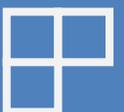


2010

Conduct of a Strategic, Systemwide Assessment of Key Adult Sex Offender Management Practices in Idaho

FINAL REPORT TO THE IDAHO
CRIMINAL JUSTICE COMMISSION

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- Kathy Baird, Sexual Offender Classification Board, Idaho Department of Correction
- Christine Jensen, Sex Offender Management Program Coordinator, Idaho Department of Correction
- Sandra Millar, Division of Education and Treatment, Idaho Department of Correction

EXECUTIVE SUMMARY

As a means of strategically strengthening sex offender management efforts in the state, the Idaho Criminal Justice Commission (ICJC) contracted with the Center for Effective Public Policy (the Center) to conduct a systemwide review of current policies and practices regarding the assessment, treatment, and supervision of adult male convicted sex offenders in Idaho. Subsequently, the consultants representing the Center embarked on a two-phase process.

- Phase I occurred in October and November of 2009 and consisted of an extensive off-site review of a wide range of documents that included – but were not limited to – statistical information and trends regarding adult male sex offenders, relevant statutes and administrative rules, agency policies, standard operating procedures, program-specific materials, and samples of case management documentation specific to assessment, treatment, and supervision.
- Phase II took place in February of 2010, and was comprised of a 4-day site visit, during which time the consultants interviewed key stakeholders across disciplines and staff at various levels, observed treatment groups, observed home visits conducted by supervision officers, and reviewed randomly selected case files and other forms of documentation.

This report is the culmination of both phases of the systemwide review. It includes a synthesis of contemporary research and practice in the areas of assessing, treating, and supervising sex offenders, followed by the consultants' observations and findings regarding current policies and practices in Idaho in these respective areas of sex offender management, and an accompanying series of recommendations offered to ICJC for consideration.

With considerable assistance from numerous professionals throughout the state, the consultants took significant steps to examine information from multiple sources in order to maximize the reliability of the findings contained herein. Nonetheless, it is recognized that these findings are necessarily limited by the extent to which the information and observations gleaned throughout the course of the review are generally representative of current policies and practices in Idaho.

Multiple notable strengths were identified with respect to assessment, treatment, and supervision strategies in Idaho, many of which provide evidence of a sound foundation for sex offender management efforts. These include, but clearly are not limited to, the following:

- *ICJC's strong commitment to taking strategic steps toward improving the management of sex offenders and, thereby, promoting public safety for Idaho's citizens.*
- *IDOC's concentrated efforts to establish a policy-driven, evidence-based approach to sex offender management, including dedicated quality assurance personnel and processes.*
- *The SOCB's establishment of standards and guidelines regarding psychosexual evaluations and the minimum qualifications for professionals responsible for conducting these evaluations.*
- *An array of specialized prison- and community-based sex offender treatment services available throughout the state.*
- *Strident efforts to differentiate higher- from lower-risk sex offenders using specialized, research-supported assessment tools.*

At the same time, a number of indicators suggest that further attention in some areas will likely result in enhanced offender outcomes. To provide guidance in this respect, several recommendations for consideration are offered throughout this report. In the consultants' view, the following are the most salient:

- *Strengthen the SOCB standards and guidelines for psychosexual evaluations to promote consistency and alignment with contemporary research and practice.*
- *Provide intensive, skill-building training for professionals responsible for assessing sex offenders.*
- *Establish statewide standards and guidelines for sex offender-specific treatment.*
- *Establish an integrated continuum of risk- and need-based sex offender treatment programming, from correctional institutions to the community.*
- *Invest in the development of a comprehensive and sustainable professional development program to enhance the capacity and quality of sex offender treatment services.*
- *Ensure that supervision staff maximize their potential as change agents by providing them with advanced skills and ongoing coaching in behavioral techniques.*
- *Reconsider the current supervision contact standards, particularly for high-risk offenders; the process of modifying offenders' level of supervision; and the designations used when level of supervision is changed.*
- *Engage key stakeholders in a facilitated discussion regarding the practical utility of retaining the VSP designation within the context of current strategies established for these sex offenders.*

Although the requested scope of this review centered on assessment, treatment, and supervision, it is important to recognize that these components are best considered within a larger context of a comprehensive approach to sex offender management. As such, the consultants offer the following, more global recommendations:

- *Explore the sufficiency of current data collection regarding sex offenders and sex offender management strategies in the state, and the extent to which such data are used to inform policies and evaluate practices.*
- *Identify strategies to enhance and formalize collaboration within and across agencies in order to eliminate information-sharing barriers, expand capacity, improve efficiency, maximize resources, and increase effectiveness.*
- *Establish a multidisciplinary, policy-level entity (e.g., a Sex Offender Management Board) charged specifically with the advancement and oversight of sound sex offender management policies and practices systemwide.*

Without question, policymakers and practitioners in Idaho have demonstrated a strong commitment to promoting public safety and other successful outcomes through the effective management of sex offenders and, as such, deserve commendation. It is hoped that the current review will contribute, at least in part, to these ongoing efforts.

SECTION I: BACKGROUND AND INTRODUCTION

REQUEST FOR ASSISTANCE

The Idaho Criminal Justice Commission (ICJC) and the public sector agencies it represents have demonstrated a longstanding commitment to advancing the management of sex offenders. Interested in understanding the research on adult and juvenile sex offenders, as well as its implications, the ICJC convened a briefing on this topic for ICJC members and other interested parties in February 2008. This three-hour session was conducted by Madeline Carter, Director of the Center for Sex Offender Management (CSOM), which operates under its parent organization, the Center for Effective Public Policy (the Center). Subsequently, Ms. Carter was invited to return to Idaho in January of 2009 to conduct separate briefings for the state's district court judges; House Judiciary, Rules and Administration Committee; Senate Judiciary and Rules Committee; and other criminal justice system professionals, including staff from the Idaho Department of Correction, community-based treatment providers, law enforcement officials, victim advocates, and others. In June 2009, Ms. Carter and colleague Dr. Kurt Bumby, also from the Center, conducted a three-day training for staff from the Idaho Department of Correction and selected treatment providers. Together, these briefings and trainings offered the potential to establish a common base of knowledge across a spectrum of stakeholders regarding sex offenders, sexual victimization, and evidence-based and promising approaches to increasing public safety and reducing recidivism.

Equipped with an understanding that research-supported strategies that are implemented with fidelity can reduce the rate of re-offense among sex offenders, representatives of ICJC expressed interest in the conduct of an independent examination of Idaho's policies and practices with regard to sex offender management to determine the extent to which these are consistent with the contemporary research and practice literature.

TECHNICAL ASSISTANCE PROVIDERS

ICJC entered into discussions with the Center to conduct this assessment. Two staff members from the Center served as the consulting technical advisors under this contract:

- **Dr. Kurt Bumby** has been a Senior Manager at the Center for the past six years. He received his doctoral degree from the Law/Psychology and Clinical Psychology Training Program specialty track at the University of Nebraska, Lincoln. Specializing in the assessment and treatment of sex offenders, Dr. Bumby has worked with adult and juvenile offenders in both state and federal correctional, mental health, and juvenile justice settings. He has published in a variety of professional journals and books on sex offenders and other forensic topics such as youth violence, child maltreatment, alternative sentencing, judicial education, and prison rape. Dr. Bumby currently serves on the Executive Board of Directors for the Association for the Treatment of Sexual Abusers (ATSA), and is a member of the National Advisory Committee for the Safer Society Foundation, Inc.

- **Madeline (Mimi) Carter, M.S.**, has served as the Director of the Center for Sex Offender Management since its inception in 1997. She is also a Principal of CSOM's parent organization, the Center for Effective Public Policy. Ms. Carter holds Bachelor of Science and Master of Science degrees in the Administration of Justice from the American University in Washington, D.C. She spent a decade in government working for a local corrections agency in a variety of capacities. She has published widely on critical issues in criminal justice, including sex offender management, collaboration, offender reentry, probation and parole violations, and intermediate sanctions. Ms. Carter is also a member of the National Advisory Committee for the Safer Society Foundation, Inc.

SCOPE OF WORK

Because of the multi-dimensional nature of the justice system's management of this population – a system that involves law enforcement, prosecution, defense, the judiciary, institutional and community corrections, institutional and community treatment providers, victim advocates and others – and the differences in philosophy and structure between the adult and juvenile justice systems, the potential scope of this project was significant. In consideration of the available resources, it was agreed that the initial stage of this process would focus on three of the most critical components of adult sex offender management: assessment, treatment, and supervision. Further, the timing of resource availability required conducting the work in two phases within this first stage.

PHASE I ACTIVITIES

This off-site phase included an extensive review of materials designed to provide the consultants with a frame of reference regarding the assessment, treatment, and supervision components within Idaho's sex offender management system, and to begin to illuminate areas of strength and those that may warrant further exploration during Phase II. The consultants communicated via telephone and electronic mail with designees from Idaho to gather these foundational data, as outlined below.

Primary Materials Reviewed

IDOC Manuals, Reports, Policies, and Other Resource Materials

General Resource Materials

- Annual Report FY08
- Annual Statistical Report Fiscal Year 2008
- Briefing Sheet, Special Topic: Sex Offender Management (February 2008)
- The Program Handbook (Division of Programs, January 2006)

Policies, Standard Operating Procedures, Forms, Manuals

- Case Planning for Offenders (version 2.0, 7-7-06)
- IDOC Sex Offender Supervision Probation/Parole Officer Manual (updated January 2010)
- Offender Assessment (version 2.1, 6-16-06)
- Probation and Parole Manual for Offender Supervision (version 4.1, 3-12-07)
- Probation and Parole Supervision Strategies (version 6.0, 3-10-09)
 - Case Audit Form
- Quality Assurance for Program Management (12-23-03)
- Sex Offender Supervision Program and General Sex Offender Supervision Strategies (version 3, 5-1-08 and version 4.0, 6-30-09 in draft form)
 - Sex Offender Agreement of Supervision
 - Sex Offender Chaperone Agreement
 - Sex Offender Supervision Contact Standards
 - Sex Offender Supervision Level Assessment Matrix
 - Sex Offender Supervision Program Activity Request, Activity Request Safety Plan
 - Sex Offender Supervision Standards Performance Audit Form
- Transition and Treatment Funding Program for Offenders (version 2.0, 3-13-07)
- Violation Response Matrix: Community Corrections (version 1.1, 3-10-09)
 - General Caseload Offender Violation/Response Matrix
 - Sex Offender Violation Response Matrix

Survey Data

- IDOC Survey of Sex Offender Management Policies and Practices (August 2008)
 - Community Corrections Division Management (45 question survey, N = 19)
 - Treatment Providers (96 question survey, N = 20)
 - Probation and Parole Officers (44 question survey, N = 69)
 - Pre-Sentence Investigators (11 item survey, N= 27)

Idaho Sexual Offender Classification Board (SOCB) Policies and Resource Materials

- Administrative Rules of the Sexual Offender Classification Board (IDAPA 57)
- Application for Certified Evaluator Status (letter 11-17-04)
- Guidelines of the Idaho Sexual Offender Classification Board (10-06)
- Meeting minutes (2009)
- Required Format for Psychosexual Evaluation Reports (Outline) (rev. 11-04)
- Roster of Idaho Certified Psychosexual Evaluators (11-5-09)
- Standards for Psychosexual Evaluations (rev. 11-04)

Other Resource Materials

- Selected examples of redacted pre-sentence investigations, court-ordered psychosexual evaluations, risk assessment reports, supervision case plans, supervision contact notes, and supervision case file information

- Program materials from prison- and community-based sex offender treatment providers (e.g., program descriptions, manuals and assignments for participants, informational sheets, treatment contracts, program rules)

Phase I was conducted in October and November of 2009 and, upon completion of this phase, the consultants submitted a preliminary report on November 30, 2009, to the ICJC. The preliminary report summarized the review activities conducted to date, highlighted additional information-collection needs, established the proposed direction for Phase II, and outlined the expected structure of the final report.

