

Structured Sex Offender Treatment Review Case Review Sheet

Client: _____

Date: _____

(Underlined items are those for which a blank is allowed)

Review Element	Achieved	Current		Progress Notes
		Y	N	
1. Fully admits offense-No denial.	Y	N	Y	N
2. Greater detail of offense(s).	Y	N	Y	N
<u>3. Non-deceptive disclosure poly.</u>	Y	N	Y	N
4. Clarification process complete.	Y	N	Y	N
5. Restitution plan in place.	Y	N	Y	N
6. Full compliance with conditions.	Y	N	Y	N
7. I&E, replace cognitive distortions.	Y	N	Y	N
8. I&E own offense cycle.	Y	N	Y	N
9. Demonstrates all interventions.	Y	N	Y	N
10. I&E high risk situations	Y	N	Y	N
11. Initiates regular tool use.	Y	N	Y	N
12. Protects possible victims.	Y	N	Y	N
13. I&E sexual arousal patterns	Y	N	Y	N
<u>14. Lower deviant arousal/interest.</u>	Y	N	Y	N
15. Prevention plan in place.	Y	N	Y	N
16. Develops support system.	Y	N	Y	N
17. Mediates ongoing risk.	Y	N	Y	N
18. Externalizes life style control.	Y	N	Y	N
19. Pro-social sexual attitudes.	Y	N	Y	N
20. Passes monitoring polygraphs.	Y	N	Y	N
21. Protects family from self.	Y	N	Y	N
22. Promotes honesty.	Y	N	Y	N
23. Promotes transparency.	Y	N	Y	N
24. Confronts others in group.	Y	N	Y	N
25. Safe living arrangements.	Y	N	Y	N
<u>26. Active substance abuse Tx.</u>	Y	N	Y	N
27. Anger management work.	Y	N	Y	N
28. Seeks social involvement.	Y	N	Y	N
29. Financial stability.	Y	N	Y	N
30. Restitution to community.	Y	N	Y	N
31. Pro-social focus.	Y	N	Y	N

Explanation of Review Questions

Assumes Responsibility for Past Behavior:

1. Fully Admits Offense(s) - No denial.

- No Offender exhibits any form of denial concerning current offense.
- Yes. The offender is not exhibiting any form of denial and recognizes the benefit of telling the truth about all aspects of the offense.

2. Greater detail of offense(s).

- No. Offender provides a level of detail for current offense(s) that is equal to or less than the level of detail provided by the victim statements or official records of these cases.
- Yes Offender is providing more detail than are the victim(s) or official reports of the current offense(s).

3. Non-deceptive disclosure polygraphs.

- No The offender has not yet provided a non-deceptive polygraph which covers his/her entire sexual history.
- Yes The offender has provided a non-deceptive polygraph which covers his/her entire sexual history
- Blank Allowed only if your jurisdiction does not use polygraph as a monitoring tool.

4. Clarification process complete.

- No The offender has not developed an approved clarification plan or has not yet provided the group or community, and victim (assuming victim is willing to do so) with a clarification of the offense in accordance with this approved clarification plan.
- Yes The offender has a developed a clarification plan, has written a clarification letter and shared it with the treatment group, and is able to explain his/her understanding of the healing that can result from this process. If the victim is willing, the offender **must** have presented this letter to the victim(s) in a controlled setting and answered all questions in accordance with the written clarification plan. If the victim is not willing to do a clarification, the offender must have provided a mock clarification to the group and/or participated in a community response panel presentation.

5. Restitution plan in place.

- No The offender has no written plan outlining his responsibilities to assist in the treatment and restitution of the victim(s) of his offenses.
- Yes The offender has developed an approved plan which outlines **how** he/she will assist the victim(s) in obtaining required treatment and/or support to repair damage resulting from the offense and is able to explain his/her understanding of the healing that can result from this process.

