

# elements of change

## Highlighting Trends and Issues in the Criminal Justice System

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ors

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### INSIDE THIS ISSUE:

Background Information	1
SOTMP Program Descriptions	2
Treatment Levels	2
TCA Standards	3
Treatment in Other States	3
Outcome Findings	4

### A Prison-Based Therapeutic Community in Colorado for Sex Offenders

The Office of Research and Statistics (ORS), Division of Criminal Justice (DCJ) completed an evaluation of the sex offender therapeutic community (TC) at the Colorado Department of Corrections (CDOC). This EOC briefly describes the study.

#### Research Approach

The evaluation focused on two primary questions:

1. *Are the components of Colorado Department of Corrections (CDOC's) sex offender therapeutic community grounded in theory and best practice, and*
2. *Are outcomes for sex offenders who receive Sex Offender Treatment and Monitoring Program (SOTMP) services better than outcomes for sex offenders who do not receive these services?*

The answers to both questions was **YES**. To address these questions, research staff reviewed the literature, examined 578 offender files, attended TC house meetings and 67 treatment group sessions, conducted 7 focus groups, surveyed the treatment staff, and analyzed new arrests, court filings and prison incarcerations on over 3,000 sex offenders.

Among the many findings, this evaluation determined that applying a modified TC method of managing sex offenders offers an approach that reduces the likelihood that an offender will commit new violent offenses. A copy of the full report can be found on our website at: <http://dcj.state.co.us/ors/>

#### What is a Therapeutic Community?

Therapeutic communities (TCs) have been a method of treatment for drug abuse and addiction for nearly 40 years. Generally, they are drug-free residential programs that use hierarchical models with treatment stages that reflect increased levels of personal and social responsibility as well as peer influence (1).

Many studies have found the TC approach to be an effective means of treatment for substance abuse, especially with reducing relapse to drug and criminal recidivism.

#### The CDOC Sex Offender TC operates as a Modified Therapeutic Community,

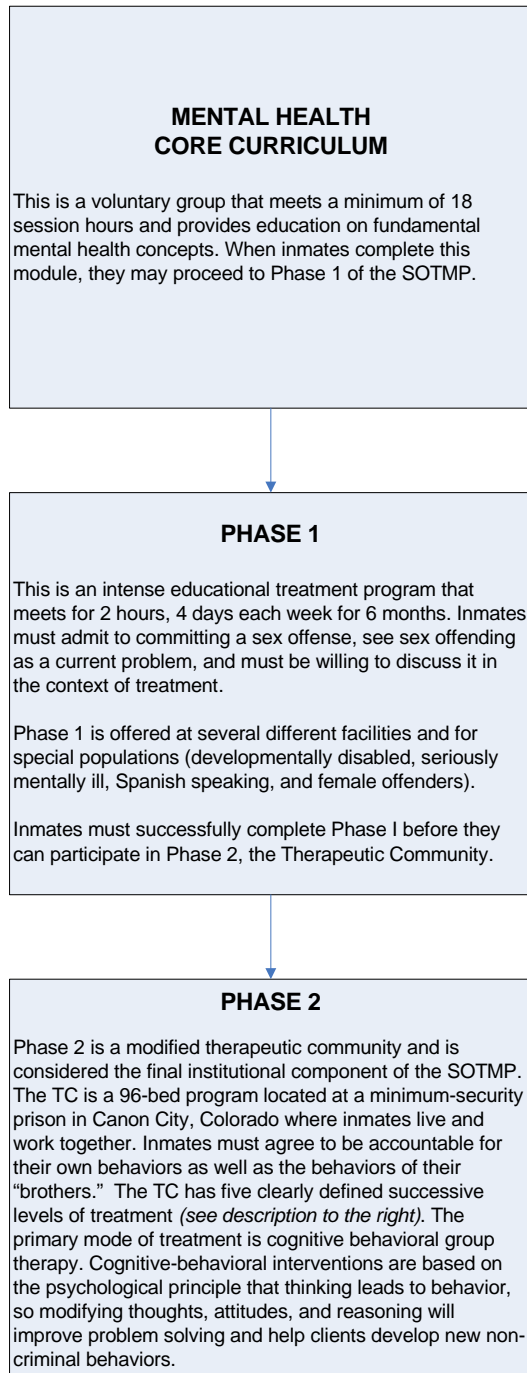
meaning that some of the traditional principles of TC intervention were modified to accommodate sex offenders. For example, peer influence is a key component of a traditional TC. But because sex offenders tend to evaluate relationships in terms of who has more power, this TC was modified to minimize opportunities for power or control over others and to maximize opportunities for equal peer relationships and responsibility for others.

