SOTIPS
Sex Offender Treatment
Intervention and Progress Scale:
A dynamic measure of risk, treatment needs, and treatment progress.

Sponsored by
Wisconsin Association for the Treatment of Sexual Abusers
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Outline

1. What are evidence-based assessment practices?

2. What is the SOTIPS?

3. How does the SOTIPS perform?

4. How do I score the SOTIPS?

5. How can the SOTIPS be used in practice?

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1. What are evidenced-based risk and needs assessment practices?

Association for the Treatment of Sexual Abusers (ATSA)
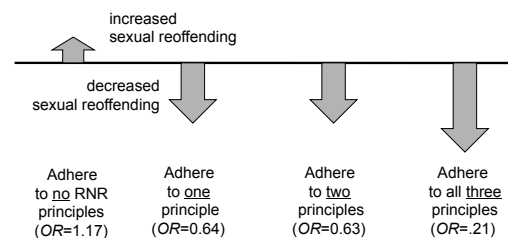**"Practice Standards and Guidelines" (2005)**
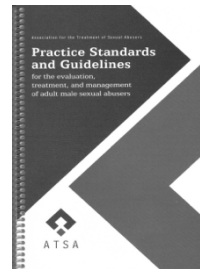
27.01 evaluate client's risk and clinical needs before beginning treatment

31.00 periodically re-evaluate client's treatment progress
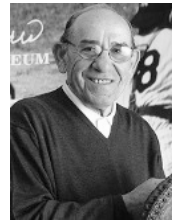

Principles of Effective Services "RNR"

1. Risk Principle – Who to treat?
- Assess offenders' risk to reoffend.
- Focus treatment on offenders at moderate risk or higher.

2. Need Principle – What to treat?
- Assess offenders' treatment needs.
- Focus treatment on offenders' criminogenic needs.

3. Responsivity Principle – How to treat?
- Assess offenders' learning styles.
- Match services to offenders' learning styles.

Programs that adhere to RNR principles have lower rates of sexual reoffending than those that do not.
Hanson et al. (2009); 23 studies;
3,625 offenders; follow-up about 5 years

increased sexual reoffending

decreased sexual reoffending

Adhere to no RNR principles (OR=1.17)

Adhere to one principle (OR=0.64)

Adhere to two principles (OR=0.63)

Adhere to all three principles (OR=.21)

Implementing RNR principles requires conducting risk and need assessments.

"Predicting things is difficult, especially when they're in the future."

Yogi Berra

We know which risk factors are most closely linked to sexual offending.
(Mann, Hanson & Thornton, 2010; Hanson & Bussiere, 1999)

Static Risk Factors
- Prior sex convictions
- Prior criminal convictions
- Prior violent convictions
- Early onset
- Younger age
- Any male victims
- Any unrelated victims
- Any stranger victims
- Never married

Dynamic Risk Factors
- Sexual preoccupation
- Deviant sexual interests
- Offense supportive attitudes
- Poor adult attachments
- Lifestyle impulsivity
- Resistance to supervision
- Poor problem solving
- Grievance and hostility
- Negative social influences

But what is the best way to combine these risk factors?

- Ignore the research and use intuition,

- use unstructured professional judgment, or

- Used a structured approach.

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Which methods work best?
Hanson & Morton-Bourgon (2009)
Meta-analysis of 118 studies

Methods	Effect Size	d (95% CI)	k
Structured			
- Empirical actuarial	moderate	.67 (.63-.72)	81
- Mechanical	moderate	.66 (.58-.74)	29
Unstructured	small	.42 (.32-.51)	11

What combined static and dynamic assessment schemes add incrementally to predicting sexual recidivism?

- Stable 2007/Acute 2007 and Static-99
  - Hanson, Harris, Scott, & Helmus (2007)
- SRA and Static-99 or RM2000
  - Thornton (2002)
- VRS-SO and Static-99
  - Olver, Wong, Nicholaichuk, & Gordon (2007)
- SOTIPS and Static-99R or VASOR-R
  - McGrath, Lasher, & Cumming (2011)

Four Generations of Sex Offender Risk Assessment

1st – Unstructured professional judgment

2nd – Structured risk instruments (mostly static risk factors)

3rd – Structured risk-needs instruments (static & dynamic)

4th – Structured risk-needs instruments for ongoing planning

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2. What is the SOTIPS?

SOTIPS
Sex Offender Treatment Intervention and Progress Scale

SOTIPS

Sex Offender
Treatment Intervention
and Progress Scale
Manual

Robert J. McGrath, Georgia F. Cumming, and Michael P. Lasher

October 2013
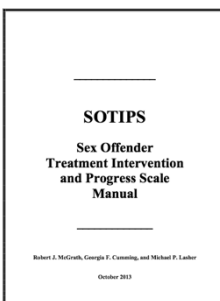
- Used with VASOR-2 or Static-99R as a static/dynamic risk assessment model
- Predicts sexual reoffending among convicted sex offenders at 3 years
- Copyrighted; no charge for use
- 16 dynamic risk factors scored every 6 months
- Scored by probation and parole officers and mental health professionals
- NIJ Vermont study
- NIJ replication studies underway in NYC, AZ, and CO

Static-99R

STATIC-99 Coding Rules
Revised - 2003

Andrew Harris, Amy Phenix, R. Karl Hanson, & David Thornton
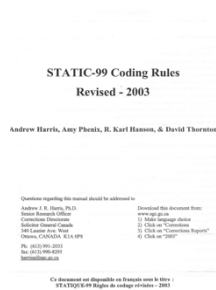
- Predicts sexual recidivism among convicted sex offenders
- In the public domain
- 80 page scoring manual
- 10 items scored by case managers, probation officers, or mental health professionals
- Well established (80+ studies)
- Inter-rater reliability = good
- Predictive validity = moderate