Takes Steps Toward Increased Safety

6. Full compliance with conditions and goals.

- No The offender is not 100% in compliance with:
- A. Terms and conditions of Probation/Parole or supervision.
 - B. Terms of the treatment contract.
 - C. Agreed upon goals (approach and avoidance) of treatment.
- Yes The offender is 100% in compliance with all terms of supervision and treatment goals.

7. I&E all cognitive distortions and replaces distortions with pro-social thinking.

- No. The offender cannot accurately and completely **Identify** and **Explain** all of his/her patterns of cognitive distortions.
- Yes The offender can accurately and completely **Identify** and **Explain** all of his/her patterns of cognitive distortions. He/she can replace distortions with appropriate pro-social thoughts.

8. I&E own offense cycle.

- No. The offender cannot accurately and completely **Identify** and **Explain** the components of his/her personal offense cycle and their interrelationships
- Yes The offender can accurately and completely **Identify** and **Explain** each component of his/her personal offense cycle. The offender can explain how these elements interrelate and lead to potential offenses and how various interventions can assist to avoid offenses.

9. Demonstrates all interventions.

- No The offender cannot explain and demonstrate all intervention tools taught by the treatment provider.
- Yes The offender can explain and demonstrate all intervention tools taught by the treatment provider and understands how such interventions can lead to a more fulfilling and pro-social lifestyle.

10. I&E high risk situations

- No. The offender cannot accurately and completely **Identify** and **Explain** all elements which make a situation high risk for the offender.
- Yes The offender can accurately and completely **Identify** and **Explain** all elements which make a situation high risk for the offender

11. Initiates regular tool use.

- No The offender does not **demonstrate** (through externally verified means) the regular use of intervention tools.
- Yes The offender **demonstrates** regular use of intervention tools. This demonstration must take the form of external verification of the tool use by members of the offender's containment group. Self report of tool use does not warrant a "yes".

12. Protects possible victims

- No. The offender does not **demonstrate** through his/her behavior that he/she places the safety of potential victims above his/her personal well-being.
- Yes The offender **demonstrates** through his/her behavior that he/she places the safety of potential victims above his/her personal well-being. This demonstration must take the form of external verification by members of the offender's containment group. This could include appropriate notification of potential victims.

13. I&E own sexual arousal patterns.

- No The offender cannot accurately and completely Identify and Explain his own sexual arousal patterns.
- Yes The offender can accurately and completely Identify and Explain his own sexual arousal patterns.

14. Lower deviant arousal/interest.

- No. The offender has not reduced deviant sexual arousal or interest (as measured by PPG or VT).
- Yes The offender has reduced deviant sexual arousal or interest (as measured by PPG or VT).
- Blank The offender never displayed deviant arousal by objective measure or self report or the offender's treatment provider does not utilize objective measures to detect deviant sexual arousal or interests.

15. Prevention plan in place.

- No. The offender has no written and approved sexual offense prevention plan.
- Yes The offender has a written and approved sexual offense prevention plan and can describe the benefit of having done so.

16. Develops appropriate and positive support system.

- No. Offender does not develop or sustain appropriate and positive relationships with individuals who are fully informed of his/her relevant history.
- Yes. Offender develops or sustains appropriate and positive relationships with individuals who are fully informed by the treatment team of the offender's history.

17. Views self as ongoing risk and mediates ongoing risk.

- No The offender minimizes or denies his/her ongoing risk. - or - The offender believes "this will never happen again". - or - The offender believes he/she is "cured".
- Yes The offender understands and can explain his/her ongoing risk and this allows him/her to develop appropriate approach goals to mediate these risks.

18. Externalizes life style control.

- No. The offender establishes a containment or safety plan which relies on self-management or on uninformed or under-informed others. The locus of control of containment lies with the offender.
- Yes The offender establishes a containment or safety plan which places the locus of control outside the offender and can explain the benefits to himself and the community of doing so. Those individuals who are a part of the containment plan or safety plan are appropriately informed.

