I. PURPOSE

To describe the procedures and standards that shall be utilized by the Iowa Department of Corrections (IDOC) districts/institutions in the provision of clinical treatment for sex offenders.

II. POLICY

It is the policy of the IDOC to provide clinical treatment of sexual offenders for the purpose of assisting them to gain control over deviant arousal, maintain healthy functional relationships, and behave in a responsible and safe manner. Each district/institution shall develop and implement programs that include standard assessment and treatment components. The following procedures establish standards for appropriate assessment and treatment intervention.

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A. Evidence-Based Programming
B. Assessment Standard

C. Treatment Programming

III. DEFINITIONS - As used in this document:

A. ISORA - A risk assessment that is developed in Iowa based on a population of male and female adult and youthful (juveniles adjudicated and waived to adult court) sex offenders.

B. STATIC 99-R - An assessment that utilizes only static factors that have been seen to correlate with sexual recidivism in adult males. From the baseline of this long term risk assessment, treatment and supervision strategies can be put in place to reduce the risk of sexual recidivism.

C. STABLE 2007 - A risk assessment tool designed to assess dynamic risk factors for sex offense recidivism in for the purpose of treatment, supervision, and monitoring of sex offenders primarily on community correctional supervision. The tool has been validated with adult male and female sex offenders.

D. ACUTE 2007 - A risk assessment tool designed to assess acute risk factors associated with sex offense and general criminal recidivism that can change very rapidly during the course of treatment, supervision, and monitoring. The tool has been validated with adult male and female sex offenders.

E. See IDOC Policy AD-GA-16 for additional Definitions.

IV. PROCEDURES

A. Evidence-Based Programming

1. Program Components

   Emerging evidence-based practice embraces the importance of having sex offenders involved in sex offender-specific treatment as a condition of their correctional supervision. Components of current sex offender specific treatment methods in Iowa include the following:

   a. Specialized Sex Offender Assessment;
b. Psycho-physiological Assessments (i.e. polygraph, penile plethysmograph, Abel Assessment of Sexual Interest)

c. Group Treatment;

d. Cognitive-Behavioral Therapy

e. Psychopharmacology as needed or warranted by a physician.

2. Program Standards

All institutional or community based correction Sex Offender Treatment Programs (SOTP) shall meet Iowa Board for the Treatment of Sexual Abusers (IBTSA) Standards.

B. Assessment Standard

1. The basis for comprehensive, evidence–based sex offender treatment and supervision is thorough evaluation of the risk and needs specific to each offender. The purpose of sex offender evaluations are also to ensure that sex offender treatment staff are uniformly making assessment and re-assessment decisions as offenders transfer from institution to Community Based Corrections, as well as from district to district.

Offenders assigned to sex offender treatment will be evaluated by one or more the following evaluative methods to ensure appropriate treatment placement, interventions, and dosage:

a. Sex offender specific risk assessments (e.g., Static 99-R, ISORA, Stable 2007, or SORAG for adults, and ERASOR for juveniles)

b. Psycho-social assessment (e.g., family, employment, academic, and relationship histories)

c. Level of accountability/responsibility for crime(s)

d. Personality assessment

e. Intellectual functioning

f. Medical and mental health history
g. Substance use/abuse assessment  

h. Sexual history  

i. Legal history  

j. General risk assessment(s) (e.g., DRAOR, PCL-R)  

k. Review of collateral documents and information  

l. Physiological assessments (e.g., polygraph, penile plethysmograph, and/or Abel Screen)  

m. Behavioral observations  

2. Psychosexual Evaluation  

a. The Psychosexual Evaluation is comprised of all the previously listed methods, and is therefore the preferred tool for measuring offender risk and needs. An accumulation of the previously listed methods and procedures will enable staff to appropriately match treatment interventions to offender needs, adequately estimate offender risk, and facilitate evidence-based decisions for offender monitoring and supervision.  

b. Psychosexual Evaluations shall be conducted by:  

   (1.) An individual who is certified by the Iowa Board for the Treatment of Sexual Abusers (IBTSA) at the Sex Offender Treatment Professional (SOTP) II level,  

   (2.) A Clinical Member of the Association for the Treatment of Sexual Abusers (ATSA) or,  

   (3.) An individual who has a minimum of five (5) years experience in the assessment of sexual abusers as approved by the judicial district director.  

The Psychosexual Evaluation may also be conducted by an individual working towards SOTP II certification or ATSA Clinical Membership under the supervision of an individual
who maintains SOTP II certification or ATSA Clinical Membership.

All Individuals conducting the Psychosexual Evaluation must be specifically trained and experienced in the professional administration, scoring and interpretation of psychological tests (graduate level coursework in testing and assessment).

3. Risk Assessment for Supervision, Treatment and Research
   a. All institution and judicial district sex offenders shall be assessed for supervision, program evaluation and recidivism research utilizing the following assessment tools:
      
      (1.) Static 99-R

      (2.) ISORA (for those offenders the Static 99-R is not applicable to)

      (3.) DRAOR
   
   b. Risk assessment shall be completed as a component of the Pre-Sentence Investigation (if ordered).
   
   c. Risk assessment shall be completed within 30 days of sex offender placement on community supervision.

   d. Stable 2007 shall be completed annually on all community based sex offenders.

   e. All judicial district sex offenders shall be assessed utilizing the STABLE 2007 and ACUTE 2007 assessments for day-to-day monitoring and treatment.

C. Treatment Programming

1. The goal of community based corrections and institution sex offender treatment is to eliminate recurring sexual assault. Post-treatment management using relapse procedures should include long-term follow-up. Just as evaluation procedures cannot be based on a single assessment technique or instrument, treatment programs must be multifaceted. Information on sexual arousal patterns, social competence, and cognitive distortions may eventually allow predictions to be made about the likelihood of recidivism in the future.
2. All sex offender treatment programs shall follow the established “Sex Offender Treatment Curriculum Guideline” (Attachment A) approved by the IDOC as the primary method for treatment provision. Additional materials and resources may be used to enhance delivery of required treatment components. Each district/institution program shall include the following components:

a. Treatment Readiness;

b. Victim Awareness/Empathy Enhancement;

c. Cognitive Restructuring;

d. Managing Deviant Sexual Arousal;

e. Relapse Prevention (RP);

f. Sexuality;

g. Relationship & Interpersonal Skills;

h. Emotional Management;

i. Family and other Support Networks;

j. Continuing Care.