

# Stable & Acute 2007 Overview

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# What this training is and isn't...

- ▶ This training **is** an overview of the two dynamic tools.
- ▶ This training **is not** certification level training and **does not meet** training requirements to administer the tools.
- ▶ If you or your jurisdiction are interested in certification level training, please feel free to contact us and we will assist in sending you in the right direction.



# Why Assess Risk?

- ▶ Promoting public safety
- ▶ Routine interventions
- ▶ Targeting scarce resources
  - ▶ Officer/resource time
  - ▶ Treatment
- ▶ Exceptional measures



# Why Assess Risk?

- ▶ Risk Need Responsivity Model (**RNR**)

- ▶ **Risk**: Who should be targeted to receive the most resources

- ▶ **Need**: What should be targeted in treatment/resource perspective to have the greatest impact on recidivism.

- ▶ **Responsivity**: How should treatment/interventions be delivered and characteristics that influence one's ability to respond to treatment.

\*Using validated assessments allows for the accurate adherence to these principals, and a common standardized vocabulary to communicate risk.

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# Static, Stable, and Acute Risk Factors Definitions

- ▶ Static – Non-changeable life factors that relate to risk for sexual recidivism, generally historical in nature
- ▶ Stable – Personality characteristics, skill deficits, and learned behaviors that relate to risk for sexual recidivism that may be changed through intervention
- ▶ Acute – Risk factors of short or unstable temporal duration that can change rapidly, generally as a result of environmental or intra-personal conditions

