

**The Massachusetts DMH  
Mentally Ill/Problematic Sexual Behavior  
(MI/PSB) Program:  
An Evolving Approach to  
Comprehensive Treatment and Risk  
Management**

NASMHPD Forensic Division  
Annual Meeting  
September 23, 2008

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# Overview

- MI/PSB: Brief History & Current Status
- MI/PSB Assessment
- MI/PSB Treatment
- MI/PSB System Intervention
- Client Interview



# BRIEF HISTORY

# MI/PSB Program Development

- DMH Forensic Division surveys in-patient population in late 1990's
- MI/PSB Programming initiated in 2000
- MI/PSB multi-disciplined clinical teams established in in-patient facilities across the state
- MI/PSB Programming expands into the community in 2002-2003

# MA DMH MI/PSB POPULATION SPECTRUM

## MENTALLY ILL/PROBLEMATIC SEXUAL BEHAVIOR POPULATION SPECTRUM

**NON-ADJUDICATED**

**INAPPROPRIATE  
SEXUAL BEHAVIOR**

**INSTITUTIONAL VIOLATIONS**

**NOT GUILTY  
BY REASON OF INSANITY  
(NGRI)**

**INCOMPETENT  
TO STAND TRIAL  
(IST)**

**STANDING OPEN CHARGES**

**CHARGE/CONVICT  
SEXUAL CRIME**

**INCARCERATED**

**SORB OBLIGATIONS**

**PROBATION/PAROLE**



# CURRENT STATUS

# Clinical Services:

- 6 DMH Areas
- \*Total # active cases: 214
  - # wait list: 32
  - # POC: 163
- Clinical Services include:
  - Assessment
  - Treatment
  - Consultation
  - Training
  - Psychopharmacology

\* Total based on 5 of 6 areas

## Mentally Ill

## Problematic Sexual Behavior

### ■ \*Diagnosis:

- Psychotic D/O: 67%
- Bipolar: 12%
- Dep, PTSD, OCD,  
Axis II: 21%
- Co-morbid substance  
abuse: 54%

### ■ SORB Status: 108

- Level 1: 4
- Level 2: 51
- Level 3: 38
- Level 0: 15

### ■ Non-SORB: 96



# MI/PSB Assessment

# Purpose of the MI/PSB Evaluation

- Clinical assessment of treatment & risk management needs
- Report serves as a foundation for treatment planning and provides information to treatment teams
- Aids in identifying the relationship between the MI and the PSBs

# Fundamentals:

- Comprehensive
- Tailored
- Functionally integrated

# Assessment Components

- Referral
- Informed Consent
- Review of Records
- Clinical Interview
- Psychological Measures
- Collateral Contacts
- Report



# MI/PSB Treatment

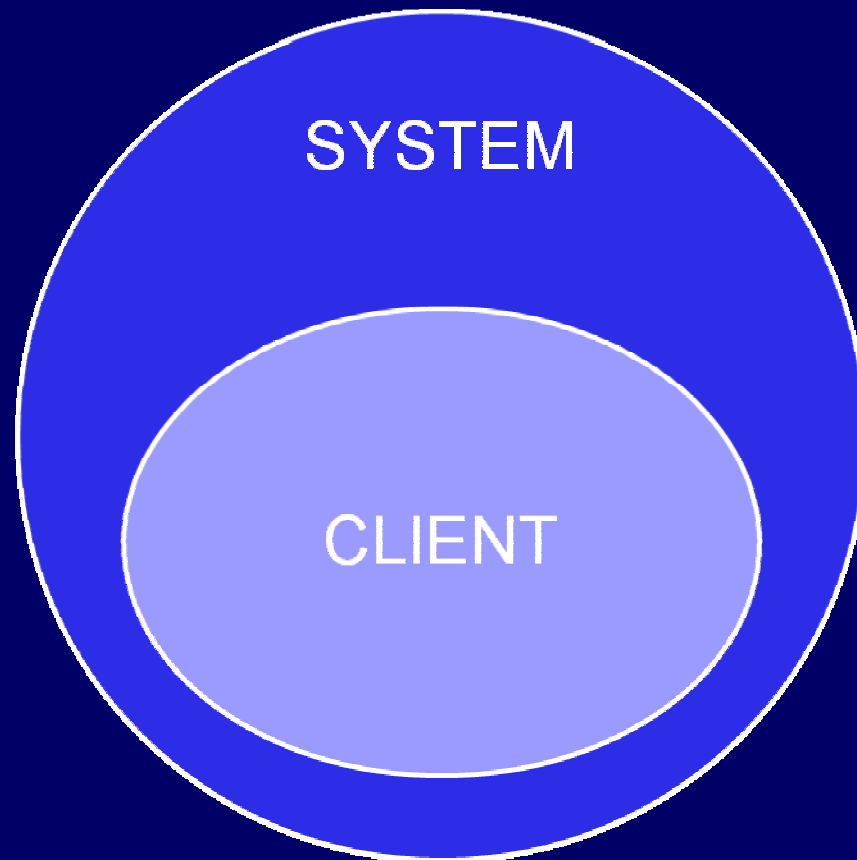
# SOST Brief Hx:

- PA → Behaviorism → CBT → RP → Self-Regulation →
- Andrews & Bonta (2003, 2006):  
R-N-R Principles of Effective Treatment
  - English: Containment Model
  - Ward & Hudson: Good Lives Model



# MI/PSB-SPECIFIC TREATMENT

# Key to MI/PSB Intervention:



# MI/PSB Treatment

- Clinical Foundations
- Barriers to Treatment
- Treatment Stages
- Group Treatment
- Individual Treatment
- Community Interventions