VASOR-2
Vermont Assessment of Sex Offender Risk-2

VASOR-2

Vermont Assessment of
Sex Offender Risk-2
Manual

Robert J. McGrath, Stephen E. Hoke, and Michael P. Lasher

October 2013
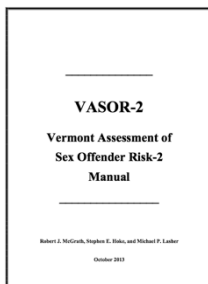
- Predicts sexual reoffending among adult male sex offenders at 5 years
- Copyrighted; no charge for use
- 12 item Reoffense Risk Scale and 4 item Severity Factors Checklist
- Scored by case managers, probation officers, and mental health professionals
- 4 studies in development sample
- Norms for contemporary, nonselected, routine sample
- Inter-rater reliability - ICC = .88
- Predictive validity - AUC = .76

VASOR-2 Reoffense Risk Scale	
1.	Age at community placement
2.	Prior sex offense convictions
3.	Prior sentencing dates
4.	Violations of conditional release
5.	Any noncontact sex convictions
6.	Any male victims
7.	Relationship to victims
8.	Offense-related sexual fixation
9.	Substance abuse past 5 years
10.	Address changes past 5 years
11.	Time employed past year
12.	Treatment failure or recidivist

VASOR-2 Severity Factors Checklist	
1.	Sexual <u>intrusiveness</u> of index sex offense
2.	<u>Force</u> used during index sex offense
3.	<u>Physical harm</u> to index sex offense victim
4.	<u>Victim vulnerability</u> characteristics of index victims

SOTIPS

16 Dynamic Risk Items			
1.	Offense Responsibility	9.	Treatment Cooperation
2.	Sexual Interests	10.	Supervision Cooperation
3.	Sexual Attitudes	11.	Emotion Management
4.	Sexual Behavior	12.	Problem Solving
5.	Risk Management	13.	Impulsivity
6.	Criminal Attitudes	14.	Employment
7.	Criminal Behavior	15.	Residence
8.	Stage of Change	16.	Social Influences

SOTIPS
Need Categories and Scores

Category	Score
Low	0 - 10
Moderate	11 - 20
High	21 - 48

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SOTIPS Development & Vermont DOC Treatment Programs

⭐ **Prison Programs**

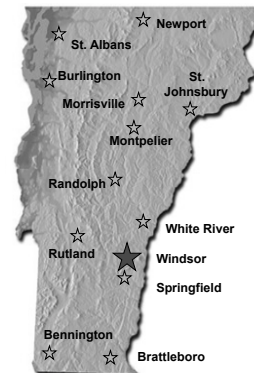**High Intensity**
20 month program

Moderate Intensity
12 month program

Low Intensity
6 month program

☆ **Community Programs**

Probation, parole, or furlough
3 to 24 month programs

Why?

- Focus treatment and supervision services
- Provide a structure and common language
- Link services between prison and community
- Assess progress and recalibrate services
- Anchor decision making
- Increase accountability
- Assess intermediate outcomes
- Program planning and development

Acknowledgements

3. How does the SOTIPS perform?

References

- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2011). *A model of static and dynamic sex offender risk assessment* (Document No. 236217). Washington, DC: United States Department of Justice.

- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The Sex Offender Treatment Intervention and Progress Scale (SOTIPS): Psychometric properties and incremental predictive validity with Static-99R. *Sexual Abuse: A Journal of Research and Treatment, 24,* 431-458.

- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2013). *The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) Manual.* Middlebury, VT: Author.

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Target Population: Who was the SOTIPS normed on?
see page 1

- Adult males who were <u>convicted</u> of committing at least one <u>qualifying sex offense</u> on or after <u>18th birthday</u>

  ▪ Qualifying offenses are all <u>Category "A"</u> sex offenses

  ▪ If offender has any <u>Category "A"</u> sex offense convictions, then all <u>Category "B"</u> sex offense convictions count as index and prior sex offenses

What are Category "A" and "B" sex offenses?

Category "A" Sex Offenses (Need at least one "A".)	Category "B" Sex Offenses (If at least one "A", then "Bs" count.)
• Sexual assault	• Statutory rape; < 3-year difference
• Attempted sexual assault	• Possessing child pornography
• Child molestation	• Soliciting a prostitute
• Exhibitionism	• Pimping
• Internet luring	• Adult consenting sex public place
• Simple assault (pled down SO)	• Urinating in public

*Based on Static-99 definitions

The SOTIPS has <u>not</u> been normed on the offender types listed below, however, it <u>may</u> serve as a useful "checklist" for assessing individuals in these groups.

- Individuals who have committed <u>only</u> Category "B" sex offenses, such as possessing child pornography
- Female sex offenders
- Statutory rapists - cooperative sexual activity with a similar age peer (age difference less than 3 years)
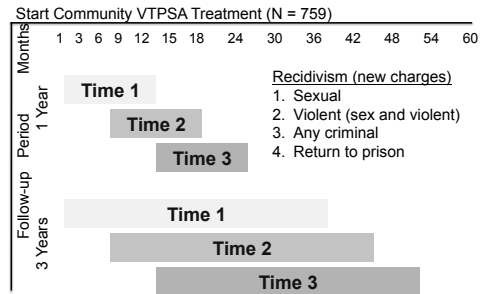

"Statistics are like bikinis. They show a lot but not everything."
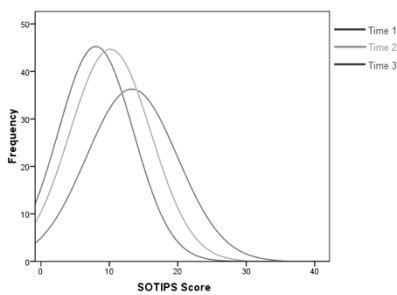
Lou Piniella

Participants - 759 adult male sex offenders Placed in community in VT 2001 to 2007	
Age at release	34.2
Static-99R score	2.5
White	96.4%
Education, 12 or more years	73.3%
Community release status	
Probation	80.2%
Parole or furlough	19.8%
Offender type	
Non-contact	7.8%
Extra-familial child molester	59.6%
Incest	14.6%
Rapist	18.1%

Study Design

Start Community VTPSA Treatment (N = 759)

Recidivism (new charges)
1. Sexual
2. Violent (sex and violent)
3. Any criminal
4. Return to prison

## Distribution of SOTIPS Scores

The SOTIPS has acceptable interrater reliability and moderate predictive accuracy.