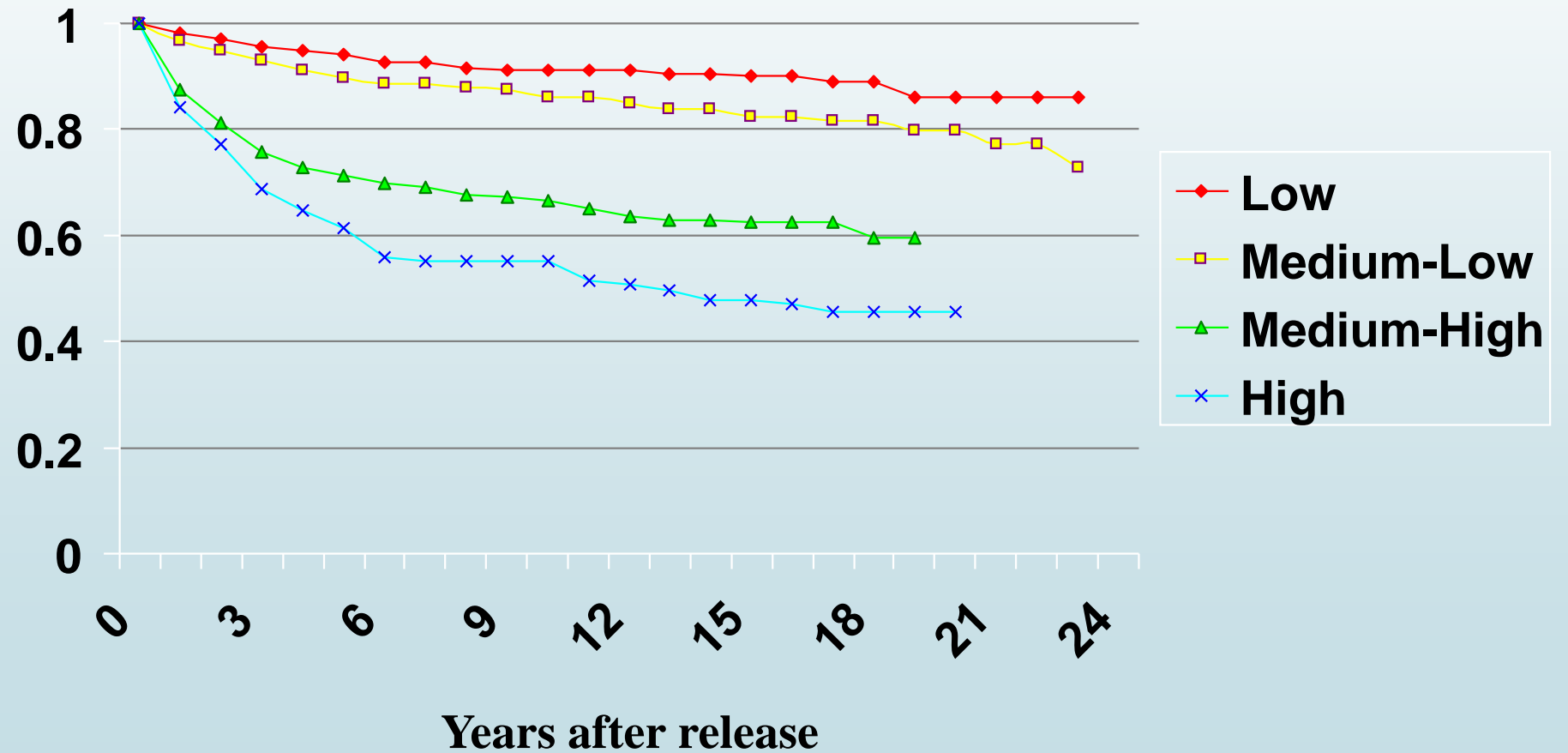
# Sex Offender Risk Assessment

## Basis for STATIC-99(R)/STATIC-2002(R)

STATIC (unchangeable) factors

- ▶ prior sex offenses
- ▶ age
- ▶ any extra-familial victims
- ▶ any male victims

# STATIC-99 Sexual Reconviction Rates





# Strengths & Weaknesses

- Valid risk factors
- Explicit rules for combining factors
- Relative risk robust across settings & samples
  
- Only moderate predictive accuracy
- Deceptively simple
  - You need to pay attention to coding rules



# Who Can I Use This With?

<b>Population</b>	<b>STATIC-99</b>	<b>STABLE-2007</b>	<b>ACUTE-2007</b>
Adult Male Sexual Offenders	✓	✓	✓
Adult offenders with 2 to 10 years offense-free in the community	✓	✓	✓
Juvenile offenders aged 16 & 17	With Caution	With Caution	With Caution
Juvenile offenders less than 16 years	✗	✗	✗
Adult female offenders	Research use only	Research use only	Research use only

## Prediction of Recidivism (ROC)

Recidivism Type	Static-99 alone	Static-99 + override	Static-99 + Stable-2007
Sexual	.77	.75	.81
Sexual + sex Breaches	.71	.69	.78
Any violent	.74	.71	.77



## Stable-2007

- Measures stable, dynamic risk factors/criminogenic needs - relatively enduring traits or characteristics that are related to offending.
- Stable factors:
  - Unlikely to change quickly without effortful processing
  - Natural change takes years (e.g., transition from youth to adulthood, or to old age).
- Provides direction for case management
  - Stable factors are treatment or intervention targets, things the person needs to address to reduce risk.



# Assessment of Change

- ▶ Will this change endure?
  - ▶ Exceptional circumstances
  - ▶ Major life changes
  - ▶ Treatment pressure/support
  - ▶ New base line



# Stable-2007 Need Areas

- ▶ Significant Social Influences
- ▶ Intimacy Deficits
- ▶ General Self-regulation
- ▶ Sexual Self-regulation
- ▶ Co-operation with Supervision



# Significant Social Influences

- ▶ This item addresses the extent to which the offender has criminal associates and negative people versus pro-social supports in his life.
- ▶ If the client went to that person with a problem or for advice, would that person likely give pro-social or anti-social advice?
- ▶ The client identifies who they think are their supports.
- ▶ For each person, you assess whether the influence of that person is likely to be positive, negative, or neutral.

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# Social Influences

## Positive Social Influence

- ▶ Promote pro-social values
- ▶ Encourage self-control strategies
- ▶ Provide material support (e.g. shelter, food, financial)
- ▶ Provide moral support and pro-social guidance
- ▶ Are aware of sexual offending history (generally)
- ▶ Challenge high risk behaviors

## Negative Social Influence

- Support for pro-criminal attitudes and activities
- Lead the offender astray (e.g. substance abuse, “shady” activities)
- Facilitate victim access
- Generate conflict in the offender’s life
- Collude in denial and minimization
- Work against authorities



# Interventions



- ▶ Identify wants/needs in both past and future relationships and role play asking for what you need
- ▶ Participate in role plays practicing emotional regulation, distress tolerance, and/or interpersonal effectiveness skills and therapeutic disclosure
- ▶ Practice creating and developing healthy social relationships in the community
- ▶ Disclosures to family, friends, support



