investigative file is forwarded to the executive director for review. The executive director, again in consultation as needed, decides if violations of the Act or the rules occurred, based on the evidence. If a violation appears to have occurred, the executive director will send a *notice of violation* to the respondent proposing disciplinary action. If disciplinary action is proposed, the respondent (the person(s) about whom the complaint was lodged) has 10 days from the date the notice is received to request a formal hearing, and/or an enforcement/compliance conference. Following the hearing, the enforcement/compliance conference, or if no hearing is requested, the council will make a decision. Both the complainant and the respondent will have an opportunity to be present and speak at the council meeting when the complaint is reviewed. Formal actions taken against licensees are a matter of public record and will be made available to anyone who requests the information.

(This article is intended for informational purposes only and is not exhaustive. For more information, refer to the council rules at §810.9.)

CRIMINAL BACKGROUND CHECKS

Beginning at the next renewal period, September 1999, all current and future registrants will have a one-time criminal background check done by the Texas Department of Public Safety and the Federal Bureau of Investigation.

The rules state, "Persons making initial application or renewing their eligibility for the registry must not have been convicted of any felony, or of any misdemeanor involving a sex offense, nor have received deferred adjudication for a sex offense, unless sufficient evidence of rehabilitation has been established as determined by the council." Also, they, "must submit themselves to a criminal background check. An applicant may be required to submit a complete set of fingerprints with the application

documents, or other information necessary to conduct a criminal history background check to be submitted to the Texas Department of Public Safety or to another law enforcement agency. If fingerprints are requested, the finger-prints must be taken by a peace officer or a person authorized by the council and must be placed on a form prescribed by the Texas Department of Public Safety.”

Once these checks are completed, we will require that only new applicants submit to a criminal background check unless or until the Council determines that another background check may be needed. We will provide further information and fingerprint cards as the renewal period gets closer.

CONTINUING EDUCATION (CE)

When I renew my license, how many hours of continuing education are needed, and how many may be in sexual assault victim related training?

Every fiscal year, beginning September 1999, all renewal applicants must submit documentation *with the renewal forms* for a minimum of 12 hours of CE in sex offender treatment. Three hours or 25% may be in sexual assault victim related training. If you have more than 12 total CE hours, a maximum of 25% can be in sexual assault victim related training. For example, if you submit documentation for 15 hours of CE, 3 hours and 45 minutes can be in sexual assault victim related training. Looking at it another way, if you submit documentation for 4 hours of sexual assault victim related training, your total CE documentation must be for 20 hours; for 6 hours of sexual assault victim related training, your total must be 24 hours. In other words, *the percentage of hours dedicated to sexual assault victim related training must be a maximum of 25% of the total hours.*

Will home or self-directed study courses be accepted for my CE hours?

No. Home or self-directed study courses will not be considered for CE hours. CE activities must be instructor-directed activities such as conferences, symposia, seminars, and workshops. Activities must also be accepted or approved for CE credits by the licensing agencies regulating professionals. These professions are listed in the rules, §810.3(1)(A) for Registered Sex Offender Treatment Providers and §810.3(2)(A) for Affiliate Sex Offender Treatment Providers.

TRAINING CALENDAR

February 8-9, 1999

Sexual Offenders: Detecting Denial and Risk Assessment, Austin, Texas. For more information contact **Solutions 2000** at (713) 688-6555.

February 10-12, 1999

PASO DEL NORTE WITHOUT BOUNDARIES CONFERENCE: The Effects of Sex Assault Within Our Communities & Stars Gala, El Paso, Texas. For more information contact **STARS** at (915) 533-7700.

March 8-9, 1999

The Sexually Violent Offender: A Behavioral Perspective, Corpus Christi, Texas. For more information contact **Solutions 2000** at (713) 688-6555.

June 2-5, 1999

Seventh National Colloquium, American Professional Society on the Abuse of Children (APSAC), San Antonio, Texas. For more information contact **APSAC's Training Department** at (312) 554-0166.