In this *modified* sex offender TC, inmates are housed together in a therapeutic milieu where they live and work with others who are working on similar treatment issues. Participation in the TC requires that offenders agree to be accountable for their own behaviors as well the behaviors of their "brothers."

(1) National Institute of Drug Abuse (NIDA) Research Report Series-Therapeutic Community at <http://www.drugabuse.gov/ResearchReports/Therapeutic/Therapeutic2.html>

## SOTMP Program Description

The Sex Offender Treatment and Monitoring Program (SOTMP) within the Colorado Department of Corrections (CDOC) is very intense. Offenders must successfully complete the Mental Health Core Curriculum program and Phase I of the SOTMP before entering the therapeutic community (TC). These are described below.



## Treatment Levels within the Therapeutic Community



## TCA Standards

Therapeutic Communities of America (TCA) has standards for prison-based TCs. These standards specify the core program elements and *best practices*. They were developed to provide quality assurance of therapeutic community programming in a prison setting.

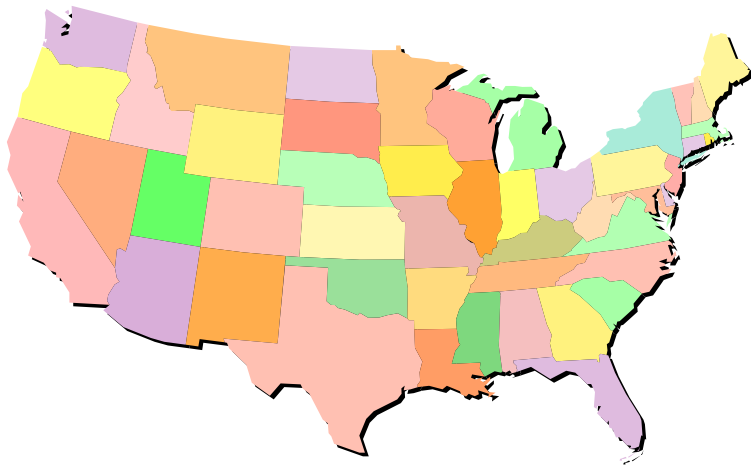
The TCA standards are organized into 11 domains, which are listed to the right. The findings from our report, "Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings" are presented over the next several pages.

To learn more about the TCA Standards visit:  
[http://www.whitehousedrugpolicy.gov/national%5Fassembly/publications/therap%5Fcomm/thera\\_1.html](http://www.whitehousedrugpolicy.gov/national%5Fassembly/publications/therap%5Fcomm/thera_1.html)

1. *Theoretical Basis*
2. *Clinical Principles*
3. *Administration*
4. *Staffing*
5. *Facility Environment*
6. *Program Elements*
7. *TC Process*
8. *Stages of Treatment*
9. *Community TC and Clinical Management*
10. *Intake Screening and Assessment*
11. *Community-Based Aftercare*

## What are Other States Doing?

The Colorado Department of Corrections (CDCO) conducted a survey in 2000 of corrections departments around the United States to obtain more information about sex offender treatment and monitoring programs. Of the 51 state or district correctional agencies surveyed, 48 responded. Thirty-nine correctional agencies reported having formal sex offender programs, 1 reported having an informal program, 1 reported that it was in the process of developing a program, and 7 reported having no program. Of the 39 with a formal program, 20 of these states reported to have intensive forms of treatment through "therapeutic communities" or residential programs although the term "therapeutic community" seemed to describe a wide range of residential programming.



Some of the survey respondents reported that participants worked and lived together in a therapeutic milieu that involved all aspects of an offender's life. Community life focused on clearly defined methods for holding each other accountable for specific behaviors. Other respondents described a modified therapeutic community or a residential program with certain features of a therapeutic community such as a segregated unit for participants, specially trained staff, intensive group therapy, and a reinforced atmosphere of mutual support.

Even though the programs varied, each has a goal of public safety.

A copy of the complete report can be found at: <http://www.doc.state.co.us/programs.htm>.