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# Intimacy Deficits

- ▶ Intimacy deficits are common among sexual offenders, but not all offenders necessarily have the same type of intimacy deficits.
- ▶ STABLE 2007 looks at 5 types of deficits:
  - ▶ Capacity for relationship stability
  - ▶ Emotional identification with children
  - ▶ Hostility toward women
  - ▶ Social rejection/loneliness
  - ▶ Lack of concern for others



# Capacity for Relationship Stability

- This item looks at the client's capacity to form and maintain an intimate relationship.
- There are two components:
  - A. Has he ever had a two-year intimate (sexual & "live-in") relationship with an appropriate adult partner?
  - B. Is he currently living with an intimate partner in a relationship without obvious problems?
- This relationship can be short such as a couple of months, but should be expected to be reasonably stable (e.g. you expect it to last 12 months) .
- Legal marriages of < 2 years do not count and age consenting



# Interventions



- ▶ Increase awareness and understanding of unhealthy patterns within intimate relationships
- ▶ Develop skills necessary to form and maintain a stable, adaptive, relationship with a consenting peer-aged partner (conflict resolution, disclosures)
- ▶ Participate in role plays
- ▶ Often only accessible in the community to develop and practice these skills

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# Emotional Identification with Children

The more a client identifies with children, the higher his risk. This item for child molesters with at least one victim age 13 or less

- ▶ Feels emotionally close to or intimate with children.
- ▶ Sees children as peers or equals.
- ▶ Relates more easily to children than to adults.
- ▶ Has few or no adult friends.
- ▶ His attitudes and values as well as leisure and work activities are suggestive of a child-oriented lifestyle.

## Example of EIC





# Interventions

- ▶ Increase awareness, understanding, and use of healthy boundaries for incidental contacts/interactions involving children
- ▶ Identify needs being met by children and how it applies to a high risk situation, identified barriers and safety nets
- ▶ Participate in role plays addressing: initiating relationships with peer-aged persons, setting healthy boundaries with peers and children in less restrictive settings as well as escaping, avoiding and managing high risk situations
- ▶ Approved chaperones and appropriate disclosures

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# Hostility Towards Women

- ▶ Having a prejudice against women that makes women into a different “class” unworthy of trust or respect makes it easier to offend against them.
- ▶ He is unable to form warm, constructive relationships with women
- ▶ Believes or endorses sexist attitudes
- ▶ Does not consider women as people worthy of trust and/or respect
- ▶ May have sexual or personal relationships with women, but these relationships are adversarial and conflicted

# Examples Hostility







# Interventions

- ▶ Increase overall positive and reciprocal relationships with women in general
- ▶ Explore and identify your attitudes regarding roles within relationships with women, perceptions and CORE beliefs
- ▶ Identify attitudes about women and/or relationships that are neutral or positive. While identifying these attitudes, consider the context of attitudes, such as attitudes toward women in authority, female family members etc...
- ▶ Role play conflict resolution, effective communication and healthy interactions with women

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# Social Rejection and/or Loneliness

This is the one item that is predominately assessed by self-report.

- ▶ Is the client able to make friends and feel close to others?
- ▶ Does he have secure adult attachments?
- ▶ Is he lonely, prone to feeling socially rejected?
- ▶ Is he emotionally close to friends and family?

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# Interventions

- ▶ Increase contact with pro-social peers/family
- ▶ Increase skills to develop and maintain adaptive, pro-social relationships
- ▶ Define social rejection/loneliness; discuss if and how it may apply to your sexual behaviors and thoughts (past and present). Create challenge statements for attitudes/beliefs identified above
- ▶ Learn and develop interpersonal effectiveness skills
- ▶ Participate in role plays related to appropriate disclosure with those you may engage with in pro-social situations e.g. friendship, employment etc.