July 9-11, 1999

Seventh Annual Texas Conference on the Treatment and Supervision of Juvenile Sex Offenders, Austin, Texas. For more information call Cecil Marquart at (409) 294-1677 or fax (409) 294-1671.

TASK FORCE DEVELOPS SEX OFFENDER PROTOCOL

by Richard N. Mack, Chair, Training Issues Subcommittee

The Council on Sex Offender Treatment, at its July 1998, meeting appointed a committee charged with the responsibility to develop information and materials concerning training issues for sex offender cases. Named to this committee were Richard N. Mack (Registered Sex Offender Treatment Provider), Grace Davis (Texas Attorney General's Office of Sexual Assault Prevention), Michael Gougler (Polygraph Examiner), and Brian Price (Probation Officer). The committee presented a preliminary draft of material at the Council's October meeting held during the Fall Conference on the Treatment and Supervision of the Adult Sex Offender. The Council suggested that this work be incorporated into a broader field, the development of a statewide protocol for the handling of sex offenders. Cecelia McKenzie of the Texas Attorney General's Office is assisting in accomplishing this task.

Sixteen people attended an initial meeting November 12-13 in Lubbock. These people represent a variety of the professions that contact sex offenders from initial outcry until offender management ends. The group consisted of Richard N. Mack, Grace Davis, Michael Gougler, Cecelia McKenzie (all mentioned above), Carlos Loredo (Juvenile Sex Offender

Treatment Provider), Larry Sanders (Parole Officer), Brian Rains (Judge), Mike Johnson (Law Enforcement), David Cory ((Protective Services), David Montague (District Attorney), Keith Oakley (Legislator), Judy Johnson (TDOJID), David Walenta (TYO), Phillip Wischkaemper (Defense Attorney), and Bob Jarvis (District Attorney). The Task Force developed the following purpose statement for the protocol being created:

"This sex offender protocol will provide a standard for the management of sex offenders from the initial outcry of a victim to the end of management of these offenders. This can be accomplished through the education of those in the management system, promotion of interdisciplinary approaches to the problem, removal of barriers to open communication among all parties in the management system, and the insurance of consistent ethics and accountability of all parties in the management system. The primary focus of the sex offender management protocol shall be the safety of the community."

The Task Force will meet again in March 1999 to continue its work.

The development of the statewide protocol has important implications for every component part of the management system. If the system is truly to be

interdisciplinary, it will be important that each participant be aware of the way in which its own role fits with the role of each other. To great extent, current inadequacies in the management of sex offenders are a result of deficiencies in this area. Currently few vehicles exist for the transfer of this necessary information and its processing. The creation of these vehicles takes on immediate urgency with the consideration of Senate Bill 29, regarding civil commitment of predatory sex offenders. This bill calls upon multidisciplinary teams to assess those being considered for civil commitment and for the ongoing monitoring of those persons.

In addition, the protocol may have implications for the consideration of managing sex offenders as a specialty within each profession charged with responsibility for handling part of a sex offender case. It appeared clear at the first task force meeting that the management of a sex offender case calls for specific skills in each professional area. Specific training might be necessary for professionals in each area entering this arena to promote the most efficacious handling of each sex offender.

(Suggestions for further discussion and deliberation can be given to any Task Force member, to Richard N. Mack, Chair (806) 797-4283 or Grace Davis, Facilitator (512) 936-1598. The Task Force intends to complete its work by Fall 1999.)

FEMALE SEX OFFENDERS

by Maria T. Molett, MA, LPC, LMFT

The issue of female sex offenders has received little attention in either clinical practice or professional literature. The complexities of this issue challenge society's beliefs about female offenders. Females as sexual offenders is an idea that our society has difficulty acknowledging. The notion of females as aggressive, exploitive, violent, and deviant offenders is not compatible with society's picture of women as mothers, sisters, wives, and "the gentler sex." Furthermore, many professionals do not accept the idea that females would use their position and power in this manner. An adult female having sexual contact with an adolescent male is called a relationship, they are in love; an adult male having sexual contact with an adolescent female is seen as abusive or that the adolescent female looks and acts older than her age, so it is her fault. It is imperative that we balance treatment issues with offender accountability to the victims and the community at large.