19. Pro-social sexual attitudes.

- No. The offender harbors beliefs, attitudes or thoughts which support sexual offending. This includes verbal disrespect of women, children, and others.
- Yes. The offender has identified and rejected all beliefs, attitudes or thoughts which support sexual offending and demonstrates respect for others. The offender has developed appropriate approach goals for pro-social activities.

20. Passes monitoring polygraphs.

- No. The offender was determined to be deceptive or “non-conclusive” on a monitoring polygraph during the period of the review.
- Yes The offender was determined to be non-deceptive on a monitoring polygraph during the period of the review.
- Blank The offender did not take a monitoring polygraph during the period of the review.

21. Protects family from self.

- No. Does not comply with no-contact conditions, and/or does not encourage family to be in treatment.
- Yes. Willing to have no contact with family if prohibited by treatment team and can explain how this contributes to the safety of his family and community and encourages family involvement in treatment.
- Blank The offender has no family involved and/or family does not wish involvement.

Necessary Collateral Life Style Changes

22. Eliminates manipulation and promotes honesty

- No. The offender attempts to manipulate the treatment provider, supervising officer, employer, potential victim, or any significant other during the review period.
- Yes The offender deals honestly and openly with the treatment provider, supervising officer, employer, potential victim, or any significant other during the review period.

23. Eliminates secrecy and promotes transparency

- No. The offender hides or attempts to hide aspects of his/her life from the treatment provider, supervising officer, and/or any significant other during the review period.
- Yes The offender takes steps to reveal all aspects of his/her life to the treatment provider, supervising officer, and/or significant other during the review period. The offender understands and can explain the benefit to self, family and community of transparency.

24. Confronts others in group.

- No. The offender does not confront others during treatment groups.
- Yes The offender appropriately confronts others during treatment groups, understands and can explain how this promotes safety.

25. Safe living arrangements

- No. Lives in an area close to high-risk environment and/or lives with uninformed person(s) who maximize risk.
- Yes Chooses to live in a relatively risk free environment, lives with informed person(s) who are part of containment and can explain hazards present in his/her living arrangement.

26. Active substance abuse treatment.

- No. The offender has not actively participated in substance abuse treatment during the review period.
- Yes. The offender has actively participated in substance abuse treatment during the review period.
- Blank Substance use was **not** involved in any of the offender's offenses AND it has been determined the offender is not in need of substance abuse treatment through a validated substance abuse assessment.

27. Anger management work.

- No. The offender is not currently involved in anger management treatment.
- Yes. The offender is currently involved in anger management in treatment and can demonstrate that he/she continues to utilize these skills. Note: anger management in treatment is an ongoing part of the sexual offender's offense specific treatment.

28. Seeks social involvement.

- No. Offender has more than 20% of his non-sleeping time spent in isolation from others. (This item MUST be marked "No" if the offender has not sustained or developed relationships with others in his/her life - see item #16)
- Yes. Offender has 20% or less of his non-sleeping time spent in isolation from others and can explain the benefit of social involvement.

29. Financial stability

- No. Offender is not financially stable.
- Yes. Offender is financially stable.

30 Restitution to community

- No. Offender has not developed a community restitution plan or is not in compliance with a community restitution plan.
- Yes. Offender has developed a community restitution plan which demonstrates his/her desire to restore a sense of safety to the community AND the offender is actively taking steps to promote a sense of community well-being by implementing this plan.

31. Pro-social focus.

- No. The offender is focused on his/her "losses" and "needs".
- Yes. The offender is focused on his pro-social needs and the needs of the victim and community. The offender places the needs of the victim and/or community over his/her personal needs.

How To Use The SSOTR

In the paragraphs that follow the term "treatment team" is considered to include, at a minimum, the treatment professionals, the supervising agent, **and the offender**. Clients (offenders) should always be a part of any evaluation of progress and goal setting.

The SSOTR is not an evaluation or assessment tool in the traditional sense. It is a structured protocol designed to assist treatment teams in identifying and avoiding sex offenders inadvertently or purposely grooming, splitting, and misdirecting the team over time. The SSOTR provides a structured approach to reviewing the case and establishing treatment and supervision goals. By answering the SSOTR questions professionals **and the client** are taken through a structured review of the offender's treatment and management process.

