Risk Management

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Why Assess Risk?

1. Importance of promoting public safety
2. Need to determine who receives routine interventions and who needs exceptional measures
3. Strategic use of scarce resources
   - Officer time
   - Treatment

Three Generations of Risk Assessment

- **First Generation = "Clinical Judgement"**
  - Unstructured, not able to be replicated by others
  - Based on the evaluator's experience and knowledge
  - Non-standard with much personal discretion
  - Level of prediction little better than chance, no different than otherwise intelligent "non-experts"
- **Second Generation = "Actuarial Assessment"**
  - Static, actuarial, structured, replicable, less open to interpretation
  - Based on factors empirically related to recidivism
  - Standardized assessment
  - Unable to measure change
  - "Moderate" Levels of prediction (ROC's upper 60's to lower 70's)
- **Third Generation = "Dynamic Assessment"**
  - Based on factors empirically related to recidivism
  - Standardized assessment that uses structured professional judgement
  - Able to measures change
  - Actuarial measure with dynamic factors
  - "Moderate" Levels of prediction (ROC's upper 60's to lower 70's)

Static, Stable, & Acute Risk Factors

- **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

Principles of Effective Interventions

Risk, Needs, Responsivity Models and Methodologies

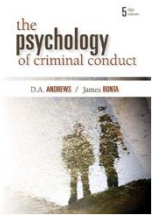
Agents of Change

As clinicians and supervisors, our goal is to assist all residents in the development of a **balanced, self-determined lifestyle**. Contemporary research in offender treatment and risk management suggests that learning to live a "good life" is inconsistent with a return to offending and other antisocial behavior.

Andrews & Bonta (2010)

Three Principles:

- Risk
- Need
- Responsivity



From The Psychology of Criminal Conduct, 5th ed.

Effective Programs

Based on meta-analytic research, Don Andrews and his colleagues have suggested four principles of effective correctional interventions.

Effective Programs

RISK Principle

- effective programs match the level of treatment intensity to the level of risk posed by the offender
- high risk = high intensity
- mismatching can result in increased risk

Effective Programs

NEED Principle

- effective programs target identified criminogenic needs
- sex offenders require sex offender specific treatment programming
- other programs may result in some ancillary gain, but risk for sexual recidivism likely will not be reduced

Effective Programs

RESPONSIVITY principle

- effective programs are those which are responsive to offender characteristics
  - cognitive abilities
  - maturity
  - motivation
  - mode of intervention
  - scheduling concerns

Promising Targets

- changing antisocial attitudes and feelings
- reducing antisocial peer associations
- promoting prosocial associations
- increasing self-control, self-management, problem-solving skills
- reducing chemical dependencies
- shifting rewards for behavior from criminal to non-criminal orientation
- develop a plan to deal with risky situations
- confront personal barriers to change

Less Promising Targets

- increasing self-esteem without dealing with antisocial thinking, feeling, and associations
- focusing on vague personal complaints not related to criminal conduct
- increasing antisocial peer group cohesiveness
- improving living conditions without touching on higher risk individuals and families
- showing respect for antisocial thinking as a legitimate culture
- increasing conventional ambition without providing concrete assistance
- making the client a better person, when being a better person is unrelated to propensity for crime

Indicators of Quality Participation

- attendance
- engagement in program
- completion (mature as opposed to premature program termination)
- quality relationship with service provider
  - **respect, positive attitude**
- showing change on the intermediate targets

Points to Consider

- sexual offender treatment has a long history of confrontational and punitive approaches
- Research shows that failure to complete treatment not only predicts re-offense, but can elevate level of risk (Hanson & Bussiere, 1998)
- Studies show that confrontational style results in poorer treatment outcome (Marshall, 2005)