Professional literature is outdated and presents females as victims even when they are identified as perpetrators. This creates a professional and cultural state of denial. Resistance to the idea that women can sexually abuse children is connected to the failure of professionals to ask the hard questions and hear the answers, let alone admit, that women have deviant sexual arousal that can lead to sexual abuse.

Sex abuse and sex offender treatment have been evolving over the past 20 years and will continue to evolve if we as professionals are open to this process. Sex offender treatment providers must be open and flexible in learning how to be

most effective with female offenders. The clinical interview is often the only assessment given to female offenders. Treatment providers must give attention to identification, assessment, and treatment of the female offender. Currently no specialized psychosexual assessment instruments standardized and normed to female offenders exist, and no physiological assessments of sexual arousal patterns in female sex offenders are available. Beyond being outdated, none of the studies used the clinical polygraph to verify any of the self-reported information on female offenders.

Of greater concern is the prevalent theory that female offenders are sexual abuse victims, and therefore need different treatment than male offenders. Most professionals who treat men do not make excuses for their behaviors. They do not believe that men abuse because they were abused, or because they are socially isolated fathers without partners who sexualize their relationships with their children in seeking intimacy, or because they establish relationships with adolescent or younger girls and are often in love with the girls. The question we face is why do we believe women abuse for those reasons?

Our future challenge is to treat female sex offenders and not enable them by providing excuses or exemptions for their aberrant behaviors and crimes against our children.

(Maria T. Molett, M.A., L.M.F.T., L.P.C. is the Executive Director of the Counseling Institute of Texas, a nonprofit community counseling agency. She is a Registered Sex Offender Treatment Provider and has worked in the field of sex abuse prevention/treatment and sex offender treatment for 20 years. She is currently involved in research on the female sex offender, specifically identifying deviant sexual arousal and interest. Ms. Molett is the most recent appointment by Governor George W. Bush to the Council).

SENATE BILL 29 OCCASIONS CRITICAL THINKING ABOUT BREADTH AND DEPTH OF SEX OFFENDER TREATMENT

by Richard N. Mack, Chair, Training Issues Subcommittee

Senator Florence Shapiro has introduced Senate Bill 29 (SB 29) entitled, "A Bill to Be Entitled an Act Relating to the Civil Commitment of Sexually Violent Predators." Senator Shapiro and the other members of the Senate Interim

Committee on Sex Offenders, Senator Elliot Shapleigh, and Senator John Whitmire introduced this bill after a year's worth of effort. The bill attempts to navigate the waters involving 1) sexual offending as criminal justice and mental health

issues; 2) the concerns of the chronically mentally ill people of Texas and their families; 3) caregivers, that they not be confused with sex offenders; and 4) that monies for the care of the mentally ill not be used for care of sex offenders. The bill's goal is the long-term residential treatment of sexual predators who have "a behavioral abnormality that is not amenable to existing mental illness treatment modalities and that makes the predator likely to engage in sexually violent behavior."

SB 29 forces sex offender treatment practitioners to acknowledge that sexual offending behavior may have components that go beyond the traditional parameters of cognitive and behavioral treatments comprising a good deal of the sex offender treatment programs in Texas. The broader sex offender treatment field is only beginning to address this issue. Barry Anechiarico, LICSW, writing in the Association for the Treatment of Sex Abusers newsletter, Summer 1998 issue, raised the point of integrating sex offender character pathology with the relapse prevention approach to treatment. He cites a study by Prentky and Knight (1989) which found that the "inconsistency in attachments to significant others throughout the lives of sex offenders was . . . significantly linked to sexual aggression."