### Highlighted Findings from the Outcome Evaluation

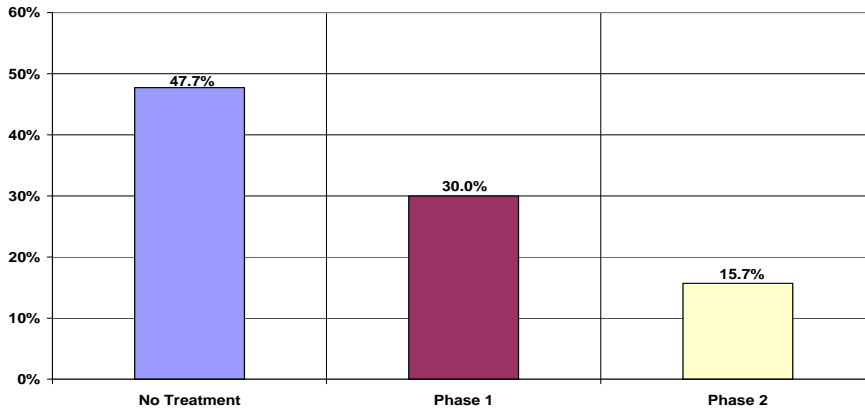
**Over 3,000 sex offenders released from DOC between April 1993 and July 30, 2002 were included in the outcome analysis. Sex offenders were assigned to one of three treatment groups:**

- **No Treatment**, which included all of those who had less than 30 calendar days in Phase 1 treatment.
- **Phase 1** included those with more than 30 days in Phase 1 and no Phase 2 (or TC) treatment.
- **Phase 2 (or TC)** treatment included those who participated in **both** Phase 1 and Phase 2 sex offender treatment.

**Phase 1** is an intense educational treatment program that meets for 2 hours, 4 days each week for 6 months.

**Phase 2 (or TC)** is a modified therapeutic community, where inmates live and work together and agree to be accountable for their own behaviors as well as the behaviors of their "brothers."

**Table 1:**  
**Revocation Rates of Sex Offenders Released to Parole**  
**Between April 1, 1993 and July 30, 2002**  
 n=1585



**FINDING:** Participation in treatment was significantly associated with success on parole. We analyzed parole completion/revocation rates for 1,585 sex offenders released to parole between April 1, 1993 and July 30, 2002. Nearly half (47.7%) of the offenders in the **no treatment** group were revoked back to prison. This rate was three times higher than the group that participated in the TC, and it was 50% higher compared to the group that participated in Phase 1

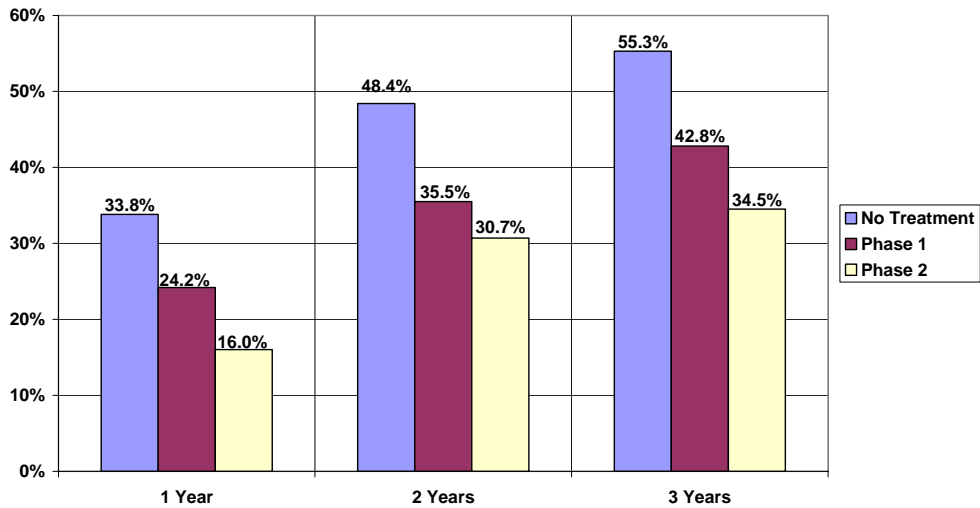
**Table 2: New Arrest is Correlated with Fewer Months in Treatment**

New Felony or Serious Misdemeanor Arrests		Average Months in Treatment
Follow-up Period: 12 Months	No Arrest	27.4 Months
	New Arrest	19.3 Months
Follow-up Period: 24 Months	No Arrest	30.1 Months
	New Arrest	20.0 Months
Follow-up Period: 36 Months	No Arrest	30.1 Months
	New Arrest	17.5 Months