- **Reliability**
  - Different evaluators score offenders similarly.
  - $ICC_1 = .77$: $ICC_2 = .87$
  - *SEM* = 3
- **Validity**
  - 3-year sexual recidivism = 4.6%; any violent = 8.6%
  - The scale predicts what it is suppose to predict
  - AUCs for sexual recidivism = .67 to .89
  - Scores at 1, 7, and 13 months predict at 1 and 3 years

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GEE Risk Levels and Recidivism Rates
Generalized Estimating Equations

- Models correlated data in repeated or multi-level designs
- Provided a single regression model for the SOTIPS at Times 1, 2 and 3 combined with Static-99R or VASOR-2
  - For recidivism risk, used a binary logistic model
  - For survival, used an interval censored survival model
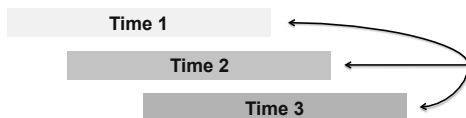
## Net Reclassification Error

- NRI; Pencina et al., 2007
- Percent improvement in correct classification
- Percent improvement of SOTIPS+Static-99R classifications compared to Static-99R alone

	1-Year Follow-Up	3-Year Follow-Up
Type of recidivism		
Sexual	**42.3%**	**27.9%**
Violent	29.9%	16.2%
Any	20.2%	10.4%
Return to prison	42.6%	30.1%

Absolute Sexual Recidivism Rates at 3 Years by Combined Static-99R and SOTIPS GEE Risk Levels


Legend: Low, Moderate-low, Moderate-high, High
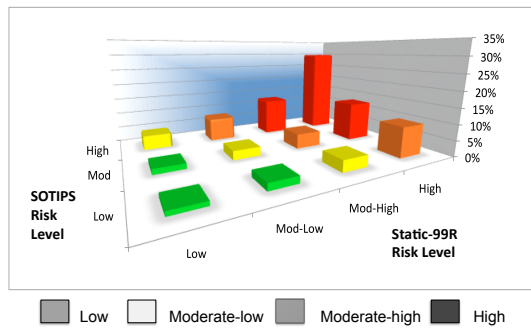
Relative Risk Categories

Static-99R		SOTIPS		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	(-3 to 1)	low	low	moderate-low
Moderate-Low	(2 to 3)	low	moderate-low	moderate-high
Moderate-High	(4 to 5)	moderate-low	moderate-high	high
High	(6 to 12)	moderate-high	high	high

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Percent of Offenders in Each Static-99R and SOTIPS Combined Risk Group

■ High ■ Moderate-High ■ Moderate-Low ■ Low
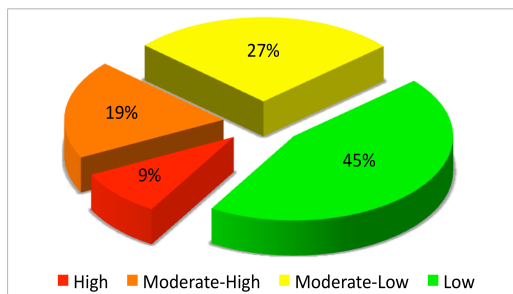
3 Year Predicted Recidivism Rates for Combined VASOR-2 and SOTIPS Scores

759 adult male sex offenders placed in the community and entered sex offender treatment in Vermont 2001-2007
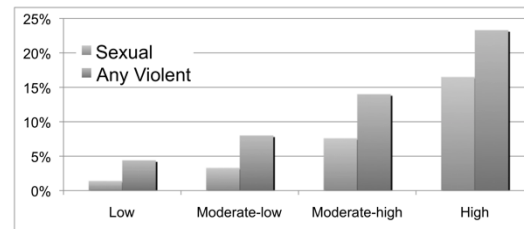
40

Sexual Recidivism Survival Curves at 3-Years by Combined Static-99R and SOTIPS GEE Risk Levels
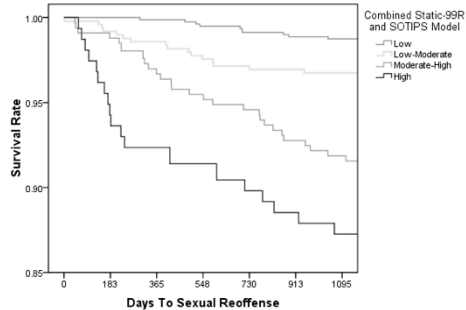
Men who showed good treatment progress had lower sexual recidivism rates.

Recidivists (red) start with high SOTIPS scores and stay high.
Non-recidivists (green) start with lower scores
which go down over time.

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Average SOTIPS Scores Over Time in Treatment

SOTIPS score

Months in treatment

Limitations

- **Construction sample**
  - may exaggerate the SOTIPS and recidivism relationship
- **Participants characteristics**
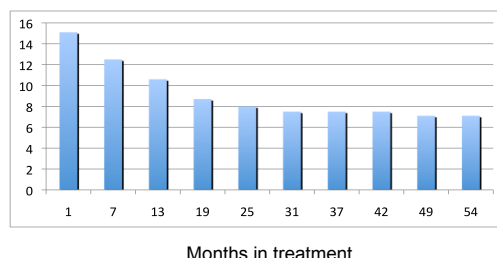 - predominantly white and from a rural state
- **Sexual recidivism base rate**
  - 5% over three years
- **Sub-group analyses**
  - sex recidivism did not predict for adult-victim-only (20%)
- **Application**
  - Need for replication and local norms

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4. How do I score and use the SOTIPS?