If we, as treatment providers, will think for a moment, we

recognize this character pathology in sex offenders as they present themselves in our offices at the very beginning of treatment. James Masterson, M.D., a psychiatrist specializing in the diagnosis and treatment of persons with character pathology or, in his terms, "disorders of the self," explains in very graphic terms. He states that the traditional person seeking help from a psychotherapist, views the therapist as a valuable ally in solving a problem that the client has found difficult solving on his or her own. The therapist and client form an alliance nearly from the beginning, enabling the formation of a team whose common goal is focused on healthy solutions. The client welcomes feedback about his or her affect, cognition, and behavior as they relate to the presenting problem, and integrates this feedback relatively willingly. This is not so with clients who present with disorders of the self or character pathology. Masterson states that, in these cases, the client presents often unwillingly as the result of some outside influence. The client also attempts to enlist the therapist to resonate his or her defense against looking at the presenting problem and its underlying dynamics of anxiety and depression. Since the therapist's job is to facilitate the client in looking at painful dynamics, the client views the therapist, not as an ally, but rather, as a part of the problem. With character disordered

individuals a period of therapeutic acting out must be worked through before a therapeutic alliance can be formed so that therapist and client can work together to solve the presenting problem.

This sounds very much like the process that each sex offender treatment provider engages in with most sex offenders who present themselves for treatment. The client greets us with suspicion. They tell us not-so-wonderful and sometimes incredible stories about the instant offense. For the most part the stories minimize the responsibility of the client and maximize the responsibility of victims, the legal system, the criminal justice system, defense attorneys, families, spouses and/or significant others, and any other persons or institutions of which the offender can think. All these stories serve the purposes of directing attention away from the presenting problem and from the establishment of a therapeutic relationship designed to deal with the problem of sexual offending behavior. In fact, the beginning stages of sex offender treatment are the same as the beginning stages of Masterson's treatment of character disordered clients.

Sex offenders fitting the civil commitment criteria of Senator Shapiro's bill appear unable or unwilling to work through the acting out phase and establish a therapeutic alliance to come to grips with their sexual aggression or deviant sexual behavior. It behooves us as sex

offender treatment providers to become more aware of this dynamic and more proficient in working with it, both in treating clients before their entry into the civil commitment process, and with those clients who may be in treatment after being civilly committed.

Masterson suggests that the vital dynamic inherent in the self-disordered client is the "Disorder of the Self Triad." The client attempts to activate the real self result in the creation of intense anxiety or depression. These feelings are so undesirable that the client reacts defensively to make the anxiety or depression go away. Self activation leads to anxiety or depression that leads to defense. The course of therapy is then to deal with the client's defense, to facilitate the working through of the anxiety or depression, so that self activation can become a real possibility. This is essential to create a therapeutic alliance between the therapist and the real self of the client that enables the client to begin the process of tackling the presenting problem. In our situation, assuming that the client will do no real work on the issue of sexual aggression or deviant sexual behavior is fair. The client must work through the defenses to the affective response to self activation and a therapeutic alliance.

In this conceptualization, four basic disorders of the self exist: Borderline, Narcissistic, Schizoid, and Anti-Social. Diagnostic schema is available for all these disorders. They

involve the integration of developmental, object relations, and self psychology perspectives. With one exception, Masterson has shown a person with a specifically diagnosed disorder of the self responds to specific types and sets of interventions. Dr. Masterson and his colleagues at the Masterson Institute have explained these interventions in detail in the significant body of literature that have published.

The exceptions are those persons who have Anti-Social Disorder of the Self. Masterson suggests that at this time, this disorder does not appear to respond to treatment. He acknowledges that with further study a viable approach may be developed. However, he suggests that at this point the only processes that have been effective with these people take place within the confines of an inpatient unit structure. Also, changes made there tend not to generalize to community living. These people may be those for whom community-based sex offender treatment will not be effective, who may become involved with the civil commitment process and remain involved with it for a long time.