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# Lack of Concern for Others

- This item looks at the capacity to have empathy for others.
- It does not reflect solely their treatment of their victims but rather looks at how the person operates in day-to-day life.
- Consider if he:
  - Has little consideration for the feelings of others
  - Acts according to his own self-interest
  - Feigns shallow displays of regret, little or no remorse
  - Is unfeeling, ruthless, or indifferent towards everyone
  - Possibly has friends, associates and acquaintances, but no STABLE, caring relationships
- Quite significant pathology must be present as this condition is fairly unusual

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# Interventions

- ▶ Increase breadth of emotional responding to include warmth, concern, caring, and compassion for others
- ▶ Increase understanding of empathy, its function and/or purpose within the context of various types of relationships (intimate, social, work, treatment, etc.)
- ▶ Identify thoughts/attitudes about others (partners, victims, etc.) that “block” caring/concern/empathy
- ▶ Participate in group activity where you listen to another person’s experience and write about/discuss how he/she may have felt and/or how you would have felt if you were in “his shoes”



# General Self-Regulation

This category is more related to general offending.

Three areas of life skills related to the change process are assessed:

- Impulsive Acts
- Poor Cognitive Problem Solving Skills
- Negative Emotionality/Hostility

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# Impulsive Acts

The more impulsive the person, the harder it is for them to make and maintain changes.

- Includes not only impulsive acts but also impulsive thinking and impulsive emotions.
- Consider if he is:
  - Easily swayed by opportunistic circumstances
  - Has behavior with a high likelihood of negative consequences
  - Easily bored, seeks thrills and has little regard for personal safety or the safety of others
- Look at impulsive across several settings - not just represented by his history of sexual offending

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# Example of Impulsivity

- Reckless driving
- Substance abuse
- “Getting into” partying
- Accepting bets and dares
- Overly aggressive at sports
- Quitting jobs with no other job in sight
- Changing residences frequently
- Unsafe work practices
- Starting fights with men much bigger than himself



# Impulsivity



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# Interventions

- ▶ Develop and practice realistic/effective internal and external interventions related to impulse management.
- ▶ Identify environmental/situational cues and triggers related to impulsive acts
- ▶ Decisional Balance, Pro-Con to choices
- ▶ Participate in role plays and/or group activities practicing/implementing emotion regulation and/or distress tolerance skills
- ▶ Participate in Mindfulness Skills & DBT Adjunct Group

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# Poor Cognitive Problem Solving

Clients are higher risk if they are unable to accurately identify and address problems.

## **Areas to assess:**

- ▶ Problem identification
- ▶ Generating alternatives
- ▶ Evaluating alternatives

## **Consider if he:**

- ▶ Has difficulty accurately identifying and solving problems
- ▶ Proposes unrealistic solutions or none at all
- ▶ Is unable to choose appropriately between competing options.
- ▶ Always takes the easiest solution or the one with the most immediate “pay-off”
- ▶ Lacks long-term plans
- ▶ Fails to recognize the consequences of his actions

# Example Poor Problem Solving



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# Interventions

- ▶ Identify problems and demonstrate ability to generate list of potential solutions that are realistic
- ▶ Generate a list of problem behaviors you would like to change (sexual and non-sexual behaviors)
- ▶ Work with self and/or peer group members to generate a list of potential solutions for each problem behavior identified above; determine which solutions are most likely to reach desired outcome
- ▶ Participate in role plays related to scenarios where effective problem solving solutions must be generated and applied

# Negative Emotionality/Hostility

Negative emotionality is a tendency towards feeling hostile, victimized and resentful which makes him vulnerable to emotional collapse when stressed.

A pervasive feeling of grievance is key to this item

## Consider if he:

- Always sees the world as "out to get him"
- Frequently feels overwhelmed and unable to cope
- Is prone to feeling hostile, victimized and resentful
- This is not the "blue" guy but the guy with "a chip on his shoulder" and a grudge against the world
- Will often express his view that people are "crooked" (teachers get rich by pocketing students activity fees) "on the take" or that everybody but him has some sort of inside "scam"
- Rather than attempting to cope constructively, the offender ruminates on the negative events and feelings and may appear to be "getting into it"

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# Interventions

- ▶ Identify effective coping strategies for managing unwanted emotions via DBT and general therapy
- ▶ Increase awareness of both internal and external cues when experiencing thoughts and feelings of persecution, hostility etc.
- ▶ Develop and practice realistic interventions for feelings of negative emotionality and/or hostility
- ▶ Learn and utilize awareness wheel to develop/enhance skills to observe and describe cues in the environment from a non-judgmental/non-evaluative stance and identify effective solutions to problem interactions/behaviors

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# Sexual Self-Regulation

- ▶ Sex Drive and/or Sexual Preoccupation
- ▶ Sex as Coping
- ▶ Deviant Sexual Interests



# Sex Drive/Preoccupation

This item concerns the frequency of sexual thoughts and behavior.

