

## **SECTION 3: SUPERVISION OF SEX OFFENDERS IN THE COMMUNITY: COMPONENTS OF SUPERVISION**

### ***Exercise 1: Case Study***

Throughout this section, as we cover the various components of supervision, we will periodically refer to the case study introduced in the previous sections of the training. We will use this case as a framework to discuss the application of some of the concepts presented.

#### CASE SPECIALIZATION

1. Is there anything about the case that leads you to believe that Mike's case was supervised as a part of a specialized caseload? If so, what leads you to this conclusion? If not, why not and would this case have been more amenable to good supervision if caseloads had been specialized in the jurisdiction?

#### PRE-SENTENCE INVESTIGATIONS

2. What would have been important to review in terms of documentary materials for a pre-sentence investigation on Mike?
3. Does the case suggest that a thorough PSI was available? If not, what do you think was missing?
4. If you were preparing the PSI on Mike, who would you have interviewed? Why? What questions would you have asked?
5. In practice, do you have the time and the discretion to interview whomever you choose as part of the PSI? As part of supervision?
6. If you were responsible for conducting the PSI in this case, what would you have wanted to know about the offense? Was the location important? Where did this offense likely happen? Does that suggest anything about this offender's triggers or offense cycle?

7. What strategies could Mike's probation officer have employed to verify that it was safe for him to live in a tent on his sister's property? Do we know anything about his half sister (other than that Mike has a positive relationship with her)? What if she has a boyfriend with several young children who often spend time at her house? What other questions should Mike's probation officer have asked about his living situation? To whom else should he have spoken?

#### ASSESSMENT

8. What are your initial thoughts about the risks posed by Mike to his victim and to the community? Can you identify any "red flags" or "warning signs" in his background that might tell you something about his level of risk? If so, what are they and what do they tell you? Do you ever encounter these "red flags" and "warning signs" in your own work? If so, how do they affect the way in which you manage a case?
9. Lies and deception play a significant role in the sex offense cycle of many sex offenders. What kinds of things might you have done to verify that Mike was collecting items for his daughters and not residing with young children in his apartment? Have you found in your own work that collateral information is helpful in determining whether or not a sex offender is being honest with you? Based upon your own experiences and the information in the case study, who else should Mike have contacted to collect more information about this situation?
10. Even if Mike were not living with any children, would you consider the collection of children's clothing and toys "warning signs" or "red flags"? If so, why? Is this the kind of situation in which the perspective of a sex offender therapist might be helpful? If so, why?

#### SPECIAL CONDITIONS

11. What special conditions do you think would have been particularly important for Mike to assure successful completion of probation and victim safety?

## CASE PLANNING

12. Can you identify any additional risk factors that you in the case that you think are significant? If you were Mike's probation officer, how would you address them? Given all of the risk factors that you have identified, what special conditions do you think would be appropriate for Mike's case?
  
13. Do you think that the treatment program in which Mike was involved was appropriate? If not, what other kinds of treatment interventions were necessary? Do you think that residential or outpatient treatment would be more appropriate for Mike? How do you make treatment referrals in your own work with sex offenders?
  
14. Do you currently (or have you ever) supervised a sex offender with PTSD or another defined mental health condition? If so, what was the affliction and how did it impact your approach to case management?