PHASE II ACTIVITIES

This on-site phase consisted of an intensive, four-day site visit that took place from February 1-4, 2010. Throughout the course of the site visit, the consultants interviewed multiple stakeholders with a role in the sex offender management system, including individuals at policy, administrative, managerial/supervisory, and field/practice levels and across agencies and disciplines. In addition, the consultants observed prison- and community-based sex offender treatment groups, conducted a focus group with sex offenders participating in prison-based treatment, and observed field contacts involving sex offenders (i.e., home visits) that were conducted by teams of supervision officers. During Phase II, the consultants additionally reviewed a number of randomly selected case files, supervision contact notes, psychosexual evaluations, and other written documentation.

Stakeholders Interviewed¹

- Selected members of the ICJC
- Chief, Division of Education and Treatment, Idaho Department of Correction
- Sex Offender Management Program Coordinator, Idaho Department of Correction
- Chair and other members of the Sexual Offender Classification Board (SOCB)
- Members of the Idaho Commission on Pardons and Parole
- Probation/parole staff responsible for the development of pre-sentence investigations
- Managers/Supervisor(s) responsible for overseeing staff responsible for the preparation of pre-sentence investigations
- Probation/parole staff responsible for the community supervision of sex offenders
- Managers/Supervisors who are responsible for overseeing the work of officers who supervise sex offenders in the community
- Selected judges who are familiar with sex offender-specific pre-sentence investigations
- Case management professionals who have responsibility for reentry planning for sex offenders being released from prison to community supervision
- SOCB-certified evaluators who conduct court-ordered psychosexual evaluations

¹ The consultants wish to thank the numerous professionals who graciously agreed to take time to share their impressions and respond to inquiries; their names and affiliations are included in Appendix 1 at the end of this report. In addition, the consultants greatly appreciate the reviews and comments from representatives of the ICJC, IDOC, and SOCB on the draft of this report.

- Professionals with oversight responsibility for and/or the conduct of sex offender-specific assessments and/or treatment in adult correctional facilities, both state-operated and privately-operated
- Providers who deliver sex offender-specific treatment services in the community
- Sex offenders participating in prison-based sex offender treatment

Activities Observed

- An institutionally-based sex offender treatment group
- Two community-based sex offender treatment groups (i.e., an “active” treatment group and an “aftercare” group)
- Several field contacts (i.e., unannounced home visits of sex offenders) with two teams of probation/parole officers

Additional Documents Reviewed

- Pre-sentence investigation reports
- Probation/parole files
- Case contact notes
- Violation reports
- Parole Commission documents
- Treatment progress notes, treatment summaries
- SOCB certification files
- Psychosexual evaluations, risk assessment reports

THE STRUCTURE OF THE REMAINDER OF THIS REPORT

The sections that follow in this report represent the compilation of observations, findings, and recommendations from the consultants’ review processes in Phases I and II. It is presented in the following sections, which cover the requested scope of this review:

- Section II: Assessment
- Section III: Treatment
- Section IV: Supervision

Each of the respective sections is structured in a parallel manner, and includes the following:

- A synopsis of pertinent contemporary research and practice literature in the sex offender management field, against which current policies and practices in Idaho are gauged;
- The consultants’ understandings, observations, and impressions of relevant policies and practices within the state, outlined in terms of noteworthy strengths and issues warranting further consideration (i.e., “Findings”); and
- A series of potential enhancement strategies to be taken under advisement by the ICJC, presented as “Recommendations.”

SECTION II: SEX OFFENDER ASSESSMENT

EVIDENCE-BASED AND PROMISING APPROACHES TO SEX OFFENDER ASSESSMENT

Although the label “sex offender” suggests that the individuals who commit sex offenses are the same as one another, in actuality, sex offenders are a very diverse population. Sex offenders vary in terms of demographics, range of offending behaviors and patterns, motivations, intervention needs, and levels of risk they pose to the community. This diversity means that “one size fits all” strategies will not be effective; rather, individual case management decisions should be based upon what is known about a given offender at a given point in time. A comprehensive, ongoing assessment process provides the mechanism for making informed and effective decisions on a case-by-case basis. Such a process is characterized by:

- **The use of empirically-based assessment tools developed specifically for sex offenders:** National practice trends indicate that using research-supported, sex offender-specific risk assessment instruments such as the Static-99, RRASOR, VASOR, MnSOST-R, and STABLE- and ACUTE-2007 is the norm throughout the country, particularly in clinical practice. In addition, such tools are increasingly used by supervision agencies nationwide. These types of risk assessment tools provide estimates of shorter- and longer-term recidivism risk and reveal the presence of specific risk factors that are linked to recidivism. The use of these instruments can be beneficial for informing sentencing and release decisions, the intensity of interventions (i.e., more intensive supervision, monitoring, and treatment for higher risk offenders), specific targets of intervention, and the application of registration and community notification requirements. Initial risk assessments provide an important baseline for guiding early case management decisions; ongoing assessments capture changes in risk over time and facilitate the adjustment of risk-reducing and risk-management strategies.
- **The use of multiple assessment instruments and multiple data sources:** Although empirically-based sex offense-specific assessment tools are fairly reliable, no instrument is 100% accurate, nor does any single tool include the full range of risk factors. In addition, individuals who commit sex offenses often have other issues or difficulties beyond sexual behavior problems that need to be considered (e.g., substance abuse, mental health disorders). For these reasons, it is important to also use empirically-based assessment tools that are designed to estimate general and other violent recidivism potential and the presence of more general risk factors and intervention needs. And, to increase the reliability of assessments overall, risk-need assessments should be augmented by data from interviews with offenders and collaterals, official records, clinical assessments, and other sources of information.
- **Continuity in assessment instruments:** Using the same risk-need assessment instruments within and across agencies (e.g., sentencing courts, community supervision, corrections, institutional and community-based treatment) offers a common and consistent language by which stakeholders can communicate about offenders’ risk levels and the implications of case management decisions.

- **Well-trained staff:** Sex offender assessment is a specialized field. The use of empirically-based assessment instruments and other tools – and the appropriate interpretation and application of the results, whether administered by corrections or clinical staff – requires skill-based training (and “booster” training) by credentialed trainers.
- **Quality assurance:** Quality assessments require quality control. Given the nature and implications of the information derived from the assessment process, reliability and accuracy are critical. The establishment of methods to assure precision of scoring (e.g., inter-rater reliability), soundness of interviews and other assessment methods, and appropriate reporting and use of this information is essential.

FINDINGS RELATED TO SEX OFFENDER ASSESSMENT IN IDAHO

Finding #1: Corrections officials in Idaho have demonstrated a policy-level commitment to an assessment-driven approach. Across agencies, organizations, and entities throughout the state, stakeholders appear to appreciate the diversity of the sex offender population and the importance of assessment data for responding effectively on a case-by-case basis. Within the Idaho Department of Correction (IDOC) specifically, standard operating procedures have long been in place to provide clear expectations for using research-supported tools to inform and support case management decisions. Among the notable strengths in these operating procedures are the following:

- The use of an empirically-validated risk-need instrument (Level of Service Inventory-Revised, LSI-R) for pre-sentence investigations, intake at Reception and Diagnostic units, for ongoing institutional case management, release decision-making, and for probation and parole supervision purposes with all offenders.
- Adoption of research-supported risk assessments that take into account both static and dynamic risk factors for sex offenders specifically (i.e., Static-99, STABLE-2007, ACUTE-2007) to inform probation and parole supervision practices.
- The use of a web-based automated system through which assessment information is entered and readily accessible for ongoing offender management planning.
- A formal quality assurance process for offender assessments in the context of supervision, whereby supervisors/managers have responsibility for verifying the scoring and application of general and sex offender-specific risk assessment tools. These quality assurance reviews occur for both newly trained staff and more experienced corrections professionals.
- Assessment-oriented supervision policies that are reviewed routinely and revised to adjust for advances in research and practice, including a new policy and operations manual specific to supervising sex offenders.
- The design and recent implementation of a “Pathways” case management strategy that is based on crime type and assessment data.

Collectively, these policies and standard operating procedures establish a clear foundation and structure by which evidence-based correctional principles – namely, the risk and need principles – can be implemented in the interest of advancing a “best practices” approach to sex offender management in the state.

Finding #2: Statewide standards for conducting court-ordered psychosexual evaluations have been established. The Idaho Sexual Offender Classification Board (SOCB) was statutorily charged with promulgating statewide standards for the conduct of psychosexual evaluations, establishing a set of requisite qualifications for evaluators, making certification determinations about prospective evaluators, implementing a quality assurance mechanism, and maintaining a roster of certified evaluators (pursuant to Section 18-8314). The “Required Format for Psychosexual Evaluation Reports” and “Standards for Psychosexual Evaluations” produced by the SOCB include expectations and recommendations about the various types of assessment tools that can be used, specific content areas to be addressed, and a structure/format for psychosexual evaluations.

The presence of these standards is a strength of Idaho’s system and demonstrates policymakers’ recognition of the value of psychosexual evaluations for informing sentencing and post-sentencing case management decisions. Furthermore, these standards provide an important foundation for promoting the consistency and quality of such evaluations. At the time of this report, there were 18 providers across the 7 judicial districts in Idaho certified by the SOCB to conduct court-ordered psychosexual evaluations.

Finding #3: The use of research-supported, sex offender-specific risk assessment tools appears to be an institutionalized practice throughout the system. Congruent with a national “best practices” approach to sex offender management – and consistent with policy-level expectations in Idaho – a range of professionals directly involved in sex offender management efforts report using specialized risk assessment tools, as evidenced by the following:

- Interviews with various professionals who have responsibility for conducting assessments or other evaluations – such as those responsible for developing psychosexual evaluations, risk assessment reports about sex offenders sentenced under the retained jurisdiction commitment, assessments for the Commission on Pardons and Parole and assessments to guide supervision practices – indicated that they use research-supported, sex offender-specific risk assessment tools. In addition, the majority of clinicians responding to the 2008 IDOC survey of sex offender management practices reported that they used one or more sex offender-specific actuarial tools. Similarly, nearly all of the probation and parole officers participating in the same survey concurred that validated sex offender-specific risk assessment instruments are required per agency policy.
- Various clinical, probation and parole, and other case management records reviewed by the consultants provided further evidence of this practice. In nearly all of the sample psychosexual evaluations, one or more empirically-validated risk assessment instruments (e.g., MnSOST-R, RRASOR, SVR-20, SORAG) were used to form the basis of recidivism risk estimates. Additionally, findings both from the MnSOST-R and Static-99 were present in the risk assessment reports about the retained jurisdiction sex offenders, presumably to identify convergence in risk estimates. Finally, scores from the Static-99, STABLE-2000/2007 and ACUTE-2000/2007 tools were documented routinely in the probation and parole supervision files and contact notes.

In summary, the use of various research-supported risk assessment tools throughout the components of the justice system in Idaho is notable.

Finding #4: Professionals rely on multiple sources of data when conducting pre-sentence investigations and psychosexual evaluations. Clear efforts are made to conduct thorough assessments of sex offenders as a means of informing sentencing and post-sentencing case management decisions throughout the state. These practices align with expectations established in policy, such as IDOC standard operating procedures and the SOCB guidelines. To illustrate:

- When interviewed during the consultants' site visit, officers responsible for pre-sentence investigations indicated that they collect and incorporate information from police reports, criminal history records, victim impact statements, other background records, interviews with offenders and, to a lesser degree, interviews with collateral contacts. In addition, the pre-sentence investigators include the results from the LSI-R and, at times, some information from court-ordered psychosexual evaluations and findings from polygraph examinations. The consultants' findings from these interviews are consistent with the pre-sentence investigators' responses from the 2008 IDOC survey of sex offender management policies and practices. Moreover, these reported practices were evident in the consultants' on- and off-site reviews of pre-sentence investigation reports.
- Psychosexual evaluators generally reported that they gather and synthesize a range of information from a number of sources as part of their assessment processes. For example, in addition to using validated sex offender-specific risk assessment tools, some evaluators often incorporate various other measures as part of their overall assessment batteries. Such instruments include paper-and-pencil measures commonly accepted for exploring risk factors and intervention needs specifically for sex offenders (e.g., MSI-II, Abel and Becker Cognitions Scale) and research-supported "general" psychological instruments (e.g., the Shipley, MMPI-II, MCMI-III) to explore intellectual, personality, mental health, and other functioning. Psychosexual evaluators also listed and referenced a variety of key records, in addition to clinical interviews with offenders, as information sources for their evaluations. It also appears that some psychosexual evaluators commonly require sex offenders to participate in polygraph examinations to elicit sexual history information and/or explore the instant offense. Reviews of psychosexual evaluations during the on- and off-site stages of this project provided supporting evidence that these practices are routine.

