SOPB- Treatment and Assessment 5-19-22

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Treatment

Martinson (1974)

- Reviewed 231 articles on correctional rehabilitative programs
- Concluded that no form of rehabilitation available at the time significantly and reliably reduced recidivism of any type of criminal offender. In other words, "**Nothing worked**".
  - This lead to more deterrence strategies than rehabilitative ("Tough on Crime")
- Immediately the professional community identified errors in his methods and conclusion.
  - 1979- he recanted

Post Martinson

- Decades of research on correctional populations have found a nice list of criteria of the Principles of Effective Intervention or "What Works"

What Works (In General)

1. Assess Risk and Needs (using validated assessments)
2. Enhance Intrinsic Motivation
3. Target Interventions and resources
    1. Risk
    2. Need
    3. Responsivity
4. Skill train with Directed Practice
5. Increase Positive Reinforcement
6. Engage ongoing support in natural communities
7. Measure Relevant Processes/Practices
8. Provide Measurement Feedback

*Summarized from Bogue and Colleagues-National Institute of Corrections: Crime and Justice Institute

Individuals Convicted of a Sexual Offense

- **Hanson 2009-** Principles of Effective Correctional Treatment also apply to Sex Offenders
  - k= 23 reviewed for quality, 12 Canadian Samples, 12 American; Over 6000 participants in all.
  - Sexual Recidivism: Treatment 10.9%, non-treatment 19.2%
  - Any Recidivism: Treatment 31.9%, Non-Treatment 48.3%
  - Adhering to RNR showed the largest effect size in both sexual and general recidivism.
- Schmucker and Losel (2015) meta-analysis
- Kim et. al (2016) meta-analysis

Gannon et. al 2019

- k=70, N=55,604
- Significant reduction in recidivism and identified program components that made reduction more likely to have a positive impact.
- Settles debate about treatment effectiveness.

- Despite overwhelming evidence treatment is effective, the erroneous conclusions of Martinson still provide an uphill battle to the field.

A word on treatment effectiveness

- The research is clear, if a program adheres to the RNR and the "What Works" principles they have a high probability of reducing the chance of reoffending both generally and sexually for the clients who participate in their program.
- The individual client always has a choice how the proceed in their life, which includes choosing to recidivate or not.
  - In essence, treatment is not a guarantee the client will not reoffend.

Assessment- Risk Principle

- **Static 99R**
  - Actuarial risk assessment- Most widely used risk for sexual re-offense in the world.
  - Provide estimate of risk upon release of their index sex offense.
  - Baseline estimate of risk
  - Strengths:
    - Empirically derived risk factors
    - Rank ordering of individuals- Relative risk
    - Moderate predictive accuracy (AUC .69)
    - High IRR
    - Generalizable- validated across the world
      - WA DOC did an internal validation of the Static 99R- considered valid in WA.
  - Limitations:
    - Doesn't account for all relevant risk factors (dynamic)
    - Absolute recidivism estimates vary across samples
    - Provide risk estimate at time of release only. Doesn't consider post index release behaviors.

Assessment-Need Principle

- **Stable 2007**
  - Assess dynamic factors (13 items)
  - Most widely used dynamic assessment for sexual recidivism in the world.
  - Strengths:
    - Incremental validity to the Static 99R and stands on its own.
    - Empirically validated risk factors
    - Fine tunes why an individual is risky
    - Validated across the world
      - DOC did internal validity study and it is valid on WA DOC population.
  - Weakness:
    - Not intended to measure change
- **Acute 2007**
  - Used for here and now risk and interventions
  - Validated.

Treatment in Prison

- **Qualify**
  - Convicted of a sex offense(s) for current or previous term of confinement
  - Or any offense w/sexual elements/behaviors
    - Includes sexually motivated infractions/violations.
  - Eligible to be released from Prison

- **Eligible**
  - Have at least 24 months until their ERD
    - Less than 12 months will not be considered
  - Sentenced under a SOSSA are not eligible for SOTAP

- **Amenable**
  - Willing to engage in an ongoing conversation and exploration regarding their inappropriate/illegal sexual behaviors
  - Agree to attend sex offense treatment both in prison and in the community and follow treatment rules and expectations.

Treatment in Prison

- SOTAP adheres to RNR
  - **Risk:** Upon intake to prison, a Static 99R is completed and individual is screed to determine amenability.
    - Depending on risk assessment and sentence structure and amenability the individual is prioritized for treatment or not.
      - Higher risk is prioritized for treatment space unless overridden (rare)
    - In last 24 months approximately of sentence the client is sent to AHCC or TRU depending on preference, space and internal considerations (other programming, restrictions from others (staff, incarcerated individuals).
      - Must be in at least medium custody at this time.
  - **Need:** Upon intake to SOTAP, a Stable 2007 assessment is completed
    - Non-pandemic times- specialty groups are provided depending on specific needs.
    - Client does same assignments as others, but they are processed in an individualized manner addressing their needs.

- **Responsivity:**
  - Treatment is based firmly in CBT, with influences from ACT, DBT and MI
  - Cognitive testing is available if suspected of deficits by treating clinician or person screening the client or other information.
    - Activity Track in SOU and in main institutions
  - Spanish Speaking group (AHCC)
  - Treatment at SOU and WCCW (special populations)
  - Transgender individuals are treated at their location in prison (men's or women's prison)
    - 1:1 or transgender group in community.

Treatment in Prison

- The client identifies maladaptive patterns of thoughts, feelings and behaviors in terms of dynamic risk
- Identifies values and approach goals
- Skills deficits are identified, and new skills are taught and practiced

- Offense Analogue Behaviors and Offense Replacement Behaviors
  - No formal assessment

- 12 months
  - Approximately 300hrs

Treatment in Community

- Only for those who participated in prison program.
- 12 months
  - About 100hrs
- Dealing with current life situations reinforcing skills learned in prison and extension of the prison program.
- No structured assignments, clinicians are flexible and respond to needs of client in the community assigning activities and skills practice as needed.
- Stable 2007 upon intake (sometimes) and at discharge.
- Work closely with CCO for continuity of care and collaboration.
- Offense Analogue Behaviors and Offense Replacement Behaviors.
  - No formal assessment