The strength of the tool is alignment of the team AND focusing the team on what the next step should be. Rarely does an offender score an 'achieved' in every category. The challenge for the team is to prioritize what should be the focus in the next evaluation period. Use of the SSOTR provides a chance for the team to align on what is needed. This not only provides clarity for the team, but clarity for the client. Obviously a client cannot work on all 31 elements at once. Unfortunately, clients also don't always maintain progress on elements once achieved. The SSOTR is a structured way for the team (and client) to review progress, establish agreement, and designate goals.

Additionally, the instrument is useful in countering the understandable tendency for professionals (therapists in particular) to see progress in their offender clients when there may be little. The instrument also works the other way around - a client may have progressed more than you think. In either case, paying attention to the coding rules helps guard against these kinds of "drifts".

The Tx team (probation, treatment provider, other significant individuals, the client, etc.) can use the SSOTR to ensure they are all on the same page. Quarterly or semi-annually is probably a good time frame. There are a variety of ways it is being used across the country:

1. Tx team completes it in a staffing. The most time demanding approach.
2. Tx team fills it out independently then compares results in a staffing - more time efficient.
3. OFFENDER fills it out and reviews it with Tx team - an interesting twist that is extremely eye opening as well as being empowering to the client.

It really doesn't matter what approach you take. The purpose of the tool is to ensure everyone is seeing the same client and agrees on goals and progress toward the goals.

Bottom line - the tool is not a diagnostic instrument, but a structured tool which helps the team stay aligned, focused, and positive despite the significant grooming, splitting, episodic progress, and sporadic lapses that occur in SO treatment. How it is used is somewhat less important than the fact the treatment team conducts a structured review on a regular basis.

A Few Words About RNR, GLM and SRM Models Of Treatment

We are frequently asked how the SSOTR fits with the Risk-Needs-Responsivity (RNR), Good Life Model (GLM), or Self-Regulation/Pathways models of sex offender treatment. We believe the SSOTR elements are **pre-requisites** for any progress within all of these models. The SSOTR elements can (and probably should) be considered measures of the client's motivation toward engaging a treatment process and achievement of particular goals can be regarded as making progress toward obtaining specific approach goals (or "primary goods" in the GLM).

Engagement in any treatment process, regardless of its underlying modality, will result in potential movement toward the "Yes" category in all the SSOTR elements and at least a trend toward maintenance in the elements. Achieving a "Yes" in any element is a function of both accurately identifying the need and approaching it in a way the offender is responsive. Establishment of appropriate approach goals and removal of barriers to these goals will also move a client toward a "Yes" in any SSOTR element.

Clients who continuously rate a "No" in many or all categories are most likely clients whose clinical plan is not in alignment with the risk and need factors of the case at hand, or are unresponsive to the approach being taken. This can occur for a variety of reasons; the offender may be too focused on avoidance goals and not approach goals, or he/she may have inappropriate approach goals (may regard offending as desirable). The SSOTR often cannot distinguish among different motivational pathways or blocks to achieving goals but can prompt the treatment team to focus on an area in which progress is blocked and guide the team in asking the meaningful questions about "why".

The SSOTR forms the basis of a **structured review** of critical elements in a court supervised sex offender case and these elements are independent of the treatment approach. Successful treatment, regardless of its underlying logic, should result in client change which, in turn, should be visible to the treatment team through a systematic review of the SSOTR elements.

On the following pages we have grouped the SSOTR elements in accordance with how we feel they align with the RNR model. We encourage users of the SSOTR to utilize this grouping to assist clients and agencies in targeting treatment goals.