Using the SOTIPS

- Score at intake and then every 6 months
- Initial score based on available history and interviews with offender during intake
- Follow-up scores based on observation from treatment and supervision contacts
- SOTIPS/Static-99R and SOTIPS/VASOR-2 combinations have predicted better than any one instrument alone
- Method of identifying overall level of treatment and supervision need
- Method of measuring offender progress to modify treatment and supervision services

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SOTIPS Items

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Who Scores the SOTIPS?

- Qualifications
  - Expertise in the area of sex offenders
  - Understand principles of assessment
- Single Scorers
  - Clinician
  - Case manager
  - Probation or parole officer
- Multiple scorers
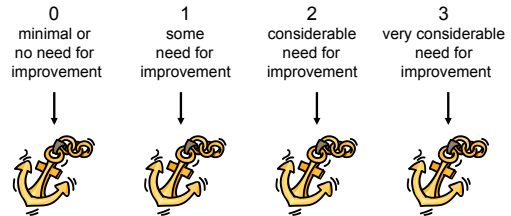 - Two or more members of the team

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What information can I use to score the SOTIPS?

- Offender self-reports
- Observation
- Psychological test data
- Polygraph test results
- Collateral reports
  - treatment providers
  - probation and parole officers
  - family
  - support and other persons

What are the "Anchors" for scoring SOTIPS Items?

Scoring Window: __6-month__ window or current status

0	1	2	3
minimal or no need for improvement	some need for improvement	considerable need for improvement	very considerable need for improvement

How is it Scored?

	0	1	2	3
10. Cooperation with Community Supervision	☐	☐	☐	☒
Self-Management	0	1	2	3
11. Emotion Management	☐			☐
12. Problem Solving	☐	☒		☐
13. Impulsivity	☐	☒		☐
Social Stability and Supports	0	1	2	3
14. Employment	☒	☐	☐	☐

Sliders: If unsure how to score some items (0 or 1; 1 or 2, 2 or 3), score about half higher and half lower

See

RYAN Case Study #1 and SOTIPS Manual page 6

1. Sex Offense Responsibility

- Degree to which individual believes that his sexual offending is the result of his personal decisions and behavior as opposed to external causes.
- Does not need to fully admit all offense behaviors to score well on this item.
- Examples of placing blame elsewhere:
  - It's her fault. She lied about her age.
  - It only happened because I was drinking.
  - I had sex with the girl (a minor), but it was consensual.

1. Sex Offense Responsibility

	1. Sex Offense Responsibility
0	Full responsibility.
1	Mostly responsible. Some blame elsewhere.
2	Some responsibility. Considerable blame elsewhere.
3	Categorical denial or otherwise takes no responsibility.

1. Sexual Offense Responsibility

1. I knew it was wrong, but I went ahead and did it anyway. I know I have trouble controlling myself. Even though she said I touched her 20 times, and I only touched her about 12 times, what I did do is still all my fault. ____

2. I know she couldn't think clearly because she was drinking, and I shouldn't have taken advantage of that. I know it's mostly my fault, but I'm not the one who got her drunk in the first place. That's her and her friend's fault. ____

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1. Sexual Offense Responsibility

Ryan. He said he did not rape his girlfriend. He said he had a hard day at work, was in a bad mood, did a few lines of cocaine, and his girlfriend started nagging and arguing with him. He said that after arguments, he and his girlfriend often had "make-up sex," and this was what they were doing. He said that if she had gone along with having sex with him like in the past and kept "her mouth shut" he would not have been in this mess. He said he did not commit any sex offense and her facial bruises were because she fell on her own.

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2. Sexual Behavior

- Degree to which individual engages in appropriate versus offense-supportive sexual behavior.

Appropriate	Offense Supportive
Partners of legal age	Children
Consenting partners	Coercive sex
Non-coercive sex	Other illegal sexual activity
Non-offense-related fetish	Offense-related fetishes

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2. Sexual Behavior

- …. or other behavior that is linked with sexual offending among convicted sex offenders, such as:
  - masturbating to offense-related fantasies
  - using pornography habitually or against conditions
  - frequently commercial strip bars; phone sex lines
  - being promiscuous; engaging in impersonal sex
  - engaging in high frequency sexual behavior

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2. Sexual Behavior

0	Legal, not harmful, and not compulsive.
1	Some problems. Not as serious as "2".
2	Legal but harmful or compulsive or high frequency.
3	Illegal sexual behavior.

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2. Sexual Behavior

1. He is "suspected" by staff of forcing his wife to have sex. No other behavior problems are evident. ____
2. Over the past 6 months, he self-reports that he regularly masturbates 2-3 times a day. ____
3. He was caught with child porn on his computer. ____
4. Staff found three adult-oriented XXX DVD's at his home about four months ago. Possession of pornography is against his probation conditions. This is the first incident of this type of behavior. ____
5. He was caught with a scrap book of pictures of clothed children in his room against facility rules. ____

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2. Sexual Behavior

Ryan. His girlfriend left him after the sexual assault and he says that he has not been in a relationship since. He reports he had been going to local bars (before being placed on probation about one month ago) and picking up women for the sole purpose of having sex about two or three times a week. He said this is how he meets his sexual needs. He said that they want it and he wants it, and he has no interest in having a relationship.

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3. Sexual Attitudes

- How well individual recognizes and self-corrects attitudes that support or condone sexual offending
- Examples include:
  - Overvaluing sex
  - Viewing himself as sexually entitled
  - Viewing sexual activity with children as not harmful
  - Viewing others as objects for his sexual pleasure
- Score this item at least as high as Item #2-Sexual Behavior

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3. Sexual Attitudes

0	No/minimal difficulty recognizing and self correcting.
1	Some difficulty recognizing or self correcting.
2	Considerable difficulty recognizing or self correcting.
3	Does not recognize or self correct or is not open to changing.