## Consider:

- ▶ Recurrent sexual thoughts and behavior that are not directed to a current romantic partner
- ▶ The amount of casual or impersonal sexual activity/A history of multiple sexual partners (e.g., 30 or more)
- ▶ How much sexual thoughts and behavior are interfering with other pro-social goals
- ▶ If offender perceives his sexual thoughts and behavior as intrusive or excessive
- ▶ If behavior is just plain excessive
  - Masturbation most days (15+ times a month)
  - Regular use of prostitutes, strip bars, massage parlours, phone-sex and phone sex bills
  - Spends large amounts of time “surfing the web” for pornography sites
  - Self-report of difficulty controlling sexual impulses



# Interventions

- ▶ Increase utilization of non-sexual approach oriented thoughts and activities
- ▶ Complete Arousal Logs and submit to your therapist until treatment goals are achieved.
- ▶ Define sexual pre-occupation; discuss if and how it may apply to your sexual behaviors and thoughts
- ▶ Implement urge surfing, distraction, replacement behaviors, mental filtering, avoidance if necessary
- ▶ Guided imagery, progressive relaxation, isometric muscle movement



# Sex as Coping

When experiencing life stress and negative emotions uses sexual thoughts or behavior to cope.

- ▶ Content may be normal or deviant
- ▶ This coping behavior is seen in multiple life domains such as in response to work stress, family stress, interpersonal stress, etc.
- ▶ Uses sexual expression to dissipate boredom, anger, humiliation, or frustration
  - ▶ May retreat from confrontation for masturbation
  - ▶ May have to work not to resort to deviant sexual fantasy to handle negative moods
  - ▶ May retreat into deviant sexual fantasy to maintain good feelings

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# Interventions

- ▶ Increase understanding of how use of sex as coping strategy relates to your process of offending
- ▶ Increase use of other healthy coping responses via DBT
- ▶ Urge Surfing, replacement behaviors, avoidance vs. distraction
- ▶ Masturbation/sexual thought logging
- ▶ Journaling, mindfulness, physical activity, processing emotions and difficult situations



# Deviant Sexual Interests

- ▶ An “interest” is something that the offender would do if he had complete choice over his sexual activity.
- ▶ Is the offender sexually aroused by or sexually interested in people, objects, or activities that are illegal, inappropriate or highly unusual?
- ▶ Examples: children (under 14), non-consenting adults, voyeurism, exhibitionism, cross-dressing, coprophilia, fetishism, etc.
- ▶ Consider both frequency and the unusualness of the behavior
- ▶ In general, one occasion is not enough to establish a strong deviant interest.
- ▶ Interest is usually established through a pattern.
  - ▶ I.E. Sex with dead body (x1) VS. Masturbation in a car (x1)



# Interventions

- ▶ Continuum of sexuality (deviant vs non-deviant)
- ▶ Potential partners profile/healthy script (arousal script/schema)
- ▶ Arousal mapping – behavioral guide
- ▶ Increase use of healthy sexual behaviors and thoughts
- ▶ Complete a decisional balance exercise related to maintaining or abstaining from deviant sexual thoughts and or activities



# Cooperation with Supervision

- ▶ If the person is not working with you, then it is hard to determine the quality of the information they are providing.
- ▶ You may want to look at collateral sources of information (parole officers, MH notes, infractions, community notes)
- ▶ Do you feel that the client is working with you or against you?
- ▶ Does he see himself as at no risk to reoffend and place himself in high-risk situations?
- ▶ Does he take the conditions of supervision seriously or is he trying to manipulate?



# Types of Non-Cooperation

## ➤ Disengagement:

- just going through the motions, silent/non-disclosing, keeps secrets, not invested in supervision or treatment

## ➤ Manipulation:

- Tries to “play the system”; tries to be “buddy-buddy” with you; lies to you and tries to deceive you; asks for special favors; engages in the manipulation of staff (e.g., playing one off against another)

## ➤ No Show:

- often shows up late or at the wrong times; fails to attend scheduled appointments with you and others; disappears





# Interventions



- ▶ Maintain active participation/engagement in all treatment and CCO relationships
- ▶ Identify ways/solutions that will make it easier to follow through with supervision requirements
- ▶ Participate in role plays surrounding appropriate disclosure of offense to a community corrections officer, treatment provider while demonstrating openness and willingness