Stages of Change

- **Precontemplation:**
  - no acknowledgement of problem's existence
  - defensive/unmotivated
- **Contemplation:**
  - acknowledgement that problem "might" exist
  - vacillation between minimization and acknowledgement
- **Preparation:**
  - recognition of the problem
  - appearance of motivation
- **Action:**
  - active engagement with process of change
- **Maintenance:**
  - maintenance of change through application of effective coping strategies

Treatment of Sexual Offenders

- Historically, many types of treatment interventions applied to sexual offenders
- Current effective practice requires…
  - Adherence to principles of risk, need, responsivity
  - Assessment of risk factors/criminogenic needs
  - Cognitive-behavioral intervention
  - Treatment that targets identified risk factors/criminogenic needs
  - Post-treatment maintenance/follow-up programming

A brief history of treatment…

- Furby, Weinrott, & Blackshaw (1989)
  - Combined analysis of numerous studies that was unable to detect a significant treatment effect due to methodology variability.
- Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto (2002)
  - 17% untreated vs. 10% treated – equivalent to a 40% reduction
  - Youth do best with community treatment
- Losel & Schmucker (2005)
  - Recidivism reduced by nearly 40%
- SOTEP (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005)
  - No overall differences between treated and untreated groups, but sexual offenders who successfully completed the SOTEP treatment program reoffended at lower rates than those who did not demonstrate that they "got it".

Treatment of Sexual Offenders

- Treatment is cognitive-behavioral:
  - Changing patterns of affect, cognition, behavior
  - Development of pro-social/non-offending attitudes and beliefs
  - Skills acquisition and rehearsal
- Targets dynamic risk factors (e.g., deviant arousal / fantasy / preference, attitudes / cognitive distortions, intimacy deficits, etc.)
- Most common type of intervention presently is relapse prevention (RP)
- RP being replaced by Self-Regulation Model (SRM) in many jurisdictions
- Good Lives Model (GLM) adopted in some jurisdictions

Relapse Prevention

Until recently, Relapse Prevention was the preferred mode of sexual offender treatment in Canadian and American corrections.

Traditional relapse prevention treatment consists of two components

- internal self-management
- external supervision

High-Risk Situations

environmental elements

+

personal elements

=

high-risk situation

Shortcomings of Relapse Prevention Approach

- Theoretical problems with the model
- Developed using medical model, not cognitive-behavioral model
- Designed for use with alcoholic patients who are motivated to change
- Developed as maintenance program following treatment, not as model of treatment or supervision (but has become both in SO treatment)
- Lack of standardization across programs

Pathways / Self-Regulation

The Pathways Model suggests that offending can be seen as being the result of both positive and negative cognitions:

- Self-regulation theory holds that individuals engage in goal-directed behaviour based on internal and external circumstances and events that direct behaviour

Self-Regulation Model of Sexual Offending

- Incorporates:
  - Avoidance and approach goals
  - Positive and negative affect
  - Cognitive dissonance and goal congruence
  - Influence of internal and external circumstances and states
  - Planning, evaluation, modification of behaviour to achieve goals
  - Inhibition and suppression of behaviour
  - Elicitation and maintenance of behaviour

Offence Pathways: Three Self-Regulation Strategies

- Under-regulation
  - No attempt to control behaviour
  - Loss of control
- Mis-regulation
  - Active attempt(s) using ineffective skills/strategies
- Intact self-regulation
  - No self-regulation deficit
  - Explicit planning

Pathways / Self-Regulation

avoidant-passive pathway
- an offender following this pathway, therefore, desires to refrain from offending, but does not actively attempt to do so, or simply attempts to deny urges or to distract himself

avoidant-active pathway
- offenders following this pathway select strategies and make active attempts to achieve this inhibitory goal

approach-automatic pathway
- offenders following this pathway do not attempt to refrain from offending, but seek to achieve goals associated with offending

approach-explicit pathway
- The dynamics of offending within this pathway are associated with goals which explicitly support sexual offending, such as attitudes supporting sexual activity with children or hostile attitudes toward women

Comprehensive Treatment Programming for Persons Who Have Sexually Offended

- What do we mean by "sex offender specific"?
- Is that what we really mean?
- Is that what the contemporary literature tells us we should be doing?