SB 29 has major implications for sex offender treatment providers. Proper diagnosis and treatment for those with character pathology who are sex offenders become a prime concern for effective treatment. With proper diagnosis it will become possible to appropriately assess which clients can make significant progress with

appropriate treatment and which may need long-term residential care. The safety of Texas communities is contingent on these decisions, a dynamic that Senator Shapiro's bill and sex offender treatment providers within the State share.

(Richard N. Mack, M.Div., LMFT, RSOTP, is Executive Director of Marriage & Family Therapy Associates, Lubbock, Snyder, & San Antonio, Texas. He has been involved in the field of sex offender treatment in Texas for the past 9 years.)

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COUNCIL'S REVIEW OF SB 29 - CIVIL COMMITMENT

Senate Bill 29 was introduced by Senator Florence Shapiro on November 9, 1998, and relates to the civil commitment of sexually violent predators. To review SB29 and other current legislative information, refer to: www.capitol.state.tx.us on the Internet.

The Council reviewed SB29 and concluded the following:

The Problem Defined

Some convicted sexual offenders can and should be more accurately described as sexual predators. As defined by most existing statutes a sexual predator is an offender who suffers from a personality disorder or other mental abnormality that renders that offender likely to engage in acts of sexual violence.

Some of these offenders complete their term of incarceration. Upon their release they represent a significant threat to others because of their likelihood to engage in acts of sexual violence.

What can be done to safeguard our communities against the threat posed by a known sexual predator?

The Proposed Solution

The Texas Legislature is currently considering civil commitment for sex offenders more specifically identified as sexual predators, who represent a clear and present danger to others because of their likelihood to engage in future acts of sexual violence.

Civil Commitment Pros and Cons

As the CSOT has discussed the concept of civil commitment of sexual predators strong arguments both for and against such legislation have surfaced.

Pros

1. Civil commitment implies a humane philosophy that rehabilitation of even the most heinous offenders is possible and that efforts should be made to effect this goal.

2. The Senate Interim Committee recommends the development and

implementation of a civil commitment law.

3. Twelve states currently have such laws and they have been useful in securing some individuals assessed as highly dangerous that otherwise would have been released into the community.

4. Civil commitment laws have withstood constitutional challenge before the U.S. Supreme Court in regard to due process, double jeopardy, and ex post facto lawmaking.

5. Civil commitment emphasizes the need for continued intensive treatment of the mentally disturbed/abnormal offender.

Cons

1. If the objective of civil commitment is to enhance community safety by confining and treating dangerous sexual predators, that goal can be achieved through the proper construction and implementation of criminal law.

2. Some mental health organizations (American Psychiatric Association) have opposed the idea of civil commitment because they have perceived it as a misuse of psychiatry/psychology.

3. Civil commitment has been opposed by some mental health organizations (National Association of State Mental Health Program Directors) because of concern that services to others who are mentally ill could be compromised.

4. Implementation of a civil commitment law will be very expensive. The Senate Interim Committee on Sex Offenders has estimated that it will cost an \$81,000 per individual per year for housing and treatment. An estimate of \$80,000 per individual has been given for the legal costs involved in having an individual committed. An estimate of \$6.2 million has been given for the development of a special commitment center. According to the survey done by the Washington State Institute for Public Policy, costs in other states that have civil commitment programs range

from \$70,000 to \$110,000 per individual per year for housing and treatment.

5. Decisions regarding who to admit into and who to release from a civil commitment program would be heavily reliant upon the ability to accurately predict who is dangerous and therefore, likely to reoffend. There is no body of research that supports the idea that behavioral scientists can predict with reasonable accuracy who are the most dangerous individuals.

6. Civil commitment requires a tremendous investment of money, staff, facilities, etc. in treating individuals who are the least likely to respond favorably to treatment.

7. Hesitancy to release an individual who has been civilly committed will result in an ever increasing burden on the state and the program itself. According to the Washington State Institute on Public Policy there have been 520 individuals civilly committed in the United States since 1990. Their current report dated September 1998 identified only twelve individuals as having been released or transitioned into less restrictive alternative housing. Washington state has the oldest program at 8 years. To date only two individuals have been released to less restrictive environments. In California there have been 143 individuals civilly committed since the implementation of their program in 1996. Nobody has been successfully discharged.