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3. Sexual Attitudes

1. Seeing children on mainstream T.V. shows sometimes triggers fleeting sexual thoughts. He said he catches himself and successfully uses self-talk interventions to avoid or extricate himself from these situations. _____

2. He says there are two types of women – "good girls" and "whores." Whores are just out to use men. They deserve what they get (i.e., raped). _____

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3. Sexual Attitudes

Ryan He views women as sexual objects and often refers to them as "bitches." He feels entitled to have sex with women who come home with him, and he says his sexual partners always want it as much as he does. When questioned about his one-night-stands, he became annoyed with the interviewer and said, "What's your problem! I get what I want. They get me! They never said no. I don't get why you're not letting this go."

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4. Sexual Interests

- Self report
- History
- PPG, VTM, polygraph, and other testing
- Collateral reports

Appropriate   **Offense-Related**
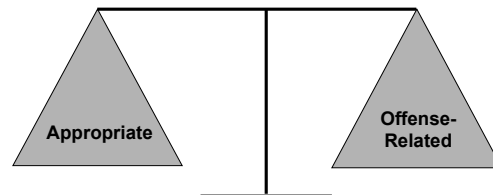
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4. Sexual Interests

Use Screening Scale for Pedophilic Interests as an "anchor" if any child victims age 13 or younger (SSPI; Seto & Lalumiere, 2001).

	Item	Scores	
1.	Has a male child victim?	Yes = 2	No = 0
2.	Has more than one child victim?	Yes = 1	No = 0
3.	Has a victim age 11 or younger?	Yes = 1	No = 0
4.	Has an unrelated child victim?	Yes = 1	No = 0

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4. Sexual Interests

0	All sexual interest in appropriate themes (SSPI = 0 or 1).
1	Most sexual interest in appropriate themes (SSPI = 1, 2, or 3).
2	Most sexual interest in offense-related themes (SSPI = 3, 4, or 5).
3	All sexual interest in offense-related themes (SSPI = 4 or 5).

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4. Sexual Interests

A few Guidelines:

- Identify the score that best represents the individual's overall lifelong sexual interests.

- Identify the individual's sexual interests for the previous six months.

- The SOTIPS score (0,1,2,3) should generally be no lower than one point below the individual's lifelong score.

- Use the SSPI if offender has any child victims, defined as age 13 or younger.

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4. Sexual Interests

1. He molested at least 12 unrelated males between the ages of 10 and 14. A few years ago he had two sexual experiences with adult females – both "one-night stands." Both experiences were unsatisfying. He says his sexual interests are now exclusively towards adult females. ____

2. He molested three of his daughters when they were between the ages of 13 and 15. He had an active sex life with his wife for several years. He says his primary arousal is to adults but at times he struggles with sexual thoughts about underage teenage girls. ____

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4. Sexual Interests

Ryan. He has had three live-in love relationships with adult women, the longest being about three years. He reports that his sexual interests are focused solely on consenting sexual activities with adult women. He said he is not aroused to force. His girlfriend, the victim, has been clear that this was the first time that he had forced himself on her sexually. He has no known history of sexual offenses against minors or sexual interest in minors.

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5. Sexual Risk Management

Degree to which individual "talks the talk, and walks the walk."
1. Talk: Identifies key risk factors for sex offending, such as:
   a. having contact with children
   b. using alcohol
   c. using pornography
   d. having anger management problems
   e. having problems with adult love relationships
2. Walk: Follows a realistic and effective plan to manage and decrease his risk to sexual reoffend, such as:
   a. not having contact with children
   b. remaining abstinent from alcohol
   c. follows risk-related supervision conditions

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5. Sexual Risk Management

0	Good understanding <u>and</u> uses consistently.
1	Good understanding <u>and</u> uses relatively consistently.
2	Partial understanding <u>or</u> uses inconsistently.
3	Poor understanding <u>or</u> uses rarely <u>or</u> serious lapse.

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5. Sexual Risk Management

1. He can describe his risk factors and appropriate intervention strategies in detail. His victims were young females. His PO discovered that he has been having regular contact with a 10 year-old female when he visits a friend after work, and this is against his probation conditions. ____

2. He has functioned well in the community during his first year out of prison and has demonstrated a good understanding of his risk factors, which includes no alcohol use. Alcohol use was linked to his sexual offending. He recently was found to have used alcohol on one occasion. ____

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5. Sexual Risk Management

<u>Ryan</u>. He said that he did not commit a sexual offense and therefore has no risk factors for reoffending. He agrees that not using cocaine is a reasonable probation condition, but thinks his conditions prohibiting him from drinking and going to bars are unreasonable. He said in an interview with his probation officer that he has used alcohol since being on probation. He does not believe engaging in frequent impersonal one-night stands puts him at risk for getting himself into problematic sexual situations.

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Two Major Risk Factors for Sexual Reoffending are Sexual Deviancy and General Criminality

Item #2
Sexual Behavior
- sex obsessiveness
- pornography use
- prostitution
- promiscuity
- strip bars
- phone sex lines

Item # 6
Criminal Behavior
- non-sex rule breaking
- felony charges
- misdemeanors
- facility rule infractions
- failure to register
- DMV charges

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6. Criminal and Rule-Breaking Behavior

- Degree to which individual engages in general criminal and other rule-breaking behavior. <u>Don't count sexually-related behavior, which is Item #2</u> .

- Examples include:
  – motor vehicle charges
  – Illegal substance use
  – breaking non-sexual treatment program rules
  – probation violations, which are non-sexual
  – behaviors that could lead to non-sexual criminal convictions

77

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6. Criminal and Rule-Breaking Behavior

0	No criminal or rule-breaking behavior evident.
1	Minor non-sexual problem behavior.
2	Moderately serious non-sexual problem behavior.
3	Serious non-sexual criminal behavior – lead to felony.