# Clinical Foundations

- Based on principles of recovery, functional analysis (Relapse Prevention), and Cognitive-Behavioral Therapy
  - Recovery focus emphasizes empowering the individual to develop an overall quality of life
  - Function analysis is used to identify controlling variables of problem behaviors and/or urges to engage in problem behaviors, including problematic sexual behaviors. Chain analysis is used to help clients learn and avoid high risk situations or “red flags”
  - CBT and DBT techniques are used to help clients work on both on these goals
  - Most powerful contingencies for controlling deviant sexual impulses are related to attaining a satisfying quality of life

# Barriers to Treatment

- Mental Illness & Co-Morbidity
- Treatment Disincentives
- Counter-transference
- Cognitive Limitations
- Affect Regulation/Tolerance Deficits
- Psychopathy
- Psychosocial Skills Deficits

# MI/PSB Treatment Model

- MI/PSB Specific Group Treatment
  - Pre-Treatment - Phase 1
  - Active Treatment – Phase 2
  - Maintenance – Phase 3
- “Good Lives” group in progress
- DBT Skills Building Group
- Individual Treatment
- Systems Intervention

# MI/PSB Treatment

## ■ Treatment Stages

### □ Pre-Treatment/Engagement

- Individual Treatment Only

### □ Informed Consent

### □ Assessment

- Part of Treatment
- Increasing clients' ability to reveal private experiences including eventually PSBs

### □ Active Treatment

### □ Maintenance

# Phase I Skills Modules

- Module 1 – Thoughts & Feelings
- Module 2 – Exploring Learning Styles
- Module 3 – Listening & Focusing Skills
- Module 4 – Sequencing
- Module 5 – Cognitive Distortions
- Module 6 – Problem Solving & Decision Making
- Module 7 – Supportive Confrontation



# Phase I – Pre-Treatment Group

# First Sessions

- Group Rules
- Checking In
- Snacks

# Thoughts and Feelings

- Identify Feeling States
- Differentiate Thoughts from Feelings
- Relationship
- Subjective Quality of Thoughts

# Exploring Learning Styles

- Review Basic Learning Principles
- Assess How Group Members Learn
- Target Tolerance of Cognitive Differences

# Listening and Focusing Skills

- Hearing vs. Listening
- Non-Verbal Behavior
- Practice Exercises

# Sequencing

- Linear Story Telling
- Cartoons
- Following Recipes
- Relapse Cycle

# Cognitive Distortions

- Beck's Depressogenic Distortions
- Use of Evidence to Identify Distortions/Minimization

# Decision Making and Problem Solving


- Acknowledging and Defining the Problem
- Commitment to Solving Problem
- Brainstorming
- Evaluating Solutions
- Choosing a Solution

# Supportive Confrontation

- Giving Feedback
- Enabling
- Criticizing
- DEAR MAN – GIVE
- Factors that Interfere with Effective Communication



# Phase 2 – Intensive Treatment Group

- 
- MI/PSB-Specific or Active Treatment
    - Disclosure
    - Offense Cycle
    - Relapse Prevention
    - Behavioral Conditioning
    - Social Skills and Assertiveness Training
    - Anger Management
    - Sex Education
    - Victim Awareness
    - Cognitive Distortions



# Phase 3 – Maintenance Treatment Group

## ■ Phase 3 – Maintenance

- Individual and Group Treatment Continue but May Decrease in Frequency
- Increased Focus on Quality of Life Issues
- Decreased Behavioral Monitoring
- Relapse Prevention Treatment as needed



# DBT Applied to MI/PSB

# MI/PSB-Specific DBT

- 3 Phases:

- Preparatory
- Intensive
- Maintenance

- Four Skills:

- Mindfulness
- Emotion Regulation
- Distress Tolerance
- Interpersonal Effectiveness



# Individual MI/PSB Treatment

# Individual Treatment

## Client Motivational Issues:

- Commitment Strategies

  - Freedom to Choose, Absence of Alternatives

  - Foot in the Door

- Motivational Interviewing

- External Reinforcers

- Respect

- Relationship

# Clinical Strategies

- Commitment Strategies
- Goal setting/targetting
- Behavioral Analysis
- Shaping – Sequencing, describing private experiences, talking about thoughts and feelings
- Breaking Through Scripts
- Self-Disclosure
- Hospitalization
- Administrative Reviews



# System Intervention

# Systems Intervention & Risk Management

- Collateral Treatment Providers
  - In-service Trainings and Education
  - Consultation
  - Support/Contact
- “Treating” the System
  - Community Assessments
  - Risk Reviews
  - Steering Committee
  - Community Response Plans
  - Residential Placement “Packet”

# Preliminary Outcomes

## MBA MI/PSB Program

### N=90

- **3 Clients (3%) have been incarcerated for a sexual offense**
- **9 Clients (10%) have behaviorally re-offended**
  - **4 Non-contact offenses**
    - **Masturbating in public**
  - **5 Contact offense**
    - **Grabbed a woman's buttocks and pushed her**
    - **Grabbed female peer from behind**
    - **Indecent Assault and Battery (2)**
- **7 Clients (8%) have been re-incarcerated for non-sexual offenses (probation violations drugs, non-sexual violence)**
- **26 Clients (29%) have been re-hospitalized**
  - **10 related to engaging or risk for engaging in PSBs**
  - **16 related to psychiatric decompensation**

# MBA Preliminary Outcomes (cont'd)

- 22 Clients have been successfully discharged from the hospital to outpatient MI/PSB program
- 14 Clients are living independently in the community
- 24 Clients living in DMH congregate housing
- 9 Clients are working at least part-time
- 9 Clients successfully integrated from prisons or court-ordered probation

# Contact Information

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