8. The impact/liability when a civilly committed individual is released and reoffends could exacerbate public perception that treatment of sex offenders does not work, thus calling into question the efficacy of the treatment profession. Ultimately this could result in opposition to community based sex offender treatment programs that are effective. These community based programs currently play a vital role in the supervision and relapse prevention of sexual offenders.

If the state of Texas does decide to

move ahead with the development and implementation of a civil commitment program, the following issues need to be considered.

Who should be the administrative agency overseeing the program?

MHMR as the administrative agency

Pros

1. MHMR as the administrative agency would be consistent with the model of each of the twelve states that currently have constitutionally approved civil commitment programs.

2. A medical/pharmacological approach could be implemented with MHMR as the administrative agency.

Cons

1. MHMR is currently understaffed and has budgetary concerns. The Senate Interim Committee on Sex Offenders has stated that they are, "opposed to the diversion of money or facilities from MHMR [or] anything that would jeopardize the safety of any patients of MHMR or their staff."

2. MHMR does not have a sufficient number of RSOTP's currently on staff to provide the necessary services to the sexual predator.

3. MHMR projects the need for extensive renovations to existing facilities if those facilities are to be used to house and treat civilly committed sexual offenders.

4. Integrating individuals identified as sexual predators with a general population of the mentally ill may create a risk situation that is unacceptable.

TDCJ as the administrative agency

Pros

1. TDCJ has secure facilities and there would be no need to integrate sexual predators with a general population of mentally ill patients.

2. TDCJ has some history of and experience in providing treatment to sexual offenders.

Cons

1. Of the twelve states that currently have a civil commitment law, no programs are administered by the department of corrections. All are the responsibility of a mental health or social services agency.

2. Administration by TDCJ could compromise the constitutionality of a civil commitment law that ostensibly has treatment rather than punishment as its focus.

3. Currently the TDC sex offender treatment program does not use pharmaceutical therapy.

Before the implementation of a civil commitment program, a standard set of release criteria consisting largely of objective measures should be developed.

Pros

1. Establishing release criteria would provide direction for the treatment providers as well as the committed individual at the outset of his commitment.

2. Establishing release criteria with an emphasis on objective measures seems to offer the clearest way of avoiding the development of a program that never releases anyone.

Cons

1. Valid and reliable measures of dangerousness, degree of rehabilitation, etc., do not currently exist.

2. The assessment tools currently being used with sexual offenders such as the plethysmograph, polygraph, Abel Assessment, etc., may not be familiar to treatment personnel in our state agencies.

Identification of an individual as a sexual predator and therefore a candidate for civil commitment should take place at or around sentencing rather than at or around release from incarceration.

Pros

1. Identifying an offender at the time of sentencing as a predator would be conducive to long term planning and perhaps earlier therapeutic intervention while incarcerated.

2. An identification at the time of sentencing that determines whether or not an offender should be classified as a predator does not preclude a reassessment at or around the date of scheduled release.

3. An initial assessment at the time of sentencing could be used as a basis for evaluating what, if any, changes an offender has undergone during the term of his confinement when a reassessment is done.

Cons

1. If an assessment is done at the time of sentencing it may occur 20 years before the individual is scheduled for discharge. There may be a number of changes that an individual would undergo during the period of time he is incarcerated that would raise concerns regarding the current value of the assessment.

Discussion and efforts at this time should be directed solely at the issue of civil commitment of adults.

Pros

1. Confining discussion of civil commitment to adults only provides at least some initial limitation/focus to the scope of who might be eligible for civil commitment.

2. If a program focusing on adults proves to be effective, inclusion of juveniles can always be considered at a future time.

3. Focusing on adults only is consistent with the intent of the legislation to address, "a small but extremely dangerous group of sexually violent predators."