Finding #5: The Commission of Pardons and Parole has access to – and utilizes – a range of assessment data to inform release decision-making practices. Hearing officers and Commissioners indicated that they receive a substantial amount of information about parole-eligible sex offenders that is useful for obtaining more comprehensive understandings of these offenders. This information comes from a variety of sources and generally includes crime-specific details, criminal history, institutional adjustment, field supervision history, treatment history, and victim statements. Also included in the case files for the Commission are updated LSI-R scores, psychosexual evaluations, and sex offender-specific risk assessment reports. In addition, the Commissioners have the benefit of reports that are produced by hearing officers,

who interview offenders and collect assessment-related data approximately six months prior to offenders' initial appearances before the Commission.

According to the Commissioners, risk assessment reports are particularly influential for release decision-making, although they have some concerns about consistency of the reports and the extent to which risk scores for some types of sex offenders (e.g., young offenders with statutory rape convictions) accurately reflect risk level. The Commissioners also indicated that institutional treatment summary/progress reports and the level of denial presented by sex offenders are particularly salient when making parole decisions.

The Commission noted that in recent years, through a very positive relationship with the Chief of the IDOC's Division of Education and Treatment, they have received additional information about specific risk assessment tools, treatment programming, and supervision practices that has served to further inform their recommendations and decisions in sex offense cases.

Finding #6: Pre-sentence investigation reports may not be sufficiently specialized to maximally inform disposition and other case management decisions with sex offense cases. In Idaho, the recognition of sex offenders as a "special" offender population has led to the adoption of specialized, sex offender-specific risk assessment tools and the establishment of specialized supervision strategies and programming efforts. At this time, however, similar specialization does not appear to have been formalized with respect to pre-sentence investigations involving sex offenders.

- A review of selected statutes, administrative rules, and IDOC standard operating procedures indicates that the expected content and methods for conducting "general" pre-sentence investigations for the courts is well-established. However, very limited supplemental policy-driven expectations and procedural guidance are in place to guide the specialization of pre-sentence investigations for cases involving sex offenses.
- The consultants' review of various case files and sample pre-sentence investigation reports, and discussions with staff responsible for their development and oversight further revealed that these reports are not specialized in sex offense cases.
- When interviewed, supervisors of the officers responsible for conducting pre-sentence investigations noted that these investigations tend not to be specialized for sex offenders. They indicated that pre-sentence investigations of sex offenders may be assigned to specific officers with more experience in their conduct, depending upon the size of the district's office, but these officers generally do not have specialized training in assessing these cases specifically.
- The extent to which officers rely on sex offender-specific risk assessment data and psychosexual evaluations is variable; some indicate that they rely completely on this assessment information, whereas others report they do not at all rely on this information.
- Somewhat in conflict with the above, by way of memo to the consultants, CCD staff indicate that the Idaho courts have not requested specialized assessment information and, in fact, have asked that IDOC assessment information not be included in pre-sentence investigation reports. As a result, IDOC has discontinued their practice of training pre-sentence

investigators on conducting sex offender-specific risk assessments and including such information in pre-sentence reports.

- In the 2008 IDOC survey of sex offender management policies and practices, pre-sentence investigators indicated that they have limited specialized guidance for conducting PSIs in sex offense cases. The vast majority of investigators who responded to the survey also noted that they had not received specialized training about sex offenders. Furthermore, at the time of the survey, a majority of the respondents indicated that validated sex offender-specific risk assessment tools are “never” utilized when conducting pre-sentence investigations of sex offenders.
- Psychosexual evaluations are reportedly available to pre-sentence investigators in many instances and, indeed, some information from these psychosexual evaluations was included in the pre-sentence reports. However, officers acknowledge that they have limited training regarding specialized tools used by psychosexual evaluators and therefore would not necessarily know whether the tools used in a given evaluation were appropriate or inappropriate for a sex offender-specific evaluation. In addition, they acknowledged a limited understanding of the implications of some of the assessment information, particularly as it relates to targets of supervision and other interventions.
- Reportedly, there is no structured guidance for crafting the recommendations in pre-sentence investigation reports; rather, these recommendations are left to the judgment of the investigators and reviews by the supervisors, who generally support the recommendations.

Finding #7: The conduct and quality of psychosexual evaluations vary considerably throughout the state. The standards for psychosexual evaluations and qualifications for evaluators as established by the SOCB represent a laudable and important step toward promoting consistency and quality evaluation practices statewide. However, as is the case in any discipline or area of regulated professional practice, standards and guidelines – in and of themselves – do not guarantee adherence to such expectations or assurance of quality. Such is the case in Idaho, whereby various stakeholders (including judges, corrections officials, supervision officers, treatment providers, and evaluators themselves) indicate that the quality and utility of psychosexual evaluations is variable.

- Evaluators who were interviewed during the site visit concurred that the SOCB guidelines have resulted in an improvement in the consistency and quality of evaluation practices in recent years. At the same time, they described evaluation costs, practices, quality, and expertise that vary significantly from district to district. More specifically, the following issues were reported:
 - Evaluation costs – the limits of which are reportedly set by the courts – range from \$600 to \$1200 per evaluation. According to the evaluators, this impacts the extensiveness and thoroughness of evaluations, leads to the selection of evaluators based on their willingness to accept lower fees for their services, and/or results in evaluators spending more time conducting the evaluation properly/thoroughly than reimbursement supports.

- Assessment methods vary across evaluators, with some evaluators utilizing multiple research-supported, sex offender-specific tools, and others employing few to none.
 - Improper administration of assessment tools by some evaluators, such as non-clinical staff leaving paper-and-pencil measures at local jails for offenders to complete on their own in uncontrolled settings.²
 - Evaluations that, in some instances, are not individualized to address the specific risk and needs of a given offender, with findings and recommendations that tend to be the same from offender to offender.
 - “Attorney-driven” evaluations that reportedly are not neutral or objective, in that certain evaluators are viewed by their peers as offering conclusions and recommendations that tend to favor the party paying for the evaluation. This issue was also raised during the interviews with judges.
 - When psychosexual evaluations are ordered by the court, they are generally assigned to SOCB-certified evaluators on a rolling basis, in order to ensure that the evaluators are selected equitably from the pool of qualified evaluators. However, this does not always occur and, in some districts, the same evaluator is selected for most cases, despite the fact that other certified evaluators are available. It was further reported that in some districts, judges assign evaluators who are not SOCB-certified.
- The consultants’ review of psychosexual evaluations from randomly selected case files and other sources confirmed differences in the methodologies used and the overall quality of the reports. As noted above, although the use of research-supported risk assessment instruments, other general psychological and sex offender-specific measures, and multiple data sources were identified strengths in many psychosexual evaluations, several concerns arose regarding the reliability and validity of some psychosexual reports. Examples include the following:
 - Inconsistencies in the ways in which structured assessment tools are administered, scored, and interpreted;
 - Inaccurate descriptions of specific variables as risk factors when research does not provide evidence that these variables are directly linked to risk (e.g., victim blaming, denial);
 - Misleading statements regarding the reliability, validity, and acceptance of certain tools (e.g., voice stress analysis as a means of collecting sexual history, use of male-validated tools for evaluating female sex offenders);
 - Inaccurate statements that certain methods are consistent with ATSA practice standards and guidelines (e.g., listing tools, methods, and populations not actually included in those standards);
 - Conclusions and recommendations that appeared to be based almost exclusively on self-report and/or without supporting data in the evaluation; and

² The consultants understand that the SOCB has since distributed an admonishing letter to the roster of certified evaluators in an effort to prevent this practice from occurring in the future.

- Conclusionary statements and/or recommendations that fall outside of the scope of evaluators' abilities and roles (e.g., allusions to guilt or innocence; definitive statements about recidivism potential).

Although the SOCB administrative rules suggest the presence of a quality assurance mechanism, the consultants were unable to discern a formalized or consistent process for conducting critical reviews of psychosexual evaluations and providing specific guidance to evaluators regarding identified strengths or areas needing improvement.

Finding #8: Objective physiological assessment instruments to explore sexual interests and arousal are used infrequently. Because research indicates that sexual deviance variables (i.e., deviant sexual interests, arousal, preferences) are robust predictors of sexual recidivism, practitioners are likely to benefit from having reliable and objective measures of these risk factors. Commonly accepted, research-supported assessment methods for this purpose are viewing time measures and penile plethysmography. Psychosexual evaluators in Idaho appear to appreciate the importance of identifying the presence or absence of these sexual deviance variables for sex offenders. Furthermore, their importance is recognized in the SOCB practice standards and guidelines, whereby objective measures for assessing these variables are recommended. However, the actual use of such methods in Idaho tends to be the exception, rather than the rule.

- Most of the evaluators who were interviewed during the site visit indicated that they do not employ objective measures to assess sexual deviance variables. This parallels evaluators' responses in the 2008 IDOC survey of sex offender management policies and practices, whereby only a minority of clinicians reported using objective physiological assessment methods that are designed to explore sexual deviance variables (e.g., viewing time, plethysmograph).
- Neither viewing time nor penile plethysmography results were included in any of the psychosexual evaluations reviewed by the consultants. Nor did providers' materials submitted to IDOC (outlining their respective assessment and treatment processes) reference such tools as part of their assessment processes, with very few exceptions.
- The SOCB standards and guidelines state that "the use of physiological or *viewing time measures* [emphasis added], or both, is highly recommended to further understand the offender's level of deception and denial." This is not, however, an accurate depiction of what these measures are designed to assess (i.e., deviant sexual arousal and interests). As such, this particular language in the SOCB standards provides misleading direction and information to the evaluators responsible for conducting psychosexual evaluations and, potentially, to the consumers of these reports.
- Some information gleaned through the course of this review (e.g., stakeholder interviews, notations in case files and evaluations, language in the SOCB standards) gave the impression that practitioners may be using polygraph examinations in some instances as a proxy for assessing sexual deviance variables and, to some degree, as a means of assessing risk. For example, regarding the latter, the SOCB standards state that the polygraph is recommended as "a further risk assessment component of the psychosexual evaluation process." As

currently written, this language has the potential to be misinterpreted and misleading, both for psychosexual evaluators and consumers of the evaluations. Specifically, although the polygraph examination process can facilitate offenders' disclosures of information that may be useful for assessment purposes (including self-reported behaviors or interests that may *signal* the potential presence of sexual deviance-related variables), the polygraph is neither designed, validated, nor recognized as a measure of deviant sexual interests, arousal, or preferences. Nor is the polygraph designed, validated, or recognized as a risk assessment tool.

Finding #9: The assessment process for sex offenders under the retained jurisdiction commitment may not be sufficiently structured to maximize quality and utility. Based on a review of statutes, procedural information and other written materials from IDOC, and interviews with various stakeholders, it is the consultants' understanding that the primary purposes of the retained jurisdiction commitment option are to (a) allow for further assessment of an offender and explore amenability to community supervision and treatment, and (b) provide judges with enhanced information to augment the data otherwise available in assessment reports regarding non-sexual offenders, in order to inform their ultimate sentencing decision.