Donald R. Pake, Jr.

There's no such thin as treatment success

Measuring success in treatment is akin to measuring "big". You cannot measure a construct that has no parameters.

Portraying treatment as successful encourages non-clinical partners in community risk management to perceive our efforts as having eradicated the potential for reoffending…This is misleading. It leads one to question the profession's intellectual honesty. Such a position also risks taking the onus for future reoffending off the [client] and [putting it] onto the clinical community.

California Sex Offender Treatment & Evaluation Project

The results of the SOTEP study showed no differences in sexual reoffending between treatment participants, volunteer controls, and non-volunteer controls. Follow-up was just over eight years and rates of sexual reoffending were in the 20% range for all groups.

California Sex Offender Treatment & Evaluation Project

- Most of the offenders in the SOTEP study were of the lower risk variety.
- Not having a broader range of offenders makes it more difficult to show a difference in treatment outcome.
- Those clients who "got" treatment reoffended at lower rates.

Effective Programs

- The consistency of the outcome studies accentuates the need to move beyond simple questions as to whether treatment works (Abracen & Looman, 2004).
- There are a number of significant questions which have yet to be answered with reference to sexual offender treatment.
- For example, do higher risk clients receive more treatment programs than lower risk clients?

Assessment of In-Treatment Change with Sexual Offenders

- Hanson (1997; 2000) suggested that while long-term outcome studies are useful, they do not tell us anything about the effectiveness of current interventions
- Suggested that measuring within-treatment change is a more immediate measure of treatment effectiveness

Assessment of In-Treatment Change with Sexual Offenders

- A treatment plan is only as good as the criminogenic needs it targets
- Therefore, we need to …
  - Make sure that the treatment targets addressed are actually related to recidivism
  - Need to make sure that targets are actually being addressed

Measuring In-Treatment Change

Goal Attainment Scaling

Increasing Treatment Responsivity

Treatment Efficacy

Federoff, J.P. & Moran, B. (1997). Myths and misconceptions about sex offenders. *Canadian Journal of Human Sexuality*, 6, 263-276.

Hall, G.C.N. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting & Clinical Psychology*, *63*, 802-809.

Hanson, R.K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). *A meta-analysis of the effectiveness of treatment for sexual offenders: Risk, need, and responsivity*. Research Report No 2009-01. Ottawa: Corrections Research, Public Safety Canada. Available: *www.ps-sp.gc.ca*

Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L., & Seto, M.C. (2002). First report of the Collaborative Outcome Data Project on the effectiveness of psychological treatment for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, *14*, 169-194.

Lösel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, *1*, 117–146.

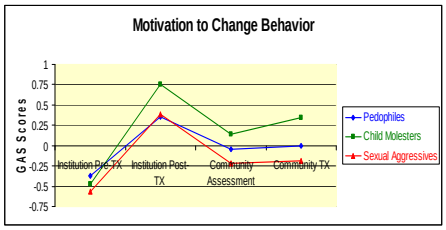
Wilson, R.J., Cortoni, F., Picheca, J.E., Stirpe, T.S., & Nunes, K. (2009). *Community-based sexual offender maintenance treatment programming: An evaluation*. [Research Report R-188] Ottawa, ON: Correctional Service of Canada.

Goal Attainment Scaling

Stirpe, T., Wilson, R.J., & Long, C. (2001). Goal attainment scaling with sexual offenders: A measure of clinical impact at post treatment and at community follow-up. ***Sexual Abuse: A Journal of Research and Treatment***, ***13***, 65-77.

Barrett, M., Wilson, R.J., & Long, C. (2003). Measuring motivation to change in sexual offenders from institutional intake to community treatment. ***Sexual Abuse: A Journal of Research and Treatment***, ***15***, 269-283.

