Learning Objectives

Participants will be able to:

- Identify the key components of community supervision, and
- Explain how to apply these components to sex offenders.
Components of Supervision

- Caseload Organization
- The PSI
- Assessment
- Classification
- Pre-sentence Recommendations
- Conditions of Supervision
- The Case Plan
- Maintaining the Case File
- Surveillance
- Statutory Requirements
- Lengthening Periods of Supervision
Relapse Prevention

- Offending behavior does not just “happen.”
- Offenders make a series of choices.

**Intervention:**
- Offenders learn about their offense cycles.
- Offenders learn to identify risk factors.
- Offenders learn to respond appropriately.
Officers Can Support Relapse Prevention by:

- Helping offender learn his cycle, triggers
- Correcting offender’s thinking errors
- Promoting use of coping skills
- Supporting development of internal control
Relapse Prevention Cycle

*This diagram represents an “average” offender’s cycle and its various phases. The particular parts and their order within each phase may vary among offenders and some may not experience all parts shown.*
Specialized Skills for Sex Offender Supervision

- Risk and needs assessment
- Strategies for high risk situations
- Treatment and monitoring tools
- Legal liability issues
- Legislative mandates (notification, DNA)
- Victim issues
- Restorative justice
The PSI Provides Information Regarding

- The offender
- The supervision environment
- Victim impact
- Resources available
Pre-sentence Investigation Recommendations

- Risk Assessment:
  - To community
  - To victim(s)
- Amenability to Treatment
- Special Conditions
Assessing/Evaluating the Sex Offender to Support Safe Management in the Community

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Prosecutor</td>
<td>Actuarial Risk Assessment Tools</td>
<td>Offender</td>
<td>Likelihood of Reoffense</td>
<td>Sentencing</td>
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<td>Probation/Parole Officer</td>
<td>Psychometric Scales</td>
<td>Official Records</td>
<td>Dangerousness</td>
<td>Suitability for Community Supervision</td>
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<td>Judge</td>
<td>Physiological Tests</td>
<td>Family of Offender and Victim</td>
<td>Deviant Sexual Arousal</td>
<td>Level of Supervision</td>
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<td>Treatment Provider</td>
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<td>Victim</td>
<td>Severity/Type of Offense/Reoffense</td>
<td>Case Plan</td>
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<td>Polygraph Examiner</td>
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<td>Offender's Employer</td>
<td>Amenability to Treatment</td>
<td>Set Special Conditions</td>
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<tr>
<td>Victim Advocate</td>
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<td>Observation</td>
<td>Progress in Treatment</td>
<td>Treatment Plan</td>
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<td>Change/Adapt Supervision</td>
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<td>Law Enforcement</td>
<td>Capacity of System to Manage Offender Safely</td>
<td>Intervene to Reduce Imminent Risk</td>
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<td>Other Professionals</td>
<td>Progress in Treatment</td>
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</table>

**CS n:** Section 3
Assessment Supports Many Aspects of Supervision

- Setting Conditions
- Developing Case Plan
- Flags to Look for
- Home/Field Visit Strategies
- Determining Reporting Expectations
- Safety Plan for Victims
- Imposing Sanctions
- Collaboration Strategy w/ Treatment Provider
- Collaboration Strategy w/ Polygraph Examiner
- Adjusting Conditions
- Adjusting Supervision Approach
- Evaluating Lapses/Violations

Assessment/ Evaluation Supports:
Identification of Static Risk Factors

- Deviant sexual interest, esp. children
- Prior offenses, esp. sexual offenses
- Not completing treatment
- Sadistic arousal/high level of psychopathy
- Young, never married
- Unrelated or male child victims
- Genital to genital contact w/ children

(Hanson and Bussiere, 1998)
Identification of Dynamic Risk Factors

- Acute
  - Substance abuse, negative mood, anger/hostility, victim access

- Stable
  - Intimacy deficits
  - Negative social influences
  - Attitudes
  - Sexual/emotional self-regulation
  - General self-regulation