The assessment reports generated for the retained jurisdiction cases, therefore, have the potential to be a valuable source of specialized information that can benefit not only the sentencing judges, but also the professionals responsible for ongoing case management in the community (e.g., supervision officers, community-based treatment providers) for those sex offenders who are granted probation, or for institutional case managers and treatment providers when sex offenders are sentenced to a term of incarceration. However, the consultants were unable to identify any formal policies or operating procedures to guide the assessment process in these cases, which may lead to considerable variation in the approaches to and quality of the assessments. More specifically, although a relative strength for assessing retained jurisdiction commitments is the consistent use of two validated, sex offender-specific risk assessment tools (i.e., the MnSOST-R and the Static-99) as part of the report to be submitted to the court, several themes emerged that may ultimately limit the reliability and utility of these reports, including the following:

- No additional assessment measures were listed in the reports beyond these risk assessment tools, thus providing little clarity regarding the foundation for the conclusions and recommendations offered therein;
- Information regarding sex offenders' motivation and response to treatment primarily consisted of subjective impressions and limited statements about the completion or non-completion of written assignments;
- Steps taken to attempt to engage and motivate the offenders were not outlined in the assessment reports;
- The reports included very little information regarding specific treatment goals or intervention needs, dynamic risk factors, strengths or assets, or factors that should be

considered in order to enhance the potential of a given sex offender to respond most favorably to community-based supervision and treatment;

- Recommendations were, at times, incongruent with other conclusions in the reports (e.g., recommending community-based treatment despite conclusions about non-amenability to treatment elsewhere in the report);
- Various characteristics/behaviors were described as risk factors (e.g., self pity, unique-person stance, blame shifting), although such factors are not research-supported risk factors; and
- There often appeared to be standard/boilerplate language for recommendations that, to paraphrase, simply stated: (a) Participate in community treatment, (b) Supervise based on level of risk, and (c) Refer to SANE program to determine treatment readiness.

An additional concern raised during the interviews with various stakeholders was the limited availability of these reports to community treatment providers after sentencing. This is reportedly a function of such reports being ordered and/or considered as an addendum to the pre-sentence investigation and, as such, becoming part of a sealed record. Although judges can grant petitions to release this information to professionals for the purpose of supporting case management efforts, such requests do not appear to be made routinely. Finally, some professionals perceived that these assessment reports are not valued or used by community supervision officers.

Finding #10: The referral and assessment practices associated with the Violent Sexual Predator (VSP) designation do not appear to have been explicated clearly.³ Along with their mandate to develop standards for court-ordered psychosexual evaluations, the SOCB was given responsibility for establishing and creating the assessment process for VSP referrals and making VSP determinations. Based on the review of relevant statutes, administrative rules, documentation from the SOCB, and interviews with SOCB representatives and other stakeholders, a number of themes emerged.

- Although various documents outline broadly the steps involved in the VSP process (i.e., referral, contract for independent psychosexual evaluation, consideration of evaluation findings and a variety of other documents, deliberation by SOCB during executive session, notification of determination decision), the specific criteria and protocols that ultimately drive these determinations were unclear, seemed to lack transparency, and appeared to have the potential for inconsistent and subjective approaches to decision-making.
- The triggering process for VSP assessment referrals to the SOCB appeared to be fairly broad and lacked standardization. More specifically, referrals for evaluation reportedly occur under any of the following conditions:

³ The consultants make no attempts to offer opinions regarding the legal aspects of the VSP process or recent court decisions. Rather, the findings and recommendations contained herein reflect observations regarding the historical and current practices specific to the VSP designation process as part of the review of sex offender assessment approaches in Idaho and with respect to the practical implications for sex offender management practices throughout the state.

- Scores on risk assessment tools (i.e., MnSOST-R, Static-99) that fall into the “high risk” range;
- Requests from the Parole Commission;
- Clinicians’ concerns about individual offenders; or
- Community supervision officers’ concerns about individual offenders.

Such a process has the potential to inadvertently result in unnecessary referrals and place burdens on the SOCB, as some referral pathways are based on subjective impressions, rather than objective criteria and data.

- In most cases, the determinations regarding a VSP designation are reportedly congruent with the recommendations offered by the independent psychosexual evaluators. However, for cases in which the SOCB’s determination did not parallel the recommendation from the psychosexual evaluator, the consultants were not able to identify the specific factors or rationale that lead to the ultimate determination.

Since the inception of the VSP process, 93 sex offenders have been reviewed by the SOCB; the majority of referrals (84%) were subsequently designated as VSPs. As of December 29, 2009, there were 50 sex offenders designated as VSPs residing in districts throughout the state. For VSPs being supervised by the IDOC, intensive supervision and GPS monitoring are required. However, it is noteworthy that most of the offenders designated as VSPs (82%) are not under the authority of the IDOC. This suggests that – with the exception of more stringent registration and verification requirements – no other risk management strategies are in place for most of this population of (presumably) highest risk sex offenders in Idaho.

The current moratorium on VSP designations has the potential to result in considerable backlog of referrals, evaluations, and VSP reviews, depending upon if and how a modified VSP process is reinstated. The consultants are aware that significant efforts are being made to consider modifications to the VSP process. In the meantime, however, the absence of such a process may inadvertently undermine the goals that the VSP designation was originally intended to achieve.

RECOMMENDATIONS RELATED TO SEX OFFENDER ASSESSMENT IN IDAHO

Recommendation #1: Supplement IDOC policies, standard operating procedures, and training to support the specialization of pre-sentence investigations for sex offense cases. By design, specialized pre-sentence investigations involving sex offenders yield key data that is generally not included in standard pre-sentence investigations for “general” offenders. Particularly beneficial in these cases are reliable estimates of recidivism (based upon sex offender-specific risk assessments) and the delineation of unique risk factors that warrant special consideration. To move toward implementing specialized pre-sentence investigations, the IDOC is encouraged to expand current policies, practices, and training for officers responsible for conducting these investigations.

At a minimum, these enhancements should address the interpretation and application of the following information in the pre-sentence investigation report and its recommendations to the court:

- Interpretive findings from validated, sex offender-specific risk assessment tools;
- Summary of findings from psychosexual evaluations, with specific implications for disposition and other case management decisions;
- Presence or absence of prosocial, informed members of community support networks;
- Access to victims or other vulnerable persons, given an individual sex offender's specific patterns and risk factors;
- Thorough review and discussion of any risk-related issues that should be taken into account with respect to housing, employment, transportation, and leisure activities; and
- Assessment-driven recommendations regarding specialized interventions and potential supervision conditions to support effective risk-reduction and risk-management efforts.

Recommendation #2: Establish a multidisciplinary working group to explore the potential benefits and costs of requiring pre-sentence investigations and independent psychosexual evaluations in all felony sex offense cases. Recognizing their value in facilitating more informed decision-making at the point of sentencing and thereafter, officials in other states (e.g., Colorado, Vermont) have established provisions to ensure the availability of these assessments in most or all cases involving felony sex offenses. Because no such provisions are currently in place in Idaho, judges and other stakeholders may not be benefiting consistently from the findings of specialized pre-sentence investigations and evaluations.

It is the consultants' understanding that the issue of mandating psychosexual evaluations in all sex offenses cases has previously been explored, and that concerns arose regarding the potential costs that counties would bear for these evaluations for indigent clients. In addition, some stakeholders have raised questions about requiring psychosexual evaluations in all cases in light of a recent court ruling that reportedly addresses clients' *participation in* (or right to refuse to participate in) such an evaluation. Notwithstanding these issues, it is recommended that the value of having a standard expectation that these evaluations become a routine source of data to inform sentencing decisions be considered. Whether or not the client can elect to fully participate in such an evaluation is separate from this policy issue.

A multidisciplinary team comprised of representatives from the judiciary, prosecution, defense bar, IDOC, SOCB, and other relevant parties could be charged with the following:

- Collecting and synthesizing data regarding the percentage of felony sex offense cases for which specialized pre-sentence and/or psychosexual evaluations were ordered during a given time frame;

- Exploring stakeholders' information needs at the point of sentencing and post-sentencing, and the extent to which this information is currently provided through specialized pre-sentence investigations and/or psychosexual evaluations;
- Carefully analyzing the potential costs and benefits of mandating these assessments for all felony sex offense cases; and
- Providing recommendations to the ICJC for moving forward on this issue.

Recommendation #3: Formally adopt a common, research-supported, sex offender-specific risk assessment tool(s) for statewide implementation across agencies. The use of a common risk assessment tool can be an important means of increasing the consistency of sex offender assessment practices and providing a common language for key stakeholders who have decision-making responsibilities regarding sex offender management. As noted previously in this report, the IDOC has already taken clear steps in this regard. Other professionals and entities (e.g., judges, Parole Commission members, SOCB, institutional staff, treatment staff, evaluators) recognize the value – and are often the users or consumers of – such tools. Hence, there do not appear to be significant system barriers from a philosophical perspective that would impede the implementation of such an approach. Formalizing the use of a specific battery of assessment tools (e.g., LSI-R, Static-99, STABLE- and ACUTE-2007) that is used statewide could be a logical next step, and one that may result in multiple benefits.

Recommendation #4: Strengthen the SOCB standards and guidelines for psychosexual evaluations to promote consistency and alignment with contemporary research and practices. The inconsistencies in psychosexual evaluation practices may be attributable – at least in part – to the fairly non-directive nature of the SOCB standards and guidelines. Modifications to these standards (including expectations for specific assessment instruments) can be made to provide more specific direction and consistent methods, while still affording evaluators a degree of professional discretion. In addition, the language in the SOCB standards, particularly with respect to the physiological tools for assessing sexual deviance variables and the use of the polygraph, should be modified and clarified to ensure accuracy and precision. This will help to facilitate technically accurate guidance to the evaluators and the presentation of more accurate information to consumers of these evaluations.

Recommendation #5: Expand and solidify quality assurance mechanisms for psychosexual evaluations. Quality assurance processes are an essential component for a system in which standards and guidelines have been established. As currently operating in the state, quality assurance strategies for psychosexual evaluations appear to be quite limited and may not be having a demonstrable effect. Specific strategies to consider include the following:

- Provide examples of “model” psychosexual evaluations to clinicians seeking initial and ongoing certification (and to evaluators for whom deficiencies have been identified);

- Establish a “blind” peer-review process in which small teams of SOCB-certified evaluators assume responsibility for reviewing and providing feedback – based on pre-established criteria – on a specified number of evaluations on a rotating basis (e.g., quarterly, monthly);
- Elicit feedback from routine consumers of psychosexual evaluations (e.g., judges, prosecutors, defense attorneys, pre-sentence investigators, supervision officers, treatment providers) regarding strengths and concerns they identify with these evaluations; and
- Convene a strategy session with the full roster of SOCB-certified evaluators to explore the professional development needs of currently certified and aspiring evaluators, and to generate creative strategies and incentives to promote peer-to-peer consultation, mentoring/coaching, and other activities that can maximize quality and capacity.

Recommendation #6: Provide intensive, skill-building training for professionals responsible for assessing sex offenders. A recurring theme across stakeholder groups who were interviewed during the course of this review – and confirmed by direct observations – was their limited exposure to comprehensive and contemporary training⁴ regarding interviewing techniques and the proper administration, scoring, interpretation, and application of specialized risk assessment tools and other sex offender-specific measures, as well as the strengths and limitations of these methods. Considerations in this regard could include the following methods:

- Use of web-based training as a means to provide access to training to evaluators throughout the state;
- Conduct of a series of regional workshops;
- Pooling of agency resources to support a larger, mutually beneficial training event focused intensively on skill acquisition and practice. Examples could include enhancing Motivational Interviewing skills, collecting thorough sexual histories, scoring and interpreting research-supported, sex offender-specific assessment tools, translating evaluation findings into meaningful recommendations, and developing user-friendly assessment/evaluation reports that have practical utility;
- Development of a coaching/mentoring process for assessors by local experts or external faculty; and
- Establishment of a partnership with the Idaho ATSA chapter to explore potential opportunities for ongoing training and support to enhance assessors’ professional skills.

It is worth noting that during the interviews with the evaluators, they expressed a willingness to pay additional dedicated costs (\$25) for their annual SOCB recertification fees (currently \$50) in order to support training efforts.