# Big Picture Use

- STABLE factors are your empirically supported and evidence based best intervention
- Use the STABLE assessment to inform your supervision efforts – who needs what and at what level of intensity?
- STABLE assessment represents the beginning of “diagnostic” assessment for sexual offenders
- Stable is a two factor tool- Risk and Needs



# Acute-2007

- ▶ Short term risk
- ▶ These factors represent current expressions of problematic risky behaviors
- ▶ Note: Research data shows that an average rating over time (4 months) performs better than any individual assessment



# Acute Predictors- Two Factor

## Sex/Violence Score (Four Items)

- ▶ Victim Access
- ▶ Hostility
- ▶ Sexual pre-occupation
- ▶ Rejection of Supervision

## General Recidivism Score (All seven items)

- ▶ Victim Access
- ▶ Hostility
- ▶ Sexual pre-occupation
- ▶ Rejection of Supervision
- ▶ Emotional Collapse
- ▶ Collapse of Social Supports
- ▶ Substance Abuse

[predicts all types of relapse]



# Same Behavior-Different Implications

- In the community the same behavior can result in different implications depending on the characteristics of the client.
  - A) Rapist riding a city bus to work with school children
    - most likely a manageable risk
  - A) Child Molester riding a city bus to work with school children – may or may not be a manageable risk
  - A) Frotteur riding a city bus to work with school children – most likely an unassumable risk
  - B) Rapist working the “late shift” at a courier company where they hire an evening shift of university students – possibly a manageable risk – if he is “part of the crew” - most likely an unassumable risk if he’s made the “shift chief”

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# Victim Access

- ▶ Is he having incidental contact, not repeated, can not be avoided by no indication of victim approach behavior
- ▶ Repeated opportunity, hints of planning-several different paths, he mostly/always chooses the most risky one
- ▶ Clean planning, grooming, stalking, hiding deliberate contact

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# Hostility

- ▶ Some resentment, harsh words
- ▶ Heated confrontations, any physical aggression, veiled threats, angry rumination, something is bugging him and you are aware there is a problem
- ▶ Direct threats, open plans of retribution

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# Sexual Preoccupation

- ▶ Slight concerns, increased masturbation
- ▶ Rumination on sexual issues, sexual tension, deviant urges, attending strip clubs, using pornography, sex urges when angry or upset
- ▶ Out of control sexual urges, lots of impersonal sex



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# Rejection of Supervision

- ▶ Reluctant, missed appointments with others, unsure what is going on with him
- ▶ Breaching conditions, missed two consecutive appointments, manipulation, lying, treatment dropout
- ▶ Bringing weapons, attending drunk, new offenses, driving while suspended, absconds
- ▶ Easy to assess because it concerns his relationship with you



# Emotional Collapse

- ▶ Hopeless, helpless, negative emotional rumination, self-pity, not coping, paranoia
- ▶ Suicide risk, acting on paranoid impulses, not caring what happens to them
- ▶ The chronically unhappy client is no greater risk or no less risk than the happy client, but both are at increased risk if their mood declines.
- ▶ Watch for putting themselves in high-risk or self-destructive situations
- ▶ Watch for behaviors that are high-risk to self or others and not caring what happens to them (unprotected sex, “having it out” with the landlord or boss)



# Collapse of Social Supports

- ▶ Threats to important relationships, loss of minor relationships
- ▶ Loss of significant social relationship or social group, gain negative peer group, initiates or re-joins a dysfunctional relationship
- ▶ Loss of essential supports, complete community rejection, pro-paedophilic clubs

Note: In most cases, the loss of a paid therapist does not count - unless it was a particularly close and important relationship for the offender.