(Hanson & Harris, 2000)
Assessing the Probability of Re-offense

- Actuarial tools are most effective.
- Generic actuarial tools are **not** effective with sex offenders.
- Tools specifically designed for sex offenses are most effective.
## Risk Assessment Methods and Instruments

<table>
<thead>
<tr>
<th>Method/Instrument</th>
<th>Type of Recidivism</th>
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<td>Sex</td>
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<td>PAST SEX OFFENSE</td>
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<td>RRASOR – Rapid Risk Assessment for Sexual Offense Recidivism</td>
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<td>STATIC-99</td>
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<td>MnSOST-R</td>
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<td>VRAG</td>
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<td>PCL-R</td>
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CSOM Long Version: Section 3
Example Instrument:
The RRASOR

Rapid Risk Assessment for Sex Offense Recidivism (RRASOR)

1. Prior Sex Offenses (not including index offense)
   - none 0
   - 1 conviction or 1-2 charges 1
   - 2-3 convictions or 3-5 charges 2
   - 4+ convictions or 6+ charges 3

2. Age at Release (current age)
   - more than 25 0
   - less than 25 1

3. Victim Gender
   - only females 0
   - any males 1

4. Relationship to Victim
   - only related 0
   - any non-related 1

Total

# Re-offense Rates on the RRASOR

## Estimated Sex Offense Recidivism Rates

<table>
<thead>
<tr>
<th>RRASOR Score</th>
<th>Sample Size</th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
<th>5-Year Follow-up</th>
<th>10-Year Follow-up</th>
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<td>0</td>
<td>527</td>
<td>20</td>
<td>20</td>
<td>4.4</td>
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<td>806</td>
<td>31</td>
<td>51</td>
<td>7.6</td>
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<tr>
<td>2</td>
<td>742</td>
<td>29</td>
<td>80</td>
<td>14.2</td>
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<td>3</td>
<td>326</td>
<td>13</td>
<td>93</td>
<td>24.8</td>
<td>36.9</td>
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<td>139</td>
<td>5</td>
<td>98</td>
<td>32.7</td>
<td>48.6</td>
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<tr>
<td>5</td>
<td>52</td>
<td>2</td>
<td>100</td>
<td>49.8</td>
<td>73.1</td>
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<tr>
<td>Total</td>
<td>2592</td>
<td>100</td>
<td>100</td>
<td>13.2</td>
<td>19.5</td>
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</table>

Conditions of Supervision for Sex Offenders

- Treatment
- Victim Contact
- Driving and Travel
- Daily Living
- Social/Sexual Behavior

- Work
- Alcohol and drugs
- Disclosure
- Polygraph, Plethysmograph, other tests
Indications for Increased Monitoring

- Stress or crisis
- Visits with victims or potential victims
- Increased denial
Red Flags for Supervising Officers

- Disengagement
- “No showing”
- Manipulation

(Hanson, Harris and Associates, 1997)
Disengagement

- Offender going through motions
- Not open to talking about treatment
- Not invested in treatment
- General non-cooperation with treatment
- Silent / non-disclosing

(Hanson, Harris, and Associates, 1997)
Disengagement (cont.)

- Keeps secrets from you
- Any feeling client is being “phony”
- Feeling you don’t know what’s going on with offender in general
- Feeling offender is working against you

(Hanson, Harris and Associates, 1997)
“No-Showing”

- Frequently late
- Misses appointments with you/others
- Frequently wants to reschedule
- Tries to limit meeting time
- “Working against you”
- Violates conditions

(Hanson, Harris and Associates, 1997)
Manipulation

- Makes inappropriate requests
- Inconsistencies between what offender and treatment team tell you
- Catching offender in lies / contradictions
- Curt / rude / threatening with you
- Any feeling offender is being “phony”

(Hanson, Harris and Associates, 1997)
Manipulation (cont.)