Recommendation #7: Formally elevate expectations for assessing strengths, assets, and protective factors. There was little evidence to indicate that practitioners consistently or

⁴ The consultants recognize that increased efforts to address training needs have begun to be addressed through educational and training events in 2008 and 2009 (e.g., with audiences that have included judges, representatives of the Parole Commission, institutional case managers, supervision officers, evaluators, and treatment providers).

thoroughly explore offenders' strengths and assets as part of their overall assessments, whether for pre-sentence investigations, psychosexual evaluations, assessments for treatment or supervision planning, reports for the retained jurisdiction program, or assessment reports conducted for the Parole Commission. Rather, it often appeared that assessments were limited to, or primarily focused on, deficits and risk factors. Given their value in promoting stability and successful outcomes, protective factors and strengths should be identified and linked in clear, meaningful ways to assessments and case management recommendations and plans.

Recommendation #8: Enhance IDOC policies and procedures regarding the assessment processes for sex offenders under the retained jurisdiction commitment.

It is recommended that these procedures incorporate additional assessment measures, including formalized, research-based measures of treatment progress. In addition, strategies such as Motivational Interviewing should be a key element of the written operating procedures. Furthermore, a more comprehensive template for the reports submitted to the courts is recommended. These reports – and the internal documentation maintained in case files – would be expected to minimally include detailed information regarding the following:

- The offender's initial motivation, investment, and other responsivity factors;
- Specific motivational and other strategies to address responsivity that were employed during the offender's brief tenure in the IDOC sex offender assessment program;
- The offender's response to these specific strategies, including both subjective and objective measurement of progress;
- Individualized, assessment-driven recommendations regarding treatment interventions, amenability, and estimated level of risk;
- Dynamic risk factors that may require close monitoring (i.e., implications for special conditions) if the offender is placed under community supervision; and
- Individual strengths and assets that may increase the potential for the offender to be successful under probation supervision, if so sentenced.

Recommendation #9: Engage key stakeholders in a facilitated discussion regarding the practical utility of retaining the VSP designation within the context of current strategies established for these sex offenders.

Because there is no research-proven method for approaching these types of designations, stakeholders may benefit from a facilitated discussion by a neutral party to collectively weigh the pros and cons of different options. This should include clarification of the intended goals of a VSP designation, the extent to which the intended goals of such a designation have been or are being met through the approach that has been in operation, and whether these and other goals can be sufficiently – and perhaps more effectively – addressed through other means, such as a risk-based tiering system for registration and notification (as used in several other states) and the continued implementation of risk-based supervision strategies as determined by research-supported risk assessment tools. Additional recommendations for the outcomes of such a meeting(s) are as follows:

- As the ICJC is acutely aware, a method to ensure that offenders' due process rights are safeguarded must be established;

- The administrative rules regarding VSP reviews (i.e., more specifically, who is subject to review, at what point in time, and using what specific criteria) require clarification; and
- The risk management and other strategies linked to a VSP designation should be explored and solidified commensurate with the level of risk of the sex offenders who are placed in this category.

SECTION III: SEX OFFENDER TREATMENT

EVIDENCE-BASED AND PROMISING APPROACHES TO SEX OFFENDER TREATMENT

The overarching goal of sex offender treatment is to prevent individuals from engaging in further sexual victimization. Adult sex offenders who receive treatment have lower rates of recidivism than offenders who do not receive such treatment (Aos, Miller, & Drake, 2006; Lösel & Schmucker, 2005). Simply providing treatment does not mean that it will be effective, however. The correctional literature regarding evidence-based correctional practices, including research with sex offenders, indicates that treatment is most likely to be effective when the following conditions are present (see Andrews & Bonta, 2006; Hanson, Bourgon, Helmus, & Hodgson, 2009):

- **Programs use a cognitive-behavioral model:** This research-supported framework teaches individuals to understand the relationship between their thinking patterns and actions, helps them identify specific thoughts that led them to engage in sex offending behaviors, and guides them toward healthy alternatives through the use of modeling, skill-building, practice, and reinforcement.
- **Targets of intervention are research-based:** Researchers have identified specific elements or characteristics that are linked to reoffending for sex offenders and other offender populations (i.e., criminogenic needs). Sex offender treatment programs that emphasize these factors (e.g., deviant sexual interests, sexual preoccupations, pro-offending attitudes, intimacy deficits) over other factors that are not linked to reoffending (e.g., low self-esteem, lack of remorse, denial) have better outcomes.
- **Treatment is individualized and guided by reliable and valid assessment instruments:** Sex offenders are a diverse population and, therefore, treatment must take into account important variations such as levels of risk and intervention needs. Treatment is more effective when research-supported assessment tools are used to determine the appropriate level of service (i.e., dosage and intensity), to identify the specific risk factors that should be targeted in treatment, to assess progress that offenders are making in treatment, and to make ongoing adjustments to treatment plans.
- **Treatment providers' styles and techniques align with research:** Research demonstrates that characteristics of providers (e.g., warm, genuine, empathic), the nature of the interactions between providers and offenders (e.g., a firm but fair style, the use of reinforcers and incentives, prosocial modeling), the ways in which providers attempt to engage offenders (e.g., through the use of Motivational Interviewing techniques), and the extent to which providers adjust approaches to match clients' learning needs (e.g., gender-responsive, developmentally appropriate, culturally sensitive) all have an impact on outcomes.
- **Providers are well-trained and well-supervised:** Specialized education, training, and supervised experience are required to ensure that staff fully understand and can apply treatment models and techniques in the most effective ways and that they remain abreast of advances in the field.
- **Programs are monitored and evaluated:** Providers should be expected to collect performance measurement data to determine the extent to which interventions are

reaching their potential. Performance data (i.e., number of clients successfully completing and unsuccessfully terminating) as well as outcome data (e.g., recidivism) should be collected and analyzed by an objective party, where possible.

FINDINGS RELATED TO SEX OFFENDER TREATMENT IN IDAHO

Finding #11: Implementing research-supported, risk-reducing correctional programs to facilitate public safety and offender success is a visible priority in Idaho. Agency leaders, key policymakers, and correctional practitioners are well-versed in the contemporary correctional research and practice literature about “what works” and have used that literature to inform offender management policies and to develop and expand treatment and educational programs and services for offenders within the state. Core prison-based programs to address criminogenic domains have long been in place, and efforts to bridge such programs with parallel services in the community have become well-established.

Moreover, the IDOC has made great strides toward educating external and internal stakeholders about the various programs and services offered and the philosophies and principles underlying these approaches. This appears to have created an overall climate in the state that is conducive to sustaining a “best practices” approach with the general offender population. Such a history and climate provide an important foundation for advancing specialized interventions and other management strategies for sex offenders.

Finding #12: Sex offender-specific programming is offered both in the prisons and the community, thus providing an important foundation for establishing an integrated continuum of services. Prison-based sex offender treatment services are provided, to greater and lesser degrees, within a number of IDOC facilities. Currently, the primary institutional sex offender program – established in January 2009 – serves 51 sex offenders. Some sex offender treatment groups are offered in other facilities, although they do not appear to be formally structured. Information about the IDOC sex offender treatment programming suggests that these prison-based services are relatively low in intensity and delivered using an “outpatient” model, whereby sex offenders attend a treatment group once or twice per week. However, once operational, an intensive, unit-based sex offender treatment program at the contracted prison (ICC) will have the capacity to serve 59 high-risk sex offenders.

Community-based sex offender treatment is delivered by various providers in all districts throughout the state. For sex offenders who have completed community-based treatment, some programs also offer weekly or monthly aftercare or “check in” groups. Not surprisingly, greater capacity for specialized treatment exists in the more urban and populated districts.

Although the current treatment capacity is not ideal, the existence of both prison- and community-based sex offender programs provides an opportunity to establish an integrated continuum of treatment services of varied type, intensity, and dosage.

Finding #13: Practitioners in Idaho recognize the model of sex offender treatment that is supported by contemporary research. Interviews with various sex offender treatment providers and others, as well as reviews of available program materials, indicated that these professionals understand that a cognitive-behavioral approach is the commonly accepted, research-supported model of treatment. In addition, multiple program descriptions, agency informational materials, IDOC standard operating procedures, and the providers who were interviewed made references to the standards and guidelines for members of the Association for the Treatment of Sexual Abusers (ATSA). This provides further evidence of a widespread awareness of research-supported and promising practice trends for sex offender treatment. In addition, these findings are consistent with the results of the 2008 IDOC survey of sex offender management policies and practices, whereby 100% of treatment providers who responded to the question about their program models reported using a cognitive-behavioral approach. Without question, a shared understanding of research-supported intervention models is critical for establishing and maintaining a “best practices” approach to sex offender management.

Finding #14: Sex offender treatment practices appear to be widely varied throughout the state. Providers’ awareness of research-supported approaches and generally accepted guidelines for sex offender treatment has not consistently translated into congruent practices. Interviews with treatment providers and other stakeholders (e.g., supervision officers, administrators), direct observations, and reviews of available documentation revealed that the structure and delivery of prison- and community-based sex offender treatment services in Idaho vary in a number of ways, some of which may have an impact on the integrity, quality, fidelity, and ultimate effectiveness of these interventions. To illustrate:

- While some providers possess advanced clinical degrees, have received intensive specialized training, and have extensive practical experience treating sex offenders, others are much less equipped. Indeed, a number of providers reported having very little training, experience, or clinical supervision regarding the delivery of sex offender treatment.
- Treatment in some instances appeared to be grounded in models that do not comport with contemporary research and practice in the field (e.g., sexual addictions-focused, psychodynamic), and sometimes appeared to be neither research-based nor sex offender-specific.
- Some programs have manuals/handbooks that articulate their models of intervention and provide a fairly clear program design. In other instances, program materials did not seem to be organized into an integrated, logically progressive, cohesive whole and instead appeared to simply consist of a collection of handouts, reading materials, quizzes, and assignments.
- A primary focus on written task completion (i.e., homework assignments), rather than skill-building strategies and therapeutic processes, was evident in some treatment programs. This gave the impression that instead of serving as a *supplement* to treatment, these assignments have *become* the treatment.
- Group treatment is the primary modality in some programs, whereas providers in other programs do not conduct groups. Similarly, individual and partner/family interventions appeared to be used to varying degrees.

- Although many group sizes were limited to 10 or fewer participants, some providers reported having as many as 15-16 sex offenders per group.
- Co-facilitation of treatment groups appeared to be the exception, rather than the rule.
- Male and female sex offenders were placed in the same treatment groups in multiple programs.
- Treatment providers do not appear to collect outcome data, thus offering no data-driven evidence regarding the effectiveness of their interventions.

Finding #15: The evidence-based principles of risk, need, and responsivity do not guide sex offender programming systematically. The consultants recognize that the application of the core evidence-based principles of effective correctional intervention is generally well-established with respect to treatment interventions for the “general” offender population within the IDOC. And as outlined elsewhere in this report, the consultants further recognize that considerable progress has been made to implement specialized supervision policies and practices for sex offenders that take into account these evidence-based principles. Regarding sex offender treatment, however, such an approach does not yet appear to have been implemented, as outlined in the findings below.

- **Risk principle.** Prison- and community-based sex offender treatment providers throughout the state generally appear to conduct (or have ready access to the results of) validated, sex offender-specific risk assessments. However, assessed levels of risk do not significantly influence or guide treatment decisions (e.g., placement, intensity, dosage). For example, existing prison-based sex offender treatment options are not structured along a continuum with differing intensities and dosage. Rather, sex offenders seem to receive the same type and level of treatment, regardless of recidivism risk. At present, the intensity of prison-based sex offender treatment is relatively low (i.e., reportedly 1 ½ - 2 hours in a weekly group setting), which is approximately the same intensity provided in community-based sex offender treatment programs. A notable exception is the prison-based sex offender treatment program at ICC which, when operational, is designed to be an intensive, unit-based program for high-risk sex offenders.
- **Need principle.** Sex offender treatment providers report targeting key criminogenic needs/sex offender-specific risk factors (e.g., deviant arousal, pro-offending attitudes, intimacy deficits, antisociality, anger/hostility) to greater and lesser degrees. Many treatment providers are also targeting a range of factors that research suggests are not linked to recidivism among sex offenders (e.g., self-esteem, victim awareness, unresolved issues with parents, childhood trauma, addictive personalities, generalized stress). The cumulative information collected during the course of this review suggests that criminogenic targets are not prioritized over non-criminogenic needs, either in prison or in community-based sex offender treatment programs. These observations are consistent with findings from the 2008 IDOC survey of sex offender management policies and practices, in which 42% of the responding treatment providers reported a greater focus on *non-criminogenic* needs.