# Substance Abuse

- ▶ Some drinking, but not problematic and not prohibited
- ▶ Out of control, interference in daily functioning
- ▶ Applies to all substances, but the substance abuse problems of sexual offenders most typically involve alcohol.
- ▶ Substance abuse – especially alcohol use becomes worrying when it contributes to lifestyle instability – look for “partying” – irresponsible use – and drunk driving
- ▶ In “party mode” the client enters a higher risk environment with fewer social controls



# Implications & Interventions

- ▶ One on one sessions
- ▶ Staffing with CCO, Clinician, family, work, etc.
- ▶ Behavioral Chain Analysis
- ▶ Decisional Balance
- ▶ Chemical Dependency, Mental Health, Thinking for a Change, or other programmatic intervention
- ▶ Increase reporting to CCO, Therapist, etc.
- ▶ Jail time, revoke may be necessary
- ▶ Helps to assess at what rate should you be seeing this client



## Relative Priority of Acute Ratings: Implications for Supervision

- ▶ “Basically”, as a heuristic, men who score “Moderate” on this “three level” assessment should receive twice the supervisory priority as those who score “Low” and those who score “High” should receive four times (X4) the supervisory priority as those who score “Low”.



# General Recommendations for Risk Assessment

- ▶ Use an explicit list of empirically validated risk factors determined in advance
- ▶ Use an empirically validated method of combining the risk factors into an overall evaluation
- ▶ Estimate the risk for an individual offender based on the group he or she most closely resembles
- ▶ Build-in methods for quality control
- ▶ At least one year is needed before re-evaluating stable factors (pending deliberate interventions)
- ▶ Use offense history, enduring psychological characteristics, and current behaviour to evaluate risk

