

**Informed Consent and Motivation for Treatment:  
How Much Should Offenders Disclose?**

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Informed consent to treatment is more complex for sex offender treatment providers in the 17 states that civilly commit certain sexual offenders. Risk for civil commitment extends beyond those offenders who are incarcerated because the likelihood is that at least some offenders in the community will eventually return to prison, which will put some of those offenders at risk of civil commitment. This would place the information they disclosed as part of their outpatient treatment, including deviant sexual arousal, risk factors for re-offense, offense cycles, and offense histories, under scrutiny for possible use against them. Furthermore, some of the information they disclose regarding types of victims (e.g., male, stranger, unrelated) can elevate scores on risk assessment measures such as the Static-99 and the MnSOST-R. This supports the presenters' position that informed consent should address civil commitment issues for sex offenders entering treatment in both incarcerated and community settings.

The required elements of informed consent will be outlined and broadly applied to clinicians who work in states with civil commitment statutes. Emphasis will be placed on the team approach (containment model), as treatment providers often work in tandem with other types of professionals, including probation/parole officers, security staff, polygraphers, and other mental health professionals (e.g., psychiatrists). Case examples will be provided, and participants will also be encouraged to discuss their own cases. This workshop will involve dynamic discussion of the benefits and how to work around the potential pitfalls of informed consent in light of civil commitment.

Some examples of the benefits are: 1) Informed consent meets the ethical obligations of multiple professional organizations (e.g., ATSA, APA, ACA, NASW, AACFP, and ACHSA standards); 2) Informed consent helps protect clinicians from liability; and 3) Informed consent can set up a positive dynamic of honesty and cooperation from the first interaction between the offender and sex offender treatment staff.

However, the potential consequences of civil commitment can increase rather than decrease levels of resistance and suspicion among individuals in treatment. Many treatment programs both in prison and in community settings require offenders to participate in polygraph testing and to disclose and discuss all of their offenses,

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including those that were previously undetected. This approach potentially places offenders at greater risk for civil commitment because the information they disclose can potentially be used as evidence of dangerousness. This conflicts with the standard of treatment, which is that full disclosure is an important part of examining the offense cycle, identifying focal areas for treatment, and developing a relapse prevention plan. Penile plethysmograph or deviant sexual interest testing is clinically important for making correct diagnoses and determining an offender's treatment needs (e.g., covert sensitization to decrease deviant sexual arousal), but paraphilic diagnoses and evidence of deviant sexual interest/arousal may be viewed by the legal system as further evidence of dangerousness.