SSOTR

Structured Sex Offender Treatment Review (Version 3.5)

Scoring Summary for Progress on Dynamic Risk Factors

Client:
Evaluator:

Date: _____

Research indicates that general criminal recidivism can be reduced when treatment providers adhere to the Risk-Need-Responsivity (RNR) model (*Andrews and Bonta, 2010; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990*). Preliminary research suggests that treatment which employs the model *might* also reduce sex offense recidivism (*Hanson, Bourgon, Helmus, and Hodgson, 2009*; the authors cautioned that the positive findings of their analysis should be “tempered” by the fact that most of the studies contributing to the effect employed weak or poorer research designs). The model states that 1) treatment intensity should match level of risk, 2) treatment should seek to address a client’s criminogenic needs (dynamic risk factors), and 3) treatment should be delivered in a manner that matches an offender’s strengths, motivation and learning style (*Andrews, 2001; Andrews, Bonta, and Hoge, 1990*).

Eight criminogenic needs have been identified for the general RNR model (*Andrews, Bonta, and Wormith, 2011*). At least four have been specifically identified for sexual offenders (*Hanson, et al., 2009*) based on research identifying dynamic risk factors. They are: 1) Reduce sexual deviancy, 2) reduce antisocial orientation, 3) promote prosocial sexual attitudes, and 4) reduce intimacy deficits. A fifth (one of the original needs proposed by *Andrews et al., 2011*) can safely included because it has been identified as dynamic risk factor in sex offense recidivism research (*Epperson, Kaul, Huot, Goldman and Alexander, 2003; Hanson and Harris, 2008; Quinsey, Harris, Rice and Cormier, 1998*): 5) Reduce substance abuse.

The SSOTR can be used to summarize a client’s progress toward addressing criminogenic needs and thus reducing the number or severity of dynamic risk factors with which he may have originally presented. The SSOTR items, in addition to being organized by treatment category as they are in the SSOTR manual, can also be grouped according to which criminogenic needs or risk factors they pertain to. An offender who is assigned a score of “Yes” on several items pertaining to the same need (either by virtue of having addressed them in treatment or never presented with them) presumably presents as less of a risk on that factor. Several scores of “No” in a category would indicate that the client’s risk on that factor remains elevated and that treatment still needs to focus on that need.

SOTTER Items Grouped According to Criminogenic Need Categories

1. Sexual Deviancy

(Underlined items are those for which a blank is allowed)	No	Yes
13. I&E sexual arousal patterns		
14. <u>Lower deviant arousal/interest.</u>		

Client has achieved ___ of 2 goals in this category
___% completed

2. Antisocial Orientation

(Underlined items are those for which a blank is allowed)	No	Yes
4. Clarification process complete.		
5. Restitution plan in place.		
6. Full compliance with conditions.		
9. Demonstrates all interventions.		
10. I&E high risk situations		
11. Initiates regular tool use.		
12. Protects possible victims.		
15. Prevention plan in place.		
17. Mediates ongoing risk.		
18. Externalizes life style control.		
20. Passes monitoring polygraphs.		
21. Protects family from self.		
22. Promotes honesty.		
23. Promotes transparency.		
24. Confronts others in group.		
25. Safe living arrangements.		
29. Financial stability		
30. Restitution to community		
31. Pro-social focus		

Client has achieved ___ of 19 goals in this category
 ___% completed

3. Inappropriate Sexual Attitudes

(Underlined items are those for which a blank is allowed)	No	Yes
1. Fully admits offense-No denial.		
2. Greater detail of offense(s).		
<u>3. Non-deceptive disclosure poly.</u>		
7. I&E, replace cognitive distortions.		
8. I&E own offense cycle.		
19. Pro-social sexual attitudes.		

Client has achieved ___ of 6 goals in this category
___% completed

4. Intimacy Deficits

(Underlined items are those for which a blank is allowed)	No	Yes
16. Develops support system		
27. Anger management work.		
28. Seeks social involvement		

Client has achieved ___ of 3 goals in this category
___% completed

5. Substance Abuse

(Underlined items are those for which a blank is allowed)	No	Yes
<u>26. Active substance abuse Tx.</u>		

Client [has / has not] completed this category