- **Responsivity principle.** While a fairly large number of surveyed treatment providers reported having specific treatment interventions to attend to some types of responsivity factors (e.g., gender, low cognitive functioning, denial), this is less evident through direct observations and reviews of program materials. Information from some programs indicated that clients with certain responsivity factors (e.g., lower functioning offenders, low motivation, denial) will not be accepted into treatment. In one of the community-based programs, extensive exclusionary criteria seemed to effectively eliminate many clients other than low-risk, low-need clients. For example, sex offenders were excluded from treatment if they (a) evidenced any denial, (b) had deception or non-disclosure noted on a sexual history polygraph, (c) had taken an Alford plea, (d) had a history of sadistic behaviors, or (e) had MRDD difficulties or were otherwise lower functioning. The provision of gender-responsive services to female sex offenders appears to be a particular concern. Only a limited number of programs indicate that they provide treatment to female sex offenders (very few offer female-only groups, some use individual sessions); the extent to which these services are indeed tailored to address the unique risk and needs of female offenders is not evident. And, as noted earlier, in four of the districts, female sex offenders are reportedly included in groups for male sex offenders.

Finding #16: Sex offender treatment programs may not be maximizing opportunities to promote long-term attitude and behavior change. Through the consultants’ interviews with treatment providers, direct observations (albeit limited), and review of program materials, approaches to promote engagement and internal motivation are not clearly evident. Although many prison- and community-based sex offender treatment providers indicated that they have received some training in the use of Motivational Interviewing strategies, they acknowledged inconsistent and varied use of these techniques. These findings are consistent with the 2008 IDOC survey results, in which only 50% of the treatment providers indicated that they have formal expectations for facilitating engagement and success in treatment, 20% reported that they did not involve the clients in the development of their treatment plans, and 50% indicated that they did not include (or were unsure if they included) approach goals in treatment.

Relatedly, the consultants did not identify consistent, tangible evidence regarding evidence-based correctional practices such as an emphasis on positive reinforcers over sanctions, the use of incentives, or a focus on modeling, coaching, and skill practice. Rather, the review of some written treatment program policies, informational packets, program descriptions, treatment contracts, and other materials (for several community-based programs, in particular) implied an orientation/philosophy that is heavily focused on rules, restrictions, and prohibitions. Indeed, some of these materials more closely resembled what one would expect from court orders, supervision conditions, and supervision agreements. The following are particularly salient examples:

- A list of 64 potentially applicable rules for one of the treatment programs.
- Multiple pages of group participation rules, with one program including items such as “Don’t track dirt on carpet” and “never be defensive.”
- Informational sheets that indicate that all sex offenders have sociopathic traits or suffer from addictions to deviant sexual behavior.

- A description of key tenets of community-based sex offender treatment in which the following statement is written: “A sex offender must never be allowed to be alone with a child. This means until the death of the offender.”
- Blanket prohibitions about contact with children and other restrictions regarding family contact; in some instances the treatment provider asserts sole discretion/authority.
- Stated methods for addressing clients’ outstanding balances that include not releasing evaluations/reports, denying further participation in treatment, and charging 18% interest.

Taken together, this information can inadvertently create the impression that sex offender treatment is potentially more oriented toward the use of external controls and sanctions to produce short-term compliance than the implementation of research-supported strategies that support positive, long-term change.

Finding #17: Delayed access to sex offender treatment is a notable concern. As highlighted earlier in this report, specialized sex offender treatment capacity is relatively limited within the IDOC prisons. These capacity issues – coupled with program completions averaging from 1-2 years – have resulted in an extensive waiting list for prison-based sex offender treatment. Case managers and Parole Commissioners reported that these significant waiting periods can lead to release delays for otherwise parole-eligible sex offenders, as sex offender treatment is routinely required by the Parole Commission prior to release.

Timely access to specialized sex offender treatment in the community is a challenge in several districts, oftentimes a function of geographical diversity and population density. Supervision officers reported lapses of 1-6 weeks between sex offenders’ placement on supervision and their ability to enter treatment. The officers noted that offenders who have independent resources to pay for sex offender treatment are more likely to begin treatment relatively quickly. However, for sex offenders who have limited resources – and for whom IDOC transitional funds are requested – “active” treatment status is considerably delayed, oftentimes for months. In the meantime, some of these sex offenders are placed on “treatment hold” status and either do not participate in treatment or only attend a brief weekly “check in” session. As is true for prison-based treatment, new entrances to community-based treatment are necessarily impacted by treatment completions. Community providers reported a range from 18 months to 7 years for sex offenders to complete treatment; the modal time reported was 3 years.

Finding #18: Methods for gauging treatment progress and making determinations about treatment completion are inconsistent and often subjective. The rate at which offenders progress through and eventually complete treatment is largely attributable to a combination of client factors (e.g., differing levels of motivation, functioning, intervention needs), provider characteristics (e.g., skills, experience, style), and program structure elements (e.g., intensity, dosage, model, goals and objectives). In addition to – and potentially independent of – these variables, it can be affected by the ways in which progress is measured. In sex offender treatment programs throughout Idaho, measuring treatment progress often appears to be an inconsistent and subjective process, as evidenced by the following:

- Program materials provided very few indicators that specialized, objective, research-supported measures are used to assess within-treatment changes or to inform determinations about program completion. Only one program's materials clearly specified the ongoing assessment of sex offender-specific dynamic variables (presumably based on the items from the STABLE- and ACUTE-2000/2007). Program documents also suggested that physiological measures of deviant sexual arousal and interests are rarely used to measure the effectiveness of arousal control interventions.
- Many of the providers who were interviewed noted that their methods for assessing treatment progress and completion are often based on subjective clinical impressions rather than objective measures.
- Treatment providers' responses on the 2008 IDOC survey of sex offender management policies and practices revealed the following:
 - Less than one-third use structured, research-based tools (e.g., Treatment Needs and Progress Scale, STABLE- or ACUTE-2000/2007) for initial evaluations;
 - Only half indicated that they use such tools to assess within-treatment changes over time; and
 - Nearly half do not have policies to require routine treatment plan reviews, and more than one-quarter do not conduct treatment plan reviews routinely.
- The following were referenced (in program materials and documentation, interviews with providers, and reports by offenders) as factors that support making decisions about treatment completion:
 - Completion of treatment assignments;
 - Unstructured clinical impressions;
 - Unstructured impressions and "votes" by supervision officers;
 - "Votes" of other sex offenders in the treatment groups;
 - Written and oral examinations; and
 - Polygraph examinations.
- Descriptions of the use of polygraph examinations suggested that the results are highly influential for assessing treatment progress and making treatment completion decisions. Important to note, however, is the absence of research indicating that polygraph results are reliable or valid indicators of treatment progress or outcomes. Also noteworthy is that some respondents in the 2008 IDOC survey expressed concerns about whether adequate safeguards are in place to prevent the use of tools such as the polygraph from being used inappropriately as a sole criterion for decision-making.

Finding #19: Treatment documentation does not consistently provide sufficient information to guide decision-making effectively. The following issues concerning documentation – such as treatment plans, progress notes, and treatment summaries – emerged not only through reviews of various case files, but also through stakeholder interviews:

- It was difficult to ascertain whether formal treatment plans were developed in some programs. In other instances, some treatment plans appeared to be broad and non-individualized.

- The quality and consistency of treatment progress notes varied across providers and settings. Progress notes were oftentimes limited to attendance, general ratings of group participation, payment of fees, and brief references to the completion (or non-completion) of specific written assignments.
- Some treatment summary reports and other documentation provided little substantive information regarding individual treatment goals or targets for a given client, specific areas in which success had been attained, or risk factors or challenges that were emerging or ongoing.
- Written information-sharing (e.g., treatment summaries and other documentation) often does not occur when sex offenders transition to different programs/providers (e.g., from prison- to community-based programs, across community-based programs, when parole revocations occur).

While certainly not the case with all treatment providers, these identified documentation concerns can – for other providers and professionals throughout the system – create barriers to making well-informed, timely, and maximally effective case management decisions, such as those related to treatment planning, continuity of services, treatment termination or completion, parole release, community supervision, and responses to violations.

RECOMMENDATIONS RELATED TO SEX OFFENDER TREATMENT IN IDAHO

Recommendation #10: Establish statewide standards and guidelines for sex offender-specific treatment. Although standards and guidelines for psychosexual evaluations have been statutorily mandated and created in Idaho, no similar governance exists regarding the qualifications and practice expectations of those who provide sex offender-specific treatment. In the absence of such standards, the IDOC Division of Treatment and Education has assumed responsibility for reviewing the credentials and program materials of professionals who intend to deliver specialized treatment to sex offenders under IDOC supervision. Providers deemed to be sufficiently qualified are placed on an “approved provider” list. The CCD Sex Offender Management Program Coordinator and the SOCB retain the list of approved treatment providers, from which supervision officers in each district can subsequently refer sex offenders to receive services. While this process may provide an interim regulatory measure, a statutorily-mandated and codified set of standards and guidelines may offer greater potential for authority, leverage, and accountability over the long term. It is further recommended that any entity charged with establishing such treatment standards and guidelines should include, at a minimum, leadership from the IDOC, the SOCB, and the Idaho ATSA chapter.

Recommendation #11: Adopt a research-based, sex offender-specific assessment tool(s) to be used statewide to guide treatment planning and objectively measure progress. The use of a research-based, sex offender-specific assessment tool comprised of dynamic risk factors provides a standardized and more objective means of identifying appropriate targets of treatment and establishing clear and measurable treatment goals. In addition to promoting individualized treatment planning and establishing baseline assessments of sex offenders, it can increase the reliability and consistency of measuring treatment progress. Ideally, the use of such an instrument(s) (e.g., Treatment Needs and Progress Scale, STABLE-2007) would be

incorporated into statewide standards and guidelines for assessment and treatment planning, expectations for “approved providers,” and specifications for contracted providers.

Recommendation #12: Establish an integrated continuum of risk- and need-based sex offender treatment programming, from correctional institutions to the community. At present, the various prison- and community-based sex offender treatment programs operate in a fairly fragmented and, at times, incompatible manner. Consequently, this likely undermines the quality, accessibility, efficiency, and effectiveness of these important interventions. It is therefore recommended that a multidisciplinary workgroup be charged with developing a strategic plan to advance an assessment-driven, seamless, integrated system of sex offender treatment. Given the multiple influences that impact offenders’ placement along a continuum of treatment, and the need to ensure the development of complementary policies to support such a continuum, this workgroup ideally should include – but may not be limited to – representatives from the following:

- IDOC’s Education and Treatment Division, and/or other administrators with oversight of the range of sex offender treatment within the IDOC facilities;
- The contracted sex offender treatment program at ICC;
- Community-based sex offender treatment providers;
- Community Corrections Division;
- Sex Offender Classification Board;
- Commission of Pardons and Parole; and
- The judiciary.

This systemic approach should be informed by current and historical data regarding the sex offender population in Idaho and should, at a minimum, take into account considerations specific to (a) the overarching model of treatment, (b) initial and ongoing assessments to guide placement and movement, (c) clear goals, objectives, and expected timeframes for the different levels/phases of programming along the continuum, (d) intensity and dosage commensurate with assessed levels of risk and need, (e) minimum expectations for documentation, and (f) information-sharing policies that promote continuity of services. Finally, it should also take into account the treatment needs and strategies relative to sex offenders under the retained jurisdiction commitment as well as parole violators.

