SEXUAL OFFENDERS WITH ID

The Development of an Assessment Methodology in the Natural Environment for Sexual Offenders with an Intellectual Disability

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Numerous authors have reported the lack of generalization of sexual offender treatment behaviors from the clinic to the community and other extratherapeutic settings. Our research has focused on the development of assessment measures that allow an analysis of treatment generalization to the natural environment which provides a more comprehensive assessment of the effectiveness of treatment programs for sexual offenders.

Assessment of Deviant Sexual Arousal in the Natural Environment (Rea et al., 1998): Four sexual offenders’ arousal levels were measured in the natural environment using a portable penile plethysmograph. Measures were taken in three different settings (adults only, children and adults, and isolation). For three of the four offenders, patterns of arousal in the natural environment were consistent with previous laboratory assessments.

The Effects of Covert Sensitization on Sexual Arousal in the Laboratory and Natural Environment (Rea et al. 2003): This study conducted a generalization analysis of covert sensitization treatment effects to the natural environment using a portable-penile plethysmograph for a sex offender. Results indicated that deviant sexual arousal was reduced clinically significant in the laboratory, but not in the natural environment.

Use of Polygraph Examinations with Intellectually Disabled Sex Offenders (Rea and Stich, 2012): Polygraph examiners conduct a validation assessment to determine the appropriateness of the exam for an individual. Ten individuals with an intellectual disability were assessed with this assessment. Ninety percent of participants had a change in galvanic skin response that was 2 times greater from previous and subsequent questions, and a 1.5 percent greater change in cardiographic responses. The balance between false positives and false negatives could be placed into the context of other critical responses in shaping risk management decisions. The above data along with other pilot were examined with differing thresholds to assist in the development of risk management decisions.
Assessing the Generalization of Relapse-Prevention Behaviors of Sexual Offenders with Intellectual Disabilities (Rea, Dixon & Zettle, 2013): We investigated the degree to which sexual offenders with an intellectual disability adhered to their relapse plans, while accompanied on a community outing with three companions who varied in levels of familiarity (treatment staff, nontreatment staff, and a community adult). Results indicated a decrease in compliance from treatment staff to nontreatment staff and community adults. The degree of generalization varied as a function of the contingencies for prevention-plan noncompliance, with higher rates of generalization occurring for violations that were more severely consequated.

The Long-term Analysis of Fluoxetine and Medroxyprogesterone Acetate on Deviant Sexual Arousal in Laboratory and Natural Environment, All Day Measures of Deviant Thoughts Accompanied With and Without Arousal, and Generalization of Relapse-Prevention Behaviors (Rea et al., manuscript in preparation): This study analyzed the effects of Fluoxetine and Medroxyprogesterone acetate (MPA) on sexual thoughts (inappropriate and appropriate) that was accompanied by sexual arousal in the laboratory and community, and generalization of relapse plans with unfamiliar people. Data collection on the proposed measures for 2 to 5 years of varying aspects of the study was conducted with sexual offenders with intellectual disabilities. This length of time enabled an analysis of the stability of these assessment measures.

GPS/Portable Penile Plethysmograph: Pilot data is being collected on a GPS/Portable Penile Plethysmograph that divides locations into exclusion zones, and inclusion zones and non a priori defined areas. The device also emits an auditory signal when the participant is above a particular sexual arousal threshold and/or in areas where they should not frequent.

Goals of the Paper:
1. Workshop participants will have a better understanding of the importance of measuring treatment effects in the natural environment rather than a lab setting.
2. Workshop participants will understand the importance of using multiple measures (e.g., PPG, polygraph, unfamiliar staff probes) when assessing treatment effectiveness.
3. Workshop participants will have an understanding of how generalization probes of treatment effectiveness can be conducted across settings, staff, and environments.
Breaking New Ground: Understanding and Preventing Sexual Abuse
2015 ATSA Conference | Friday October 16| 3:30 PM - 5:00 PM

**Living Consequence Free: ID Offenders and the Justice System**

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Sexual offenders with intellectual disabilities (ID) appear differentially reported to the justice system which leads to fewer arrests for sexually based crimes (Lyall, Holland & Collins, 1995). This may lead to fewer referrals for treatment, without which re-offense rates can increase dramatically (McGrath et al., 2003). A number of reasons have been theorized including reluctance of care providers to report crimes by ID offenders (McBrien and Murphy, 2006) and police forces that don’t feel the crimes of ID offenders are as serious as when committed by the typical population. Putting aside ethical and risk management issues, the question must be asked: what effect does this have on treatment. What is the short term and long term clinical and behavioural impact on intellectually disabled offenders who are not charged and sanctioned?

The purpose of this presentation is to explore the effect that criminal charges and sanctions can have on ID offenders’ motivation to change, treatment participation and follow through. A sample of individuals with intellectual disabilities who have engaged in sexual offending behaviour will be presented and we will review the correlation between the presence and severity of both charges and involvement in the justice system and the subsequent dedication and motivation to engage in treatment. The goal is to illustrate the practical and clinical impact that a lack of charges may have on an individuals in treatment.

Individuals without any prior sanctions, or significantly reduced charges or sanctions can be more likely to take longer to engage in treatment, and have less ability to sustain positive changes post treatment (Lindsay et al., 2004). This presentation will detail individual case studies by discussing individuals’ offense history, the subsequent response both formally and informally, any involvement from the justice system, as well as a summary of treatment success by looking at observable factors such as: attendance, active participation in sessions, compliance with program rules and stable low levels of behaviour.

Participants will discuss the relationship between charges and motivation to change, participation in treatment, as well as the impact on assessing risk realistically. We will also provide suggestions for improving collaboration with the justice system, at all levels, in order to better manage risk through more balanced sentencing and functional sanctions. Clinical benefits will be discussed from both a practical and behavioural standpoint. We will demonstrate how both treatment participation and risk can be adversely impacted by differential arrests and sentencing, identify these issues in treatment and provide suggestions on how to overcome these issues should they arise.
Goals of the Paper:
1. Participants will gain an understanding of the differential treatment of ID offenders in the justice system.
2. Participant will learn the impact that lack of arrests and charges has on both behaviour and treatment motivation.
3. Participants will discuss how the justice system can work collaboratively with clinicians for more effective treatment and risk management.