

## **Innovative Treatment Approaches with Civilly Committed Sexual Offenders**

Shan Jumper, Ph.D., Symposium Chair

Twenty-one jurisdictions in the United States have enacted civil commitment laws for high-risk sexual offenders since 1990. These laws in effect have resulted in the creation of a novel, specialized population of clients within the field of sex offender treatment, and a need for clinicians treating these individuals to understand the population's distinct characteristics and treatment needs. This symposium presents clinical information about one state's Sexually Violent Persons (SVP) population as well as several innovative clinical approaches developed to meet the unique treatment needs of this group of high risk, civilly committed sexual offenders.

### **Diagnostic and Demographic Profiles of Illinois' Sexually Violent Persons Population**

Shan Jumper, Ph.D.  
Mark Babula, Psy.D.

Twenty-one jurisdictions in the United States have enacted civil commitment laws for high-risk sexual offenders since 1990. Although the legal descriptions of individuals eligible for commitment are spelled out in each state or federal law, as mental health professionals treating these individuals we know very little about the characteristics of offenders who comprise these highly specialized populations.

A small number of studies have appeared in the literature in recent years describing criminal and psychological features of civilly committed sexual offenders in other states. The current study adds to this existing body of literature by compiling diagnostic and demographic variables and crime factors from Illinois' Sexually Violent Persons population. We then examine similarities and differences in these factors between our population of civilly committed sexual offenders and those from four other states with sexual offender civil commitment programs for which published data are available. This data can then support an

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informed professional network to facilitate program evaluation and generate new approaches for understanding and treating civilly committed sexual offender populations.

### **Specialized Treatment Needs within Sexually Violent Persons Populations**

Diane Dobier, Psy.D.  
Catie Furtado, Psy.D.

While providing treatment over 10 years for the detained and civilly committed sexually violent offenders' population at the IDHS-TDF, the need for specialized approaches to treatment programming was recognized for different subsets of the population. Based on research and evidence-based practices programming was designed to facilitate the needs of two discrete subsets of our population: 1) for residents with intellectual deficits and/or learning disabilities; and, 2) for residents with high psychopathy.

The core sex offender-specific treatment model was redesigned to address the specialized learning needs of residents with intellectual deficits and/or learning disabilities. Intellectual functioning is determined as part of the Entry to Treatment Evaluation battery of tests. Data from multiple instruments are used to develop appropriate, individualized treatment plans for each resident of the program. Based upon current research and evidence-based treatment methods specialized programming was developed. The additional learning skills help these individuals complete the rigorous treatment requirements, and ultimately lead to their release.

Many offenders with high psychopathy, as measured on the Hare PCL-R, have difficulty in sex offender specific treatment due to their high levels of manipulation, defensiveness, avoidance of responsibility for their actions and the use of cognitive distortions. To aid these individuals in functioning in sex offender-specific treatment, it was necessary to create specialized treatment programs to first of all, get their attention. The next step is to provide incentives and techniques to take responsibility for their actions while reducing their defensiveness and cognitive distortions.

The goal of this presentation is to address: identifying needs, and designing and implementing specialized programming approaches.

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## **The Effectiveness of Depo-Lupron on Sexual Arousal as Indicated by Penile Plethysmograph Testing**

Michael Bednarz, M.D.  
Abdi Tinwalla, M.D.

Effective treatment of sex offenders is based on cognitive behavior therapy and medication management to help decrease deviant arousal and to prevent recidivism. Medical management includes treatment with Selective Serotonin Reuptake Inhibitors (SSRI's), Testosterone Receptor Blockers, and Anti-androgen treatment. Current theory holds that testosterone is the hormone responsible for driving human sexual thoughts and behaviors. There is some evidence to suggest that lowering of testosterone can lead to decrease in these deviant arousal and fantasies. Gonadotropin-releasing hormone (GnRH) agonists such as Depo-Provera and Depo-Lupron (Lupron) have been recently used in the sex offender populations to lower testosterone level. However, there is limited research in the area of efficacy of Lupron in sex offender treatment.

The purpose of this study is to determine the effectiveness of Lupron on sexual arousal as indicated by penile plethysmograph (PPG) testing. The subjects are 80 adult male sex offenders currently housed under the Sexually Violent Person Act in the Illinois Department of Human Services Treatment and Detention Center. All subjects were participating in cognitive behavioral group therapy at the time of the study.

We examined changes in PPG scores for 40 individuals who were being treated with Lupron in conjunction with cognitive behavioral group therapy. The Lupron treatment protocol includes obtaining pre-assessment of deviant sexual arousal using the PPG, measuring baseline testosterone levels prior to administering monthly injections of either 3.75 or 7.5 mg of Lupron, re-examination of testosterone levels 6-12 weeks after initiating treatment, and reassessment of deviant sexual arousal using the PPG during the 4-9 month period after initiating Lupron Therapy.

For comparison purposes, we examined changes in PPG scores of 40 individuals who have been receiving cognitive behavioral group therapy, but were not being treated with Depo-Lupron. These individuals are routinely tested with the PPG at similar intervals. Preliminary data analysis suggests that Lupron therapy is

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effective in reducing deviant sexual arousal, with the group of residents receiving Depo-Lupron demonstrating greater reductions in deviant sexual arousal as measured by the PPG. The implications of these findings and suggestions for future research will be explored.

## **Maximizing the Impact of the Polygraph in Sexual Offense Treatment**

Raymond Wood, Ph.D.

Shan Jumper, Ph.D.

Many comprehensive treatment programs require full disclosure of sexual offending when recording offense histories for later relapse prevention planning. Describing all offenses in the level of detail necessary poses particular challenges in programs treating offenders in civil commitment settings or in other programs serving chronic offenders, where offense/victim totals may run into the hundreds or higher. Subsequently, verifying such complex offense histories via polygraph examination can also present additional obstacles for clinicians.

This presentation describes two strategies to address these concerns; a categorical method of organizing and presenting sexual offense histories and a clinical committee to oversee the administration of polygraph examinations to verify these histories. A categorical approach to presenting sexual offense histories allows for efficient use of valuable resources without sacrificing important clinical details that provide the foundation for later treatment. A committee with oversight responsibility for polygraph procedures can increase the likelihood of an offender successfully completing the examination, enhance polygraph accuracy and function as an internal quality control mechanism that improves the integrity of the procedure.