Responsivity & Motivation
(Barrett, Wilson, & Long, 2003)



Goal Attainment Scaling (GAS)

-2 indicates a pronounced deficiency in the target domain
-1 indicates a need for additional attention to the target domain
0 indicates understanding and application of the target domain at a satisfactory level
1 indicates enhanced understanding and application of the target domain
2 indicates consistent cognitive and practical mastery of the target domain

1. Accepts guilt for offense(s).

-2	-1	0	1	2
Deficient	Attention	Satisfactory	Enhanced	Mastered

2. Shows insight into victim issues.

-2	1	0	1	2
Deficient	Attention	Satisfactory	Enhanced	Mastered

3. Shows empathy for their victims.

-2	-1	0	1	2
Deficient	Attention	Satisfactory	Enhanced	Mastered

4. Accepts personal responsibility.

-2	-1	0	1	2
Deficient	Attention	Satisfactory	Enhanced	Mastered

Sexual Offenders in the Community

What should we do?
When should we do it?
How do we know it's working?

Custody & Release

- levels of incarceration and restrictions of freedom start high and are, under normal conditions, gradually decreased over course of sentence

  Prison (max>med>min) ➔ Halfway House ➔ Community

- generally believed that facilitated community reintegration reduces risk of reoffense
- however, the highest risk offenders are often released at sentence completion with no *official* community reintegration process

Stakeholders

- victims
- citizens
- law enforcement
- legal and correctional personnel
- mental health personnel
- the media
- offenders

Today's Situation

- Upon release, many sexual offenders are subject to public notification, vilification and, sometimes, vigilantism.
- As a result, some are eventually driven out of one community into another and, often, go "underground".

This does not help.

Sexual Assault is a Community Issue

- The community lives in fear of sexual offenders and responses to dealing with this fear are varied throughout history.
- At the end of the day, reduced recidivism is everyone's business—offender, victim and community.

Official Control

There are several "official" means by which to control offenders in the community …

- Court Diversion
- Probation & Parole
- 3 Strikes / Civil Commitment
- Long Term Supervision Orders / Lifetime probation
- Court Orders / Orders of Prohibition
- Specialized Peace Bonds
- Electronic/GPS Monitoring
- Sex Offender Registries
- Community Notification
- 1000/2000 feet rules

Community Notification

Police may then release information about that individual, depending on an evaluation by the Police Service, with or without consultation with the community.

Community Notification

What are the implications of community notification?

- What does the community do with the information?
- Who tells them?
- What now?

Sex Offender Registries (SORs)

- intended to establish a list all sexual offenders in a given jurisdiction
  - state/provincial or national
- belief is that such lists will contribute to community safety by "narrowing the field" for law enforcement

Why Registration?

Sex offender registries are based on the belief that…

- sexual offenders are "predatory prowlers"
- reoffense rates are high
- nothing else will work

The Need for a Sex Offender Registry

The actions of sex offenders have profound and long-lasting consequences for their victims and their communities.

Data indicates that a rapid response during an investigation of a child abduction for a sexual purpose is critical. Of those victims who were murdered:

- **44% were dead within one hour after the abduction;**
- **74% within three hours; and**
- **91% within 24 hours.**

Time is of the essence for police when tracking sexual predators and investigating crimes committed by these offenders. The Sex Offender Registry will assist the police in these investigations by identifying all registered sex offenders living within a particular geographic area.

Should We Keep Lists?

- Clearly, the police need to have up to date information on serious offenders.
- We should do everything we can to protect our children and other vulnerable persons.
- However, in a world where money for social concerns is often scarce, we must make every effort to spend our money wisely.
- And, we should be really clear about our motives and expectations.
- Is there another way?

