

## ► *Ongoing, Multidisciplinary Assessments*

Risk, needs, and circumstances change over time, in both positive and negative directions. As such, the formal point-in-time assessments that are often conducted at early stages in the process (e.g., pre-sentence/pre-disposition, intake, psychosexual) are necessary – but not sufficient – to guide ongoing management efforts with adult and juvenile sex offenders. Indeed, the initial risk estimates and initial targets of intervention identified through those early assessments may not accurately reflect the level of risk or needs posed by a given offender weeks, months, or years later. The emergence of new risk factors for an individual may increase reoffense risk markedly and, conversely, the mitigation of risk factors and the presence of protective factors may decrease reoffense potential significantly.

Therefore, to capture important changes and ensure that management strategies are maximally effective, practitioners must be committed to the philosophy and practice of assessment as an ongoing process. This ongoing assessment process requires information-sharing across disciplines and entities, not only in terms of the various professionals responsible for sex offender management, but also with respect to members of community support networks (e.g., family members, employers, school officials). Depending upon their roles and responsibilities, these individuals have different degrees of contact with offenders, have different purposes for their encounters, and have access to different types of assessment information. The limited observations of any given individual, while important, likely provide only a part of the “picture.” For example, what a supervision officer observes with a given offender during a field contact may be very different from what a treatment provider observes during a treatment session.

Ongoing assessments within correctional or residential settings require collaboration between caseworkers, offense-specific treatment providers, ancillary service providers, custody staff, and other involved parties. Each of these professionals should document and share critical information about institutional adjustment, response to structure, participation in programs and services, and overall functioning in order to inform case management decisions. Perhaps most salient is the use of ongoing assessment as a way to measure treatment progress against baseline levels of functioning. The assessment of within-treatment changes promotes more objective measurement of goal attainment, while identifying areas of continued need. Although research has not demonstrated that treatment progress is related to recidivism of sex offenders (Hanson & Morton-Bourgon, 2005), treatment progress – or lack thereof – is nonetheless important for guiding adjustments to treatment plans over time. In addition, assessing treatment progress ultimately assists community treatment providers with developing individualized and responsive treatment plans once these adults and juveniles return to the community.

Furthermore, because **PRACTITIONERS MUST BE COMMITTED TO THE PHILOSOPHY AND PRACTICE OF ASSESSMENT AS AN ONGOING PROCESS.** the vast majority of sexually abusive individuals will eventually return to communities, ongoing assessments within correctional or residential settings should be specifically geared toward identifying and anticipating potential barriers to effective community reintegration. This assessment process must begin at the point of intake and continue throughout the period of incarceration or residential placement, thus ensuring the opportunity to develop strategies, identify appropriate resources, and bolster community support networks far in advance of release.

In the community, ongoing assessment is a collaborative process that includes supervision officers, treatment providers, and other stakeholders. These practitioners continuously review the individual's ability to comply with treatment and supervision expectations, manage risk factors effectively, request assistance when warranted, and use community supports in positive and productive ways. As such, they become better equipped to implement and adjust community management strategies in response to any critical changes. As noted previously, current research indicates that the most effective targets of intervention with sexually abusive individuals are the changeable factors associated with recidivism, including the following key examples (see, e.g., Hanson & Harris, 2000a, 2001; Hanson & Morton-Bourgon, 2005):

- Deviant sexual arousal, interests, or preferences;
- Sexual preoccupation;
- Substance abuse;
- Pervasive anger and hostility;
- Victim access;
- Pro-offending or antisocial attitudes;
- Intimacy deficits and conflicts in intimate relationships; and
- Non-compliance with treatment or supervision.

Ongoing assessments for sex offender management should, therefore, focus on dynamic factors so that treatment and supervision strategies can be adjusted accordingly over time. As noted previously, to assess and monitor the dynamic risk factors relevant for adult

sex offenders, the STABLE-2000 and ACUTE-2000 (previously known as the SONAR) are perhaps the most promising instruments (Hanson & Harris, 2001). They were designed specifically for supervision officers as ongoing assessment tools; they provide structure and focus for monitoring efforts and assist officers with determining when to intervene in response to specific changes in risk factors (Hanson & Harris, 2000b, 2001). In addition, the Sex Offender Treatment Needs and Progress Scale (McGrath & Cumming, 2003) offers treatment providers and supervision officers alike a structured means of identifying and monitoring dynamic risk factors throughout the course of treatment and supervision.

Similarly, those responsible for managing youthful sex offenders must be aware of dynamic risk factors (e.g., deviant sexual interests, antisocial values and behaviors, pro-offending attitudes, impulsivity) over time (see Prescott, 2006; Worling & Langstrom, 2006). The ERASOR (Worling & Curwen, 2001) and the J-SOAP-II (Prentky & Righthand, 2003) are particularly useful tools for the ongoing assessment of dynamic risk factors. The J-SOAP-II is designed for use by supervision officers, case managers, and/or treatment providers, whereas the ERASOR is primarily designed for use by clinicians, as a means of assessing key changes over time. It is also essential that ongoing assessments with youth include routine monitoring of the family, school, peer, and other systems that are critical in a youth's development, so that interventions and strategies can be adjusted accordingly. In some instances, particularly when youth-serving agencies or entities are involved, confidentiality concerns may arise and may create barriers to information-sharing. However, this can often be addressed with standard release of information agreements signed by parents/guardians, or through the use of appropriate informed consent procedures.