**FINDING:** The length of time an offender participates in treatment was significantly related to positive outcomes after release from prison. This finding is consistent with research in the area of substance abuse: the greater time an offender spends in treatment (including cumulative multiple treatment episodes), the greater the likelihood that the offender will succeed following treatment. **For each additional month spent in the TC, inmates increased their chances of success upon release by one percent (12 percent per year).**

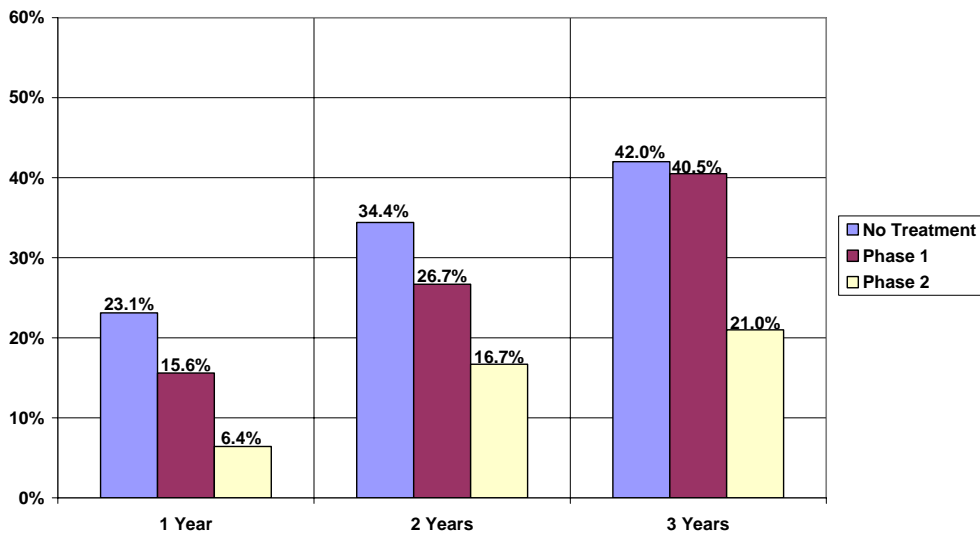
### Continued Highlighted Findings from the Outcome Evaluation

**Table 3:**  
**Convicted Sex Offenders Discharged from *Prison*:**  
**Arrest for a New Felony or Serious Misdemeanor at 1,2,3 Years**  
**n=2040**



**FINDING:** The long term outcome of offenders who were first placed on parole was significantly better than the group that was discharged from prison without parole, reflecting the value of parole supervision for community safety.

**Table 4:**  
**Convicted Sex Offenders Discharged from *Parole*:**  
**Arrest for New Felony or Serious Misdemeanor at 1,2,3 Years**  
**n=1003**



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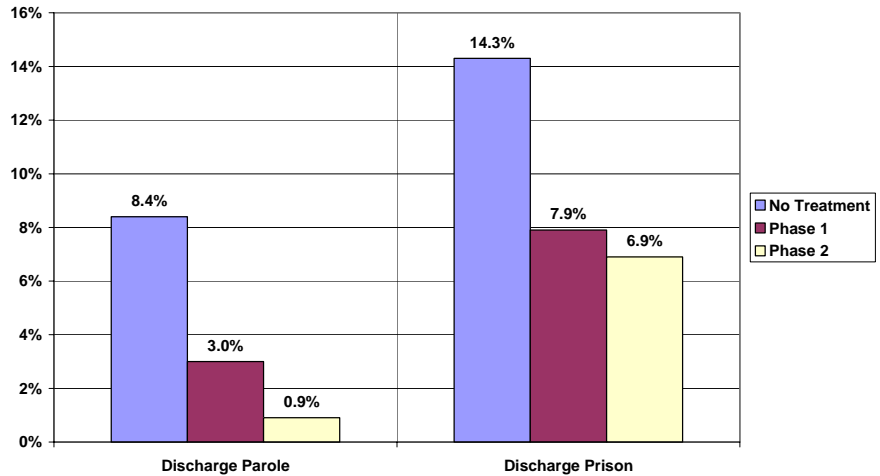
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**Table 5:  
Convicted Sex Offenders Discharge Parole vs. Discharge Prison:  
Arrest for a Violent Felony or Serious Misdemeanor at 1 Year**



**Sex Offenders who have NOT had treatment and who are released on parole are at least 8 TIMES more likely to get arrested for a VIOLENT crime during the first year out than those who have participated in the TC.**

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