Recommendation #13: Invest in the development of a comprehensive and sustainable professional development model to enhance the capacity and quality of sex offender treatment services. A recurring theme throughout the course of this review was the need for initial and ongoing professional activities to support high quality, responsive, and effective sex offender treatment. Indeed, most practitioners – ranging from novice providers to those with considerable experience – expressed a strong desire for additional professional development opportunities. To that end, specific recommendations include a needs-driven and competency-based framework that incorporates the following elements:

- Fundamental, research-based information about the sex offender population, core evidence-based correctional practices (including change-promoting staff-offender interactions), key tenets of specialized treatment, and collaboration;
- Skill-building training, coaching, co-facilitation, and clinical supervision commensurate with assessed competency and experience levels;
- Strategies to address client responsivity factors such as gender, culture, cognitive and other functioning, motivation level, and denial;
- Support for advanced, skills-based professional development activities;
- Ongoing opportunities for peer-to-peer consultation;
- Recognition and management of the heightened potential for secondary trauma and burnout; and
- A system of incentives (e.g., for professionals who demonstrate expertise/effectiveness working with unique subpopulations, who expand treatment capacity in under-served areas of the state, or who contribute substantially to the state’s training and clinical supervision efforts).

If collaboratively and strategically established, the investments in such a model can be expected to yield considerable dividends, not the least of which are the increased public safety outcomes that result from an enhanced capacity and commitment to providing high-quality sex offender treatment.

Recommendation #14: Create and implement a uniform data collection protocol to allow for systematic evaluations of sex offender programming at local, regional, and statewide levels. Presently, there appears to be very limited qualitative and quantitative data to support examinations of program implementation, utilization trends, and outcomes for sex offender treatment in Idaho. Such data is critical for making informed decisions regarding staff and resource deployment, programmatic refinements, and funding requests. In addition, it can be a valuable tool for supporting educational efforts and other communications with internal and external stakeholders, such as state and local policymakers, the courts, other agencies, and the public. To facilitate these efforts, the state can benefit from a standardized mechanism for capturing key performance indicators and other programmatic data. It is recommended that the development of a data collection protocol should occur through the collaboration of agency leaders, research personnel/data analysts, and sex offender treatment providers, to ensure that the various data elements are mutually beneficial, have practical value, and can be collected in a manner that is not overly burdensome.

SECTION IV: SEX OFFENDER SUPERVISION

EVIDENCE-BASED AND PROMISING APPROACHES TO SEX OFFENDER SUPERVISION

Supervision officers play a key role in community safety by developing case management plans that match the needs and risk factors of individual offenders, forming and leading teams of professionals to make collaborative case management decisions, monitoring offenders' behavior, responding proactively when concerns arise, and reinforcing offenders' pro-social efforts. The following are among the promising approaches that can support effective community supervision with sex offenders:

- **Specialization of staff and management practices:** The effectiveness of supervision can be enhanced by ensuring that specialized training is provided to officers who have responsibility for the management of this population; using sex offense-specific assessment tools to guide case management decisions; imposing specialized conditions to address the risk factors that are unique to sex offenders; and assigning sex offense-specific caseloads where practical (see, e.g., Cumming & McGrath, 2005; English et al., 1996).
- **Supervision intensity based on recidivism risk:** The evidence-based correctional literature consistently demonstrates that when the intensity of interventions is based on assessed level of risk to reoffend (e.g., higher-risk offenders receive higher-intensity supervision or treatment), recidivism reductions are maximized (Andrews & Bonta, 2006; Lowenkamp, Pealer, Smith, & Latessa, 2006). And because risk fluctuates over time with offenders' changing circumstances, the ongoing monitoring of dynamic risk factors provides important guidance regarding the need to adjust the level of supervision, either upward or downward, based on increases or decreases in risk.
- **Balanced, success-oriented supervision approaches that emphasize core correctional practices:** Supervision practices that are driven primarily by surveillance and sanctioning philosophies generally do not reduce recidivism. In contrast, approaches that balance surveillance and monitoring with change-promoting strategies are associated with significant recidivism reductions (Aos et al., 2006). Furthermore, empirical studies have identified the qualities and skills of supervision officers that positively influence offenders' behaviors. Developing a therapeutic alliance, exercising the appropriate use of authority, role modeling, working with offenders to increase their internal motivation, using incentives and rewards, brokering services, and using skill practice techniques (e.g., role plays, assigning and debriefing homework assignments) are techniques that have been demonstrated to be effective in reducing risk. Officers' effective use of these skills can also fill the "dosage" gap of service required to ensure that risk reduction potentials are met.
- **Individually-tailored, team-developed case management plans:** Unlike earlier approaches to community supervision that might be characterized as "event-driven supervision" wherein officers monitor and respond to offenders' compliance with the terms and conditions of supervision set by the court or the paroling authority, case management driven supervision is a research-supported⁵, interactive process between supervising

⁵ Recent research suggests that effective case management is as important to reducing offender recidivism as evidence-based programming (Lipsey, 2009).

officers, offenders, and other professionals involved in offenders cases (e.g., treatment providers, polygraph examiners). It is grounded in assessment data, goal-oriented, strengths-based and dynamic. For offenders, case plans are a roadmap to success. For the case management team, case plans represent a deliberate strategy professionals are carrying out together to address the issues that will lead offenders toward success. Case plans become the focus of discussions with offenders, and between professionals, regarding offenders' performance. They are adjusted based upon new assessment data and significant changes in circumstances.

- **Field contacts:** Requiring offenders to come to the supervision agency's office to meet with the officer delivers an important accountability message to offenders and also provides, perhaps, more opportunity as a result of the office environment, for uninterrupted time to discuss case plans with offenders. At the same time, office contacts provide only a small snapshot of offenders' lives; the ways in which they present themselves in the office may be quite different than how they present themselves in the community. Field visits, therefore, offer an opportunity to engage offenders in their natural settings – particularly when significant others are present – as well as a different and important perspective on offenders' adaptation to the community (Cumming & McGrath, 2005; English et al., 1996). Allowing officers to have flexible work schedules is vital to implementing this strategy.
- **Risk-reducing supervision conditions:** In the assignment of supervision conditions, "more" is not necessarily "better." In fact, research suggests that to the extent that officers devote their time focusing on dynamic risk factors (rather than monitoring compliance with conditions that are not associated with reoffense risk) offender outcomes improve (see Bonta et al., 2008). To this end, supervision conditions – whether assigned by the court or the paroling authority – should be linked as directly as possible to offenders' dynamic risk factors.
- **Structured responses to violation behavior:** A growing body of research provides guidance to supervision agencies (and others) with regard to the establishment of structured violation response decision-making processes. To promote decision-making that is research-supported, consistent, and proportionate, with the greatest likelihood to achieve the goal of risk reduction, agencies should establish formal guidelines that use objective means of weighting the offender's level of risk, the severity of the violation behavior, and other relevant factors, to determine an appropriate response. These structured decision-making processes should be codified in policy, and detailed data regarding the violation process should be collected and analyzed routinely.
- **Quality assurance protocols:** The best policies can be rendered meaningless if they are not implemented with fidelity. The establishment of ongoing quality assurance processes, (ideally with one or more individuals designated to oversee these efforts) is key to assuring that staff are meeting agency expectations consistently, that staff have the skills and tools needed to carry out their work effectively and, where gaps or problems are identified, these are addressed quickly and in a deliberate fashion.

FINDINGS RELATED TO SEX OFFENDER SUPERVISION IN IDAHO

Finding #20: The IDOC's Division of Community Corrections (CCD) has developed and sustained a well-grounded model of probation and parole supervision. The IDOC's agency structure is conducive to the formulation and administration of a single, consistent set of driving principles, policies, and operating procedures. Notable strengths within the CCD include the following:

- A comprehensive and practical “how to” resource for officers (Probation and Parole Manual for Offender Supervision) articulates the underlying philosophies and rationale for the agency's supervision approach and provides clear illustrations of how these guiding theories and policies are translated into day-to-day supervision practices.
- A strong evidence-based framework that emphasizes the value of blending risk management (e.g., surveillance, monitoring, enforcement) and risk-reduction (e.g., change promoting programs and services) efforts to promote public safety and offender success.
- Clear agency policies and standard operating procedures that are designed to ensure assessment-driven decision-making practices, such as using validated risk-need assessment tools to inform the intensity and focus of supervision practices.
- Policy-driven guidelines facilitate timely (i.e., 5 working days), proportional, and informed responses to all supervision violations, commensurate with an offender's risk level and severity of behavior (i.e., Violation Response Matrix).
- An established mechanism for quality assurance, with agency-level oversight and district/section manager-level responsibility for conducting case file audits for both new and senior staff.
- An automated case management documentation system that facilitates ready access to current assessment data and other key information about offenders and promotes efficient and timely recording and tracking of case management activities.

Collectively, these conditions provide the necessary foundation and infrastructure for the effective management of all offenders, including special populations of offenders such as sex offenders.

Finding #21: Specialized policies and standard operating procedures have been established for the supervision of sex offenders. Building upon the overarching probation and parole supervision model operating in the state, IDOC agency leaders have taken considerable steps over the past several years to develop and formalize specialized approaches to sex offender supervision. These standard operating procedures – namely the Sex Offender Supervision Program, General Sex Offender Supervision Strategies, and the Sex Offender Supervision Manual – refine and expand existing “general” supervision policies by taking into account advances in the sex offender-specific research and practice literature. Most notable are the incorporation of validated, sex offender-specific risk assessment tools into the offender assessment and case management protocols, and the establishment of a pool of specialized supervision officers to manage these cases. At the time of this review, these policies were under revision to codify, among other procedures, the expectations for the use of the Static-99, STABLE-2007 and ACUTE-2007 risk assessment tools to guide supervision decisions.

Finding #22: The use of specialized officers/caseloads has been implemented in each district. As noted above, CCD's policies and standard operating procedures include provisions for specialized sex offender caseloads. In some districts, one or more officers "specialize" by working exclusively with sex offenders. In other districts, specialized caseloads are not possible and, therefore, officers have "mixed" caseloads. The distribution of the sex offender population, the expansive geography of the state, and the limits of personnel resources suggest that specialization is not possible in all cases. IDOC appears to accommodate this situation as best possible and provides officers carrying mixed caseloads with opportunities to enhance their knowledge of the sex offender population as well as to network with those officers who specialize in working with these cases.

Finding #23: The IDOC recognizes that reduced caseload size is a key element of the specialized caseload concept; this helps to ensure that officers can effectively attend to the increased responsibilities that generally accompany the management of special populations. The Sex Offender Supervision Program and General Sex Offender Supervision Strategies addresses the need to maintain "caseloads... at appropriate levels of approximately 45-50 offenders to ensure that effective supervision strategies can be utilized." According to the IDOC Annual Statistical Report (FY 2008), specialized officers are typically responsible for supervising 35-45 sex offenders. While no national standards or research is available to precisely define ideal caseload sizes for specialized populations, these caseload sizes seem to be of a proportion sufficient to provide adequate supervision of Idaho's sex offender population.

Finding #24: Contact standards for high risk sex offenders appear to be relatively limited. Further, there is little variation in the supervision contact standards between moderate and low risk sex offenders. According to CCD's Supervision Contact Standards (July 2009) and the Sex Offender Supervision Manual (January 2010), officers are required to have one monthly face-to-face contact and one monthly home visit with Level 3 sex offenders (i.e., sex offenders classified as high risk). However, as currently written, the policy indicates that the "face-to-face contact and home visit can be accomplished during one contact." As such, this could potentially result in officers having only one face-to-face contact per month with these offenders. The consultants recognize that CCD managers/supervisors may *desire or expect* that the face-to-face contact requirement and home visit requirement occur in two separate encounters, and that this may be the practice for some officers. However, in the absence of a clear written directive to this effect, such an expectation may not translate into a consistent and enforceable practice.