4. Input from those who specialize in the treatment of juvenile sexual offenders suggests that we are more likely to be successful in our treatment of young offenders thus making civil commitment unnecessary for that population.

5. Including juveniles in a civil commitment program could necessitate the development of two commitment facilities which raises further questions regarding costs and staffing.

6. The implementation of determinate sentencing enables us to transition dangerous juvenile offenders into the adult system where they could be subject to civil commitment once they are adults.

Cons

1. There are bound to be some individuals who pose a significant threat to community safety who meet the criteria for civil commitment except for age. If we do not include juveniles in a civil commitment program such individuals could be released into the community.

Civily committed sexual predators should be housed and treated in a unit designed exclusively for that purpose.

Pros

1. This would allow for the development of a customized secure treatment facility with the needs involved with housing sexually violent predators in mind.

2. The development of a commitment facility would eliminate the concern expressed by some mental health agencies and potential public outcry about housing sexually violent predators with a general population of mentally ill patients.

3. Such a designated commitment center theoretically combines the treatment resources of MHMR, including medical and pharmacological interventions with the security and supervisory resources of TDCJ.

4. A specialized housing unit for civilly committed offenders could perhaps be developed in such a way that it would not be perceived as a prison.

Cons

1. The construction and maintenance of a special commitment center for sexually violent predators will be very expensive.

Conclusion

The CSOT is not making a recommendation for or against civil commitment at this time. We are endorsing the careful consideration of the costs and benefits of such a program. We desire a safer Texas. We will continue to work toward identifying the most effective ways to protect our communities from sexual violence.

Call for Proposals

THE SEVENTH ANNUAL

TEXAS CONFERENCE ON THE TREATMENT AND SUPERVISION OF JUVENILE SEX OFFENDERS

presented by the

- Correctional Management Institute of Texas (CMIT), Sam Houston State University, and
- The Texas Department of Health - Council on Sex Offender Treatment (CSOT).

July 9-11, 1999

Austin, Texas

The CMIT and CSOT request submission of proposals for workshop presentations (1.5 to 2 hour sessions).

Submitted proposals must include:

1. One paragraph biography for each presenter
2. One page abstract including objectives for the presentation
3. 25-word summary of workshop for publication in the conference program
4. Track requested for workshop (see below)

Tracks Include:

1. 1-2 Years Treatment Experience-Basic & Intermediate Level Workshops
2. 1-2 Years Supervision Experience-Basic & Intermediate Level Workshops
3. Polygraph Utilization
4. 3+ Years Advanced Treatment Techniques
5. 3+ Years Advanced Supervision Issues
6. Sexual Assault Survivor Issues
7. Criminal Law Issues

Submission Deadline: March 12, 1999

Call For Proposals

THE SEVENTH ANNUAL TEXAS CONFERENCE ON THE
TREATMENT AND SUPERVISION OF JUVENILE SEX OFFENDERS

July 9-11, 1999
Austin, Texas

Presenter

Education/Licensure

Organization:

Address

City/State/Zipcode

Phone

Fax

Title of Presentation

Track

Target Audience

.....
: **Deadline -- March 12, 1999**
:
: **Mail typed proposal to:**
:
: **Correctional Management Institute of Texas (CMIT)**
: **ATTN: Cecil Marquart**
: **PO Box 2296**
: **Huntsville, TX 77341-2296**
:
: **For more information contact: Cecil Marquart (409) 294-1677**
:.....

PLEASE SUBMIT A FORM FOR *EACH* PRESENTER

The Council on Sex Offender Treatment approves sex offender treatment providers who meet the council's criteria for Registered Sex Offender Treatment Provider (RSOTP) and Affiliate Sex Offender Treatment Provider (ASOTP) status. Members of the public may notify the Council of complaints concerning the practice conducted by an RSOTP and/or an ASOTP.

The Consumer Complaint Address & Phone Number are:

**Council on Sex Offender Treatment
Complaints**

PO Box 141369

Austin, Texas 78714-1369

1-800-942-5540