- Tries to “play the system”
- Tries to take control of interview
- Tries to be “buddy-buddy” with you
- Attempts to focus interview on irrelevant issues
- Takes inordinate amount of your time

(Hanson, Harris and Associates, 1997)
Situations Requiring Immediate Removal of Offender

- Possession of dangerous weapon
- Contact with children initiated by offender and not reported
- Substance use that is part of offense cycle
- Offender physically harms another person
Responses to Limit Risk

- Limiting access to victims
- Electronic monitoring or curfews
- No contact orders
- Restrictions on movement
- Increased monitoring, contact, treatment
- Pre-revocation contracts
- Admissions to violations
Amending Conditions of Supervision

- When new information becomes available
- To provide more control over offender
- To reward positive compliance
Developing a Case Plan

- Forms basis for supervision
- Involvement of offender is key
- All changes and updates should be carefully documented
The Case Plan: Two Major Elements

- Controlling the offender’s environment
- Assuring participation in sex offender-specific treatment
An Appropriate Treatment Referral--Issues to Consider

- Substance abuse?
- Pharmacological intervention?
- Family reunification?
- New information from a polygraph?
Maintaining the Case File

- Combats deception / tracks patterns
- Clarifies expectations
- Makes new information easily available (e.g., evaluations, polygraph results, etc.)
- Documentation for revocation
- Enables continuity if personnel changes
Increasing Requirements on Probation and Parole

- Community Notification
- Registration
- DNA testing
Lengthening Periods of Supervision

- Currently in Arizona, Colorado, and Iowa
- Pro-active risk management
- Acknowledges long-term nature of problem
- Provides great flexibility
Surveillance as a Tool for Sex Offender Supervision

- Allows greater control and monitoring--24/7
- Monitors compliance with conditions
- Supplements resources of the probation/parole officer
Recidivism rates of untreated offenders are approximately 60%.

Recidivism rates of offenders completing specialized treatment are between 15% and 20%.

(U.S. Department of Justice, 1991)
Review of the Research (cont.)

- Grossman et al (1999): reduction in recidivism of 30% over seven years
- Polizzi et al (1999): prison and non-prison based programs show effective or promising results
Review of the Research (cont.)

- 1995 meta-analysis found (Hall, 1995)
  - small but significant treatment effect
  - 12 studies—all with control groups
  - 8 percent reduction in recidivism in the treatment group
Summary of Research on Treatment Effectiveness

- Many studies, many poorly designed.
- Well-designed studies associate treatment with lower recidivism--some very significantly.
- Outcomes differ by type of offender.
- Greater reductions found in more recent studies.
- Treatment and/or evaluation methods are improving.
Analytic or insight oriented therapies are not effective
(Quinsey, 1990, 1994; Salter, 1988; Lanyon, 1986)

A combination of educational, cognitive-behavioral, and family system interventions is effective
(Knopp and Stevenson, 1988, 1992)

When reviewing all studies; conclude that treatment reduces recidivism by 10%
Effectiveness of Treatment Plus Supervision

- Only a few studies done--they support effectiveness of combined treatment and supervision (some with the polygraph).
  (Romero and Williams, 1985, 1991)

- Current study of Maricopa County program is revealing low rates of recidivism.
  (Maricopa County Adult Probation Department, 1999)
Traditional vs. Sex Offender Treatment

**Traditional**
- Offender-focused
- Targets reduction in anxiety/inadequacy
- Individual counseling
- Usually voluntary

**Sex Offender Specific**
- Victim/community safety focused
- Targets accountability and thinking errors
- Primarily group setting
- Often mandated
Traditional vs. Sex Offender Treatment (cont.)

- **Traditional**
  - Client/patient confidentiality
  - Provider works as an individual practitioner
  - "Generalist" training for a variety of client types

- **Sex Offender Specific**
  - Waivers of confidentiality
  - Provider is part of management team
  - Specialized training/experience essential
Primary Goal of Treatment -- Reduce Future Victimization

The following are means to that end:

- Reducing cognitive distortions
- Accepting responsibility
- Developing victim empathy
- Controlling sexual arousal
- Improving social competence
- Developing relapse prevention skills
- Establishing supervision conditions and networks
Treatment Providers Must be Willing to...

- Work as part of a team
- Share information
- Protect the community as a primary responsibility
- Evaluate their work by these standards