In addition, the written expectations for collateral contacts (i.e., employment, treatment) in the Sex Offender Supervision Manual do not explicitly require that these contacts occur in the field. Rather, current written policies indicate that – for Level 3 sex offenders – the employment contact is a monthly employment verification that can be accomplished by contacting the employer in writing or by phone (or in person), and that the treatment contact for Level 3 sex offenders is a monthly requirement that can be met through writing or telephoning the treatment provider (or via an in-person meeting).

With regard to sex offenders classified as Level 1 and Level 2 (i.e., low and moderate risk, respectively), the supervision contact standards outlined in policies and operating procedures do not appear to vary significantly. Specifically, there are no differences between the required treatment and employment contacts (i.e., quarterly collateral contacts) for Level 1 and 2 sex offenders. The distinction appears to be limited to face-to-face contacts and home visits, which are required every two months for Level 2 sex offenders and quarterly for Level 1 sex offenders. Again, the written policy allows for these face-to-face contacts and home visit requirements to be met during a single encounter.

Finding #25: The results of specialized, sex offender-specific dynamic risk assessment tools do not appear to guide the development of fluid supervision case plans or case management decisions in significant ways. Beyond the use of risk assessment scores to determine supervision intensity/level, it does not appear that probation and parole officers consistently use the findings from specialized risk-need assessments to further develop, tailor, or refine case management or supervision plans. Generally speaking, the supervision plans for sex offenders appear to have boilerplate objectives (e.g., attend, participate in, and successfully complete sex offender treatment; remain violation free). Dynamic risk factors tend not to be identified or noted specifically (the total score is simply documented), and the accompanying case management strategies/activities do not appear to vary significantly. This is not, however, because of a lack of available assessment information.⁶ In fact, Idaho, unlike many other jurisdictions, employs a comprehensive battery of assessment tools (i.e., Static-99, STABLE-2007, ACUTE-2007). Although officers have received some limited training on these tools, it appears that they may not be sufficiently prepared to apply this assessment information to case management planning and ongoing decision-making with sex offenders.

CCD operating procedures outline key dynamic risk factors that are important for officers to consider when supervising sex offenders over time; the presence of such risk factors may signal the need for intervention and, conversely, the presence of protective factors may provide evidence of increased stability, reduced risk, and support adjustments to supervision practices. However, some of the introductory language in the Sex Offender Supervision Manual (January 2010) provides seemingly contradictory information. More specifically, the manual states that “factors such as stable employment, housing and financial situations in conjunction with an outwardly prosocial lifestyle do not necessarily indicate a reduction in level of risk.” This statement could be interpreted as implying that these research-supported factors are not related to risk with this offender population and, as such, may inadvertently undermine efforts to promote objective, assessment-driven decision-making.

Finding #26: Although sex offenders’ assessed level of risk is the basis for the assigned levels of supervision, the associated policy is essentially silent regarding adjustments to supervision levels. Research supports assigning levels of supervision based upon assessed risk to reoffend, with the highest level of supervision provided to those offenders who pose greater

⁶ CCD representatives indicate that the data entry fields in the automated system do not allow officers to create individualized objectives for offenders’ case plans and, as such, any tailoring of case plans is documented in officers’ supervision contact notes.

risk. Although the IDOC principles align with this research, the written contact standards may not provide sufficient clarity and guidance to ensure that this principle is maximally operationalized in the field. As noted previously, CCD policies and operating procedures require the use of research-supported risk assessment tools to make determinations about the levels at which offenders are supervised. With sex offenders specifically, supervision level is generally based on offenders' scores on the Static-99, STABLE-2007, and ACUTE-2007. With regard to *modifying* levels of supervision for sex offenders over time, officers are required to reassess sex offenders routinely using these tools, but the absence of specific instruction regarding adjustments to supervision levels may result in varied and inconsistent practices. Indeed, although initial and re-assessment scores on risk assessment tools were noted in the case files reviewed, adjustments to supervision level did not appear to be made or noted accordingly.

Finding #27: Specialized conditions of probation or parole supervision for sex offenders do not appear to be individualized or assessment-driven. File reviews and interviews suggest that all sex offenders are subject to the Sex Offender Agreement of Supervision, which is a specialized set of “blanket” conditions that tend to apply to all sex offenders, regardless of the nature, dynamics, circumstances, individual risk factors and needs, and the presence or absence of community supports. Indeed, in the 2008 IDOC survey of sex offender management practices, many probation and parole officers indicated that specialized conditions are applied in a “one size fits all” manner. Exceptions from certain sex offender-specific conditions are reportedly granted by District Managers and/or Section Supervisors when such conditions are not applicable to a given offender. However, the cumulative information gleaned during the course of this review suggests that specialized conditions could be more selectively applied, individualized, and assessment-driven.

Finding #28: Supervision officers may not be taking full advantage of opportunities to assume their roles as agents of change. The philosophies and principles that underlie CCD's balanced model of probation/parole supervision are clearly articulated, and highlight the value placed upon supervision officers as agents of change. Staff at all levels seem to be *familiar with* the evidence-based correctional practices that can be particularly influential in this respect, such as front-loading supervision, using Motivational Interviewing to engage offenders and foster internal motivation, modeling prosocial attitudes and communication styles, using positive reinforcement, and promoting skill practice. The probation and parole supervision manual and other agency materials provide practical illustrations of multiple opportunities in which officers can influence attitudinal and behavioral change in offenders through their initial interactions with offenders, ongoing supervision efforts, and responses to violations.

Based on the current information, however, the consultants did not see clear indicators that these ideals – and the various training provided thus far to support these principles – have translated into consistent *practice* with supervising sex offenders. The philosophies, styles, and approaches used by some officers are congruent with such a balance and likely contribute to positive relationships that are conducive to promoting internal motivation, decrease resistance, and promote long-term attitude and behavior change among offenders. At the same time, the philosophies and orientations of other officers, however, have the potential to increase resistance and decrease internal motivation to change. Indeed, case notes and other

documentation provide the impression that a monitoring and enforcement orientation is predominant. For example, case notes tended to be related to compliance verification and risk management issues. References to treatment-related matters were generally broad (e.g., related to attendance and payments of fees), and sanctions or threats of sanctions seemed much more prevalent in the documentation than “approach goals,” incentives, and reinforcers. Furthermore, there was little evidence obtained during the course of the review to indicate that officers are routinely or consistently utilizing behavioral techniques (e.g., skill-practice, modeling, reinforcement) in their face-to-face encounters/contacts which, in turn, may not maximize officers’ opportunities to facilitate attitude and behavior change among offenders.

Finding #29: Supervision officers’ ability to maximize a change-promoting relationship with offenders may be hampered by the transfer of cases to different officers based upon changes in supervision level and the conduct of home visits. Beyond the potential impact of variations in officers’ philosophies and orientations, the consultants identified two supervision trends that may negatively impact their efforts to facilitate long-term behavioral change among sex offenders: frequent case transfers and the conduct of home visits. More specifically, interviews and observations reveal that, at least in some offices, it has been routine practice to transfer cases from one officer to another when an offender is assigned to a higher or lower supervision level. Although this is understandable from a caseload management point of view, such a practice does not support the establishment of a change-promoting alliance between officers and offenders. Reportedly, CCD supervisors and managers have taken steps to discontinue this practice in order to promote continuity.

Without question, home visits and other compliance monitoring in the field are necessary aspects of offender supervision. A notable strength in this regard are CCD policies that allow for flexible schedules to support officers’ abilities to conduct these field contacts – including unannounced home visits – outside of standard business hours. At the same time, however, the current approach to the conduct of home visits may also interfere with positive, change-promoting relationships. The visits are conducted in the late-evening and late-night hours by pairs of officers. The case-carrying officer engages the offender in dialogue – much of which tends to be compliance-focused – while the second officer conducts a random search of the premises. These visits are relatively short in duration (10-20 minutes unless a problem is discovered). Officers are clearly cognizant of safety concerns during these visits (i.e., a structured protocol for conducting home visits is followed, officers wear bullet-proof vests, a surveillance-process is utilized to enter the premises, and other safety protocols and provisions are strictly adhered to). Although these supervision processes are essential to public safety, modifications to the approach – that do not jeopardize the safety of staff, still meet the goals of the field contact, and are more supportive of the relationship between offender and officer – may be possible.

Finding #30: The rationale for the specialized violation matrix to guide responses to sex offenders’ non-compliance with supervision may not be sufficiently grounded. CCD has policy in place regarding violation responses for the “general” offender population. The policy is based on the principles that all violations should be addressed in a timely manner (i.e., 5 days) and that the response should take into consideration the risk and needs posed by the

offender, the violation event, and its level of severity. Officers have a relatively well-developed list from which to choose an appropriate response. Recently, a Sex Offender Violation/Response Matrix has been included in CCD policy and operating procedures, with the stated rationale that “sex offenders respond differently to sanctions and interventions and require an elevated response level.” However, the only difference between the violation matrix for sex offenders and non-sex offenders appears to be an elevated response simply because the individual is a sex offender (e.g., behavior that would result in a level 2 response for a non-sex offender results in a level 3 response for a sex offender), as opposed to differential responses that vary because of research-supported risk factors and assessment-driven considerations. This policy language has the potential to communicate messages to officers that are incongruent with the agency’s overall assessment-driven approach and the need to make risk need-based decisions (i.e., by implying that sex offenders are, by definition, higher risk offenders).

Finding #31: Formal agency policy and specialized training on how to recognize and mitigate secondary trauma effects is lacking, jeopardizing the agency’s ability to sustain a healthy, specialized workforce over time. It is well documented that officers who become immersed in the intensive work of supervising offenders, particularly those who work exclusively with sex offenders, are more susceptible to experiencing the impact of these cases on their personal and professional lives as a result of routine exposure to detailed descriptions of sex crimes, police reports and victim impact statements, and an often challenging population. This can lead to experiences such as burnout or vicarious trauma, jeopardizing the wellness of the workforce. According to the 2008 IDOC Survey, 90% of the supervisors and managers recognize the potential for secondary trauma. However, to date, little has been provided to staff in terms of formal training/mechanisms, or informal avenues of support, to mitigate secondary trauma concerns.

RECOMMENDATIONS RELATED TO SEX OFFENDER SUPERVISION IN IDAHO

Recommendation #15: Ensure that supervision staff maximize their potential as change agents by providing them with advanced skills and ongoing coaching in behavioral techniques. IDOC has a tremendous opportunity to influence future offender behavior (beyond what is possible through the intervention of the court or through treatment interventions) by further developing the skill sets of both supervision officers and managers. A carefully constructed skill-based training and coaching curriculum, delivered perhaps in a combination of face-to-face and web-based settings over a period of time sufficient to develop and institutionalize staff skills, would enhance greatly the supports already in place to ensure effective sex offender management. Such a curriculum might include, among other things, the following components:⁷

- Effective interviewing techniques;
- Scoring and interpreting sex offender-specific risk assessment tools;
- Understanding and applying risk assessment data and other assessment information (e.g., psychosexual evaluations, pre-sentence investigations) into individualized, responsive case management plans;
- Developing goals and strategies that address sex offender-specific dynamic risk factors;
- Maximizing the quality and value of face-to-face and other contacts;
- Effectively documenting case contacts and other case-related information; and
- Collaborating with other key stakeholders to promote well-informed, timely, team-based case management decisions.

This type of coaching program could complement, build upon, and be incorporated into other skill-development recommendations contained in this report (e.g., specialized interviewing skills for pre-sentence investigators, assessment and clinical skills for psychosexual evaluators and specialized treatment providers).

Recommendation #16: Reconsider the current supervision contact standards, particularly for high-risk sex offenders; the process of modifying offenders' level of supervision; and the designations used when level of supervision is changed. At present, the written policies allow for the possibility that Level 3 sex offenders in Idaho may only receive one face-to-face contact per month. As yet, there is no research available to guide the field in determining precisely the frequency with which these contacts should be conducted; therefore it is not possible to suggest empirically whether or not Idaho's current contact standards are sufficient. That said, it is the consultants' opinion that one face-to-