Holes in the System

However …

- such measures are often more helpful for investigation and prosecution of breaches after the fact
- other measures are required to increase client accountability and to prevent further victimization
- no matter how good your Police Service is, officers cannot be held solely responsible for the totality of public safety
- community engagement is crucial to ensuring that there are no more victims

An Untenable Situation

- Many released sexual offenders receive little or no support or encouragement to get help and live safe.
- The community and ***potential victims*** have few real safeguards.

Containment model

An impressive work in progress

MAPPA

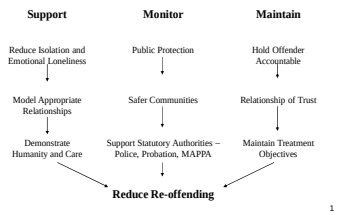
Multi-Agency Public Protection Arrangements

MAPPA

In the UK, Multi-Agency Public Protection Panels help to manage a partnership of statutory agencies tasked with increasing public safety

- Police, Probation, Social Services
- Circles-UK has become an important part of the MAPPA process

The Three Key Principles



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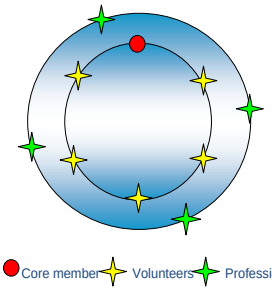
Circles of Support & Accountability

An international collaboration for safer communities

Circles of Support & Accountability



Who are we talking about?

- men released after having completed their entire sentence (WED offenders—max-ed out)
- judged to be at high risk to re-offend
- have no pro-social support in the community
- are likely to garner media attention

Why Do Circles Work?

Why do Circles Work?

Offender Social Support

Released sexual offenders who have positive, pro-social support in their community are at less risk of re-offending than those who have no such support, or whose supports are anti-social in nature.

(Hanson and Harris, 1999)

Good Lives

Similar to the Life Skills concept of a "balanced, self-determined lifestyle", offenders strive to lead lives that are healthy, productive, and free of risk as a natural consequence of stability.

Core member experience

Without my Circle, I may have …

- had difficulty adjusting
- had difficulty in relationships with others
- become isolated and lonely
- turned to drugs or alcohol
- reoffended

Outcome - Recidivism data
Ontario Pilot Sample

	Circles (60)	Control (60)
M(SD) age	47.47 (12.27)	43.62 (10.84)
M(SD) STATIC-99	5.60 (2.22)	5.00 (1.96)
M(SD) RRASOR*	3.18 (1.65)	2.12 (1.31)
M(range–mos) follow-up	54.67 (3-123)	52.47 (3-124)
M(mos) until 1st failure	22.10	18.54
Recidivism		
Sexual*	5.00% (3)	16.67% (10)
Expected sexual	28.33% (17)**	26.45% (16)
Violent*	15.00% (9)	35.00% (21)
General ‡	28.33% (17)	43.44% (26)
Dispositions	38	49

* $p < .05$ ** $p < .01$ ‡ $p < .10$

Outcome - Recidivism data
National Replication Sample

	Circles (47)	Control (47)
M(SD) age	43.18 (9.55)	43.52 (8.66)
M(SD) STATIC-99**	5.00 (2.14)	6.11 (1.52)
M(SD) RRASOR	2.72 (1.50)	2.74 (1.36)
M(range–mos) follow-up	32.53 (6-84)	35.74 (6-95)
M(mos/#) until 1st failure*	23.92 (5)	50.73 (18)
Recidivism		
(convictions + charges)		
Sexual*	2.13% (1)	12.77% (6)
Violent**	8.51% (4)	31.91% (15)
General**	10.64% (5)	38.30% (18)
# of charges**	17	76

* $p < .05$ ** $p < .01$ ‡ $p < .10$

Closing Thoughts

Research has clearly shown that a collaborative approach which includes representation from all stakeholders can assist considerably in enhancing public safety and offender accountability. Working together, we can manage the risk.

Teamwork is the key,
and the community has an integral role to play in public safety!!

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