ONGOING ASSESSMENTS FOR SEX  
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## ► *Summary*

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Throughout the criminal and juvenile justice systems, a wide range of stakeholders bear the responsibility for making key decisions that have important implications for sex offender management efforts. However, because the adults and juveniles who commit sex offenses are diverse populations, each of these decisions must be informed by current and relevant assessment information. Assessments are most useful when they are based on multiple types of data from multiple sources, when research-supported and developmentally-appropriate tools are used, and when they are conducted responsibly by professionals who are specially trained to conduct these assessments. Whether to inform decisions during the disposition phase, to guide the development of initial treatment, case management, or supervision plans, or to ensure that ongoing management strategies are most effective, assessments are a critical component of a comprehensive and integrated approach to adult and juvenile sex offender management.

## ► Questions: Adult Sex Offenders

### Ongoing, Multidisciplinary Assessment

- always/* *typically* *generally* *never/*  
*yes*  *not* *no*
168.     Do agency **policies or procedures** establish formal mechanisms (e.g., staffings, quarterly reviews) within correctional institutions to ensure that key information about offenders is shared on an ongoing basis, in order to promote responsive case management?
169.     **In practice**, do practitioners within correctional institutions use these opportunities (e.g., staffings, quarterly reviews) to share key information about offenders on an ongoing basis, in order to promote responsive case management?
170.     Do case managers within institutional settings assess changes in risk and criminogenic needs?  
Which tools are used? \_\_\_\_\_
171.     Do sex offender-specific treatment providers within institutional settings assess treatment progress using empirically-supported tools (e.g., Sex Offender Treatment Needs and Progress Scale)?  
Which tools are used? \_\_\_\_\_
172.     Do agency **policies or procedures** require community supervision officers to use empirically-supported measures (e.g., SONAR/STABLE- and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) to monitor critical dynamic risk factors on an ongoing basis?  
Which tools are used? \_\_\_\_\_
173.     **In practice**, do community supervision officers use empirically-supported measures (e.g., SONAR/STABLE- and ACUTE-2000, Sex Offender Treatment Needs and Progress Scale) to monitor critical dynamic risk factors on an ongoing basis?  
Which tools are used? \_\_\_\_\_
174.     Do community-based treatment providers use empirically-supported measures (e.g., Sex Offender Treatment Needs and Progress Scale) to assess key changes with sex offenders over time?  
Which tools are used? \_\_\_\_\_
175.     Do practitioners in the community have formal mechanisms in place (e.g., staffings, quarterly reviews) to ensure that key information from multiple stakeholders (e.g., treatment providers, supervision officers) is shared on an ongoing basis, in order to promote responsive case management?

176.  always/  
yes    typically    generally  
not    never/  
no   **In practice**, do practitioners in the community use these opportunities (e.g., staffings, quarterly reviews) to share key information about offenders on an ongoing basis, in order to promote responsive case management?

## ► Questions: Juvenile Sex Offenders

### Ongoing, Multidisciplinary Assessment

- always/ typically generally never/  
yes not no
177.     Do agency **policies or procedures** establish formal mechanisms (e.g., staffings, quarterly reviews) within residential/juvenile correctional settings and other key stakeholders to ensure that key information about youth is shared on an ongoing basis, in order to promote responsive case management?
178.     **In practice**, do practitioners within residential/juvenile correctional settings use these opportunities (e.g., staffings, quarterly reviews) to share key information about youth on an ongoing basis, in order to promote responsive case management?
179.     Do case managers within residential/institutional settings assess changes in youths' risk and criminogenic needs?  
Which tools are used? \_\_\_\_\_
180.     Do juvenile sex offender-specific treatment providers within residential/juvenile correctional settings assess treatment progress using empirically-supported tools (e.g., ERASOR, J-SOAP-II)?  
Which tools are used? \_\_\_\_\_
181.     Do agency **policies or procedures** require case managers or community supervision officers to use empirically-supported measures (e.g., J-SOAP-II) to monitor critical dynamic risk factors on an ongoing basis?  
Which tools are used? \_\_\_\_\_
182.     **In practice**, do case managers or community supervision officers use empirically-supported juvenile measures (e.g., J-SOAP-II) to monitor critical dynamic risk factors on an ongoing basis?  
Which tools are used? \_\_\_\_\_
183.     Do community-based treatment providers use empirically-supported juvenile measures (e.g., ERASOR, J-SOAP-II) to assess key changes with juvenile sex offenders over time?  
Which tools are used? \_\_\_\_\_
184.     Do practitioners in the community have formal mechanisms in place (e.g., staffings, quarterly reviews) to ensure that key information from multiple stakeholders (e.g., treatment providers, supervision officers, schools, child welfare agencies) is shared on an ongoing basis, in order to promote responsive case management?

185.  always/  
yes    typically    generally  
not    never/  
no   **In practice**, do practitioners in the community use these opportunities (e.g., staffings, quarterly reviews) to share key information on an ongoing basis, in order to promote responsive case management?