78

6. Criminal and Rule-Breaking Behavior

1. He was charged with domestic assault against his wife about 10 months ago. No problems evident since that time. _____
2. He has a "no alcohol probation condition." He failed a Breathalyzer test during a home visit (.03 BAC). _____
3. He was charged three months ago with possessing child pornography. _____
4. He has received one minor DR during the last 6 months for talking back to an officer. _____
5. He received a DR for physically assaulting another inmate, but the local state/district attorney declined to bring criminal charges . _____

79

6. Criminal and Rule-Breaking Behavior

Ryan. In the last month he received a speeding ticket. He said in an interview with his probation officer that he has used alcohol since being on probation although alcohol use is against his probation conditions. He has kept all his appointments with his PO. He has passed weekly urinalysis tests.

80

7. Criminal and Rule-Breaking Attitudes

- How well individual recognizes and self-corrects attitudes that support or condone general criminal and rule-breaking behavior
- Examples include:
  - Rules are made to be broken.
  - It is wrong only if you get caught.
  - Everyone does it (e.g., breaks rules) so it is okay.
- Score Item #7 at least as high as Item #6 – Criminal and Rule-Breaking Behavior

81

7. Criminal and Rule-Breaking Attitudes

0	No/minimal difficulty recognizing and self-correcting.
1	Some difficulty recognizing or self-correcting.
2	Considerable difficulty recognizing or self-correcting.
3	Does not recognize or self correct or is not open to changing.

82

7. Criminal and Rule-Breaking Attitudes

1. He often complains that his probation conditions are unfair so he should not have to follow them. He consistently supports the antisocial statements of other group members. He sees nothing wrong with this and is not open to examining any of these views. _____
2. Treatment notes and his home work indicate that he is able to recognize and describe how he challenges the thoughts that support his rule-breaking behavior. However, he was charged with and justifies three speeding tickets in the last six months. _____

83

7. Criminal and Rule-Breaking Attitudes

Ryan. He minimizes his alcohol use and belittles the police officer for having nothing better to do than stop him for speeding. He says his prior simple assault was a bar room fight and blames the arrest on a wimpy bouncer who couldn't handle a harmless drunken fight on his own. He shows no interest in changing these attitudes. He says he will abide by all his probation conditions because, "I'm not stupid, and I'm not going to get jammed up by my PO." Nonetheless, he has used alcohol against his probation conditions.

84

14

8. Stage of Change

1 = Action

2 = Ambivalence | 0 = Maintenance

3 = Precontemplation   Exit

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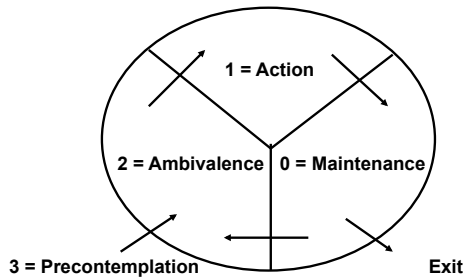
8. Stage of Change

0	Maintenance. Must be in community at least 12 months.
1	Action stage.
2	Ambivalent stage.
3	Pre-contemplation stage.

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8. Stage of Change

1. He has successfully completed the prison treatment program, has no disciplinary problems, and is getting close to being released to the community. _____

2. He has been actively working the treatment program for 9 months, has no disciplinary problems, and is getting close to being moved into a monthly aftercare group. _____

3. He molested a 10 year old girl. He vacillates between admitting he has a sexual offending problem and needs treatment and saying that if he simply stays away from the "wrong people" he will never reoffend. _____

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8. Stage of Change

Ryan. He is willing to participate in treatment if that is what the court wants him to do. He does not think he has any problems that he has to work on now that he has given up cocaine and stopped getting involved in long-term relationships with women.

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9. Cooperation with Treatment

- Consider:
  - Attendance, attentiveness, and participation in treatment sessions
  - Completion of homework assignments
  - Payment of treatment fees
  - Degree of engagement and honesty in treatment
- At initial evaluation, evaluate individual's level of cooperation during evaluation process.

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9. Cooperation with Treatment

0	No or minimal problems; 90% compliance or better.
1	Some problems; less than 90% compliance; closed channel of communication.
2	Considerable problems; less than 80% compliance.
3	Given written warning, or terminated from treatment, or refuses to enroll in recommended treatment.

9. Cooperation with Treatment

1. He missed half of his group treatment sessions during the last six months due to serious medical problems that were confirmed by his physician. Otherwise he has participated actively and been engaged in treatment sessions. ____
2. Four months ago, the treatment provider gave him a "written warning" for not participating actively in group meetings. ____
3. He attends groups, completes homework, but it is difficult to engage him in discussions. ____

91

9. Cooperation with Treatment

Ryan. He showed up on time for his initial treatment evaluation interview and completed the necessary paper work. He answered all the interview questions and was overall cooperative with the treatment evaluation process. He agreed to enter sex offender treatment.

92

10. Cooperation with Supervision

- Consider:
  – compliance with supervision conditions
  – attendance at supervision meetings
  – payment of supervision fees and fines
  – degree of engagement with supervision staff
  – degree of honesty with supervision staff
- At initial interviews with the supervision agency staff, consider cooperation with rules that were in place at the time
- If person is in a residential setting, consider 6 months prior to this placement

93

10. Cooperation with Supervision

0	No or minimal problems; 90% compliance or better.
1	Some problems; less than 90% compliance.
2	Supervising officer has increased supervision.
3	Violation of community release filed.

94

10. Cooperation with Supervision

1. He has attended 9 out of 10 (90%) of his probation meetings, but it is difficult to engage him in conversation about how he is managing his daily life . ____
2. His probation officer has asked him to come in for meetings more often because of concerns about his recent alcohol use. ____
3. His probation officer filed a violation of probation about three months ago for not attending group but withdrew the violation after he began attending again. ____
4. He was not on community supervision when he committed the index sex offense, which led to his current incarceration. ____
5. He is currently incarcerated on a VOP____.

95

10. Cooperation with Supervision

Ryan. He has attended all of his probation meetings, which are being held at the same frequency as other sex offenders during the initial stages of probation. He has a rather closed channel of communication with his PO during interviews, but has been superficially cooperative. He did not tell his PO about his speeding ticket before police informed his PO, and he has admitted to using alcohol while on probation. No violations of probation have been filed and the supervising officer has not increased his level of supervision or reporting requirements.

96

16

11. Emotion Management

- Degree to which individual manages "<u>acute</u>" negative emotional states. These are:
  - Lonely
  - Angry
  - Hostile
  - Anxious
  - Depressed
  - Jealous
  - Resentful

11. Emotion Management

0	No emotion management problems.
1	Minor emotion management problems.
2	Moderate emotion management problems.
3	Serious emotion management problem.

11. Emotion Management

1. Seeking emotional closeness was a motivating factor in his sexual offending. When under stress he will sometimes isolate himself in his apartment, but he has done this less during the last 6 months. He increasingly will seek out friends from AA to talk with during stressful times in his life. ____

2. He often lashes out verbally in anger when he perceives he is being "put down." He is getting better recognizing and managing his anger, but it still takes him a while to talk himself down. ____

11. Emotion Management

<u>Ryan</u>. He reports ongoing anger problems at work that involve verbal threats and controlled outbursts. He blames his anger on his co-workers, saying that he is fine as long as no one bothers him. He says he doesn't start any problems, but people know when to keep away from him. He said, "It's easy, I move in real close to them, lower my voice and tell them to stay out of my face. I'm a big guy. It's very effective." An additional emotion management problem is that he reports feeling jealous and angry with his ex-girlfriend because she got to stay in their apartment and has been dating "a guy with money."

12. Problem Solving

- Evaluate individual's ability to identify and solve life problems.
- Consider the following problem solving elements:
  - Ability to identify and explain problems
  - Ability to generate realistic solutions
  - Ability to weigh the pros and cons of possible solutions
  - Ability to carry out a plan of action
  - Ability to ask for and accept help for above

12. Problem Solving

0	Very successful at identifying & addressing problems.
1	Some problem solving deficits.
2	Considerable problem solving deficits.
3	Serious impairment.

12. Problem Solving

1. He occasionally gets flustered when his normal schedule of activities is changed, such as when his probation appointment is cancelled. He will talk through his concerns with family or staff and generally adjust relatively quickly. ____

2. He has trouble learning from his past mistakes and repeats the same problems over and over. He has difficulty taking feedback from others and examining how he could have handled situations differently. ____

103

12. Problem Solving

Ryan. As a result of his conviction and related publicity, he lost his job, so he began to have money problems, and he got evicted from his apartment for lack of rent money. However, he quickly found a new job and apartment. Nonetheless, he has considerable difficulties solving interpersonal problems with co-workers and in other relationships.

104

13. Impulsivity

- Degree to which individual's behavior is impulsive, unplanned, and lacks deliberation.
- Examples of impulsive behavior include:
  – says things he wishes he could take back
  – changes plans suddenly
  – reckless driving
  – accepts bets or dares
  – is surprised by or does not consider consequences

105

13. Impulsivity

0	Behavior is planned, thoughtful, and purposeful.
1	Occasionally – impulsive, unplanned, lacks deliberation.
2	Frequently – impulsive, unplanned, lacks deliberation.
3	Regularly – impulsive, unplanned, lacks deliberation.

106

13. Impulsivity

1. He has adult ADHD but takes medication and functions with only occasional problems. ____

2. He often spends money on things irresponsibly and then regrets the resulting problems he has with his credit cards. He also recently said he "panicked" when a police officer tried to pull him over. He tried to outrun the officer and was later apprehended. ____

3. He often can't sit still in group treatment sessions, and frequently blurts out irrelevant comments. He is aware of his impulse problems and is making some progress with self-control by using self-talk strategies. ____

107

13. Impulsivity

Ryan. He occasionally acts without thinking things through, especially with respect to interpersonal problems with his coworkers. However, he thinks he is less impulsive since he stopped using drugs. He doesn't like being "straight" all the time, but he says he is able to keep up with his obligations such as getting to work on time and keeping his appointments with his PO. He says he is more levelheaded, although when he is angry he continues to have trouble not flying off the handle and saying things he sometimes regrets.

108

14. Employment

- Consider
  - time employed last 6 months
  - number of job changes last 6 months
  - level of satisfaction with employment
  - if retired or unable to work, consider how individual uses free time

109

14. Employment

0	Minimal or no problems. Full-time employment.
1	Some problems. Two job changes. Dissatisfaction.
2	Considerable problems. Unemployed 50% or more.
3	Severe problems. Unemployed 80% or more.

110

14. Employment

1. He is retired, spends 20 hours a week volunteering at an adult food bank, socializes with prosocial friends. _____
2. During the last six months, he was unemployed about two-thirds (66%) of the time. He worked full-time for two months and has been unemployed for the last four months. _____
3. He works 10 hours a week in the prison library, which is the maximum number of work hours available. _____
4. He refuses to work because the only available jobs are as a unit cleaner and he thinks this is beneath him. _____

111

14. Employment

Ryan. After his arrest, he lost his job as a mechanic at a garage where he had worked for 18 months. He was a good worker but often had interpersonal problems with co-workers. Within three weeks of losing his job, he found a fulltime job sorting trash for a recycling company. He believes this job is below his station in life, is bored, and is dissatisfied with this job, but he needs the money.

112

15. Residence

- Consider
  - number of residence changes
  - satisfaction with accommodation

113

15. Residence

0	No more than one address change and satisfied.
1	Two address changes or some dissatisfaction.
2	Three or more address changes or very dissatisfied.
3	No fixed address.

114

15. Residence

1. He lives in an apartment in a high crime neighborhood, has had lots of problems with neighbors, and wants to move, but cannot afford to do so. _____

2. Before his incarceration, his situation was #1. _____

3. He has no permanent residence. He crashes at several friends' apartments for a few weeks at a time. _____

4. Before his incarceration, his situation was #3. _____

115

15. Residence

Ryan. After living in his previous apartment for about 18 months, he got evicted and then moved into his current apartment one month ago. He said, "It is a dump, but it is better than being homeless." He went on to say that although he does not like living in his new apartment, he said it "will do" until he can make some money and find something better.

116

16. Social Influences

- Positive social influences are persons who:
  - lead a prosocial life
  - are typically aware of the individual's sexual offending
  - support the individual's efforts to manage risk
- Negative social influences are persons who:
  - lead an anti-social lifestyle
  - should but are not aware of the individual's sex offending
  - support pro-offending attitudes
  - undermine individual's efforts to management risk

117

16. Social Influences

0	Friends and family primarily a positive influence.
1	Friends and family, on balance, a positive influence.
2	Friends and family, on balance, a negative influence; or very socially isolated.
3	Friends and family primarily a negative influence.

118

16. Social Influences

1. He and his wife have lots of friends, all of whom are prosocial. His wife has been in a "significant others" group, knows about his offending patterns, and is judged to be a good support person by staff. _____

2. Since being placed on probation, he spends almost all of his free time after work alone in his apartment. He has no friends and only occasionally speaks to his parents by phone. _____

3. He hangs out exclusively with friends who have extensive criminal histories and continue to get into trouble with the law. _____

4. He keeps busy working in the prison kitchen. He has developed friendships with men in the program who follow the rules and are engaged in the program. _____

119

16. Social Influences

Ryan. His family lives on the other side of the state, and he says he is not particularly close with them. They lead a prosocial lifestyle, but he sees them infrequently. Since his arrest, he has kept a "low profile" and has been fairly isolated. Up until he started probation last month, he said his only social outlet was going to bars a few nights a week to "pick up" women. He says he has not hung out much with his old friends but would see them at the local bars occasionally. Some of his old friends were in trouble with the law and used alcohol and illegal drugs and others were prosocial. He has not made any new friends at work. He said, "I just keep to myself, it's better that way."

120

Ryan

Ryan
Static-99R = 3 and SOTIPS = 30

Static-99R		SOTIPS		
		Low (0 to 10)	Moderate (11 to 20)	**High (21 to 48)**
Low	(-3 to 1)	low	low	moderate-low
Moderate-Low	(2 to 3)	low	moderate-low	**moderate-high**
Moderate-High	(4 to 5)	moderate-low	moderate-high	high
High	(6 to 12)	moderate-high	high	high

Travis

Travis
Static-99R = 5 and SOTIPS = 13

Static-99R		SOTIPS		
		Low (0 to 10)	**Moderate (11 to 20)**	High (21 to 48)
Low	(-3 to 1)	low	low	moderate-low
Moderate-Low	(2 to 3)	low	moderate-low	moderate-high
Moderate-High	(4 to 5)	moderate-low	**moderate-high**	high
High	(6 to 12)	moderate-high	high	high

Roger

Roger
Static-99R = 2 and SOTIPS = 13

Static-99R		SOTIPS		
		Low (0 to 10)	**Moderate (11 to 20)**	High (21 to 48)
Low	(-3 to 1)	low	low	moderate-low
Moderate-Low	(2 to 3)	low	**moderate-low**	moderate-high
Moderate-High	(4 to 5)	moderate-low	moderate-high	high
High	(6 to 12)	moderate-high	high	high

Arthur

Arthur
Static-99R = 1 and SOTIPS = 2

Static-99R		SOTIPS		
		Low (0 to 10)	Moderate (11 to 20)	**High** (21 to 48)
Low	(-3 to 1)	**low**	low	moderate-low
Moderate-Low	(2 to 3)	low	moderate-low	**moderate-high**
Moderate-High	(4 to 5)	moderate-low	moderate-high	high
High	(6 to 12)	moderate-high	high	high

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5. How can the

    SOTIPS be used

    in practice?

Vermont Prison Programs
Treatment Providers' Assessment Schedule

| Intake | Mid-treatment | End of Treatment |

- SOTIPS   SOTIPS   SOTIPS
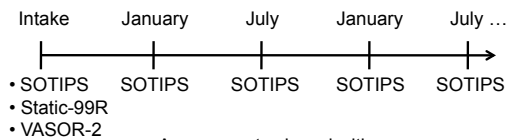- Static-99R   scored in group
- VASOR-R   with client
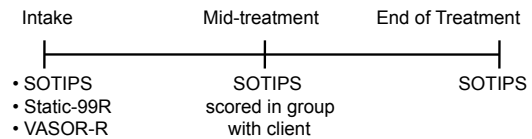
<u>Before release, providers give assessments to</u>:
- Probation or parole officer
- Community treatment provider
- QI and research staff

Results used for assessment, treatment, and release planning.

Vermont Community Programs
Assessment Schedule

Intake   January   July   January   July …

- SOTIPS   SOTIPS   SOTIPS   SOTIPS   SOTIPS
- Static-99R
- VASOR-2

<u>Assessments shared with</u>:
- Treatment provider
- Probation and parole officer
- QI and research staff

Results for treatment, supervision, and case planning.

Summary

- <u>Best practice</u> involves assessing risk and needs
- Integrated static and dynamic assessment schemes show considerable promise
- SOTIPS has added incremental predictive accuracy to the Static-99R and VASOR-2
- <u>In practice</u>, we have used the SOTIPS to:
  - Provide a "structure" for assessing risk and needs
  - Inform initial treatment and supervision placement decisions
  - Reassess and recalibrate services at regular intervals
  - Measure treatment progress
  - Inform release and treatment completion decisions
- <u>NIJ sponsored research</u> ongoing in NYC, AZ, and CO

Thank You!