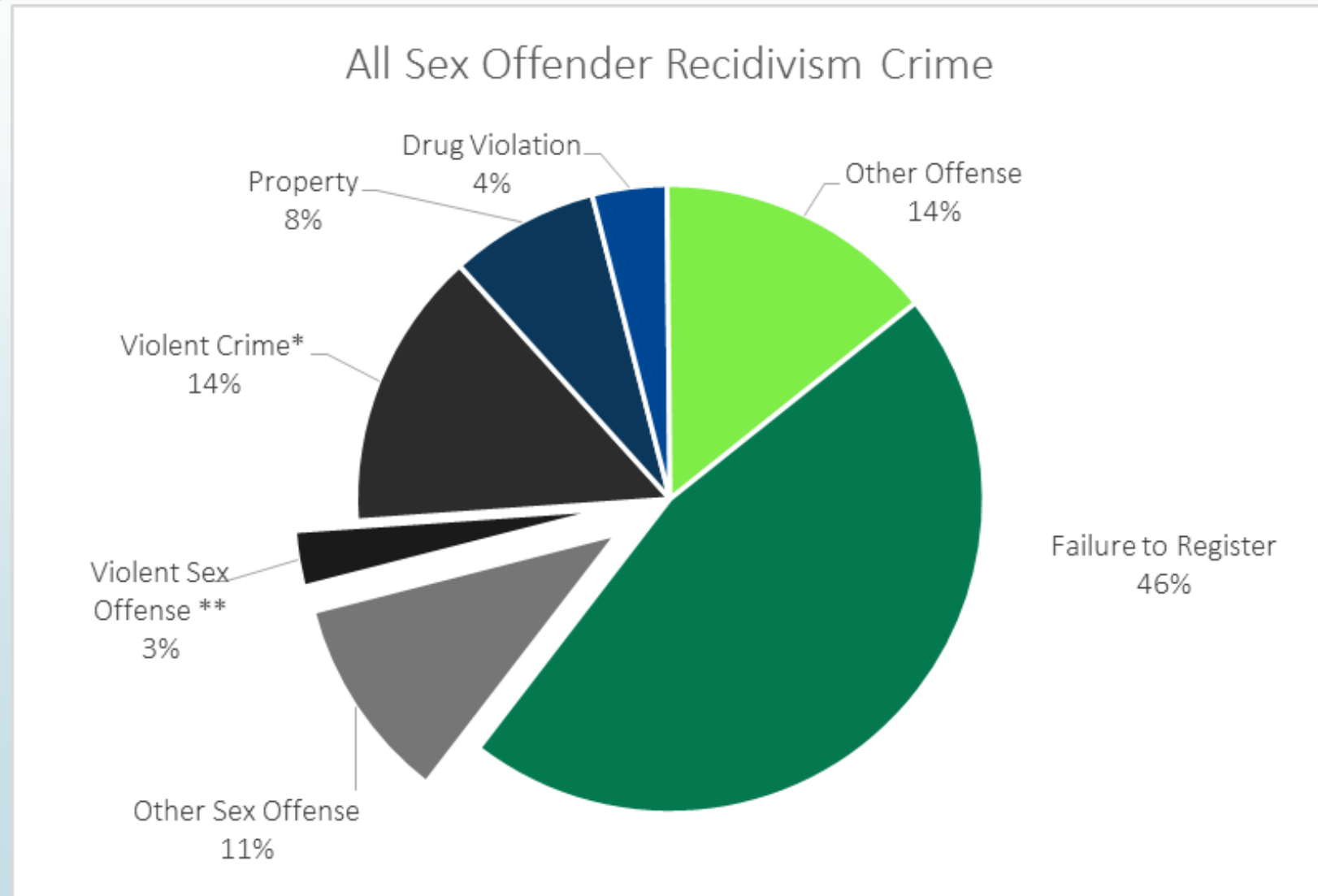
# 2013 Recidivism Data

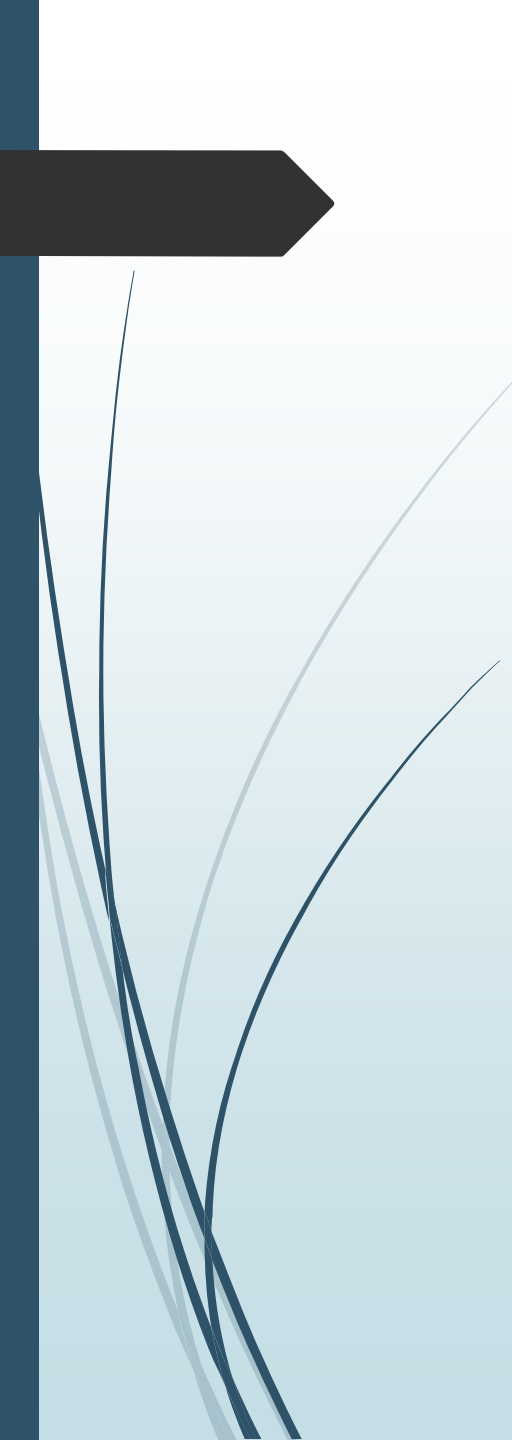
Offenders Released from Prison in FY2013	All Sex Offenders		Sex Offenders who did not Enter/Complete Prison SOTAP		Sex Offenders who Complete Prison SOTAP	
	Count	%	Count	%	Count	%
<b>Total Offenders</b>	<b>663</b>		<b>457</b>	<b>68.93%</b>	<b>206</b>	<b>31.07%</b>
<b>Recidivated</b>	<b>104</b>	<b>15.69%</b>	<b>90</b>	<b>19.69%</b>	<b>14</b>	<b>6.80%</b>

In FY2013, there were 663 sex offenders released from prison, which is approximately 9 percent of the total releases for that year. Approximately 31 percent of all sex offenders released in FY2013 had completed prison SOTAP and 6.8% recidivated. The recidivism rate for all sex offenders released from prison in FY2012 was 15.7%.



# Recidivism Crime Rates





People who commit sexual offences are not a homogeneous group. They are diverse in their pathways to offense and rehabilitation. Therefore a one size fits all approach for treatment of management is not the best use of limited resources (you, your time and efforts).



# Thank you

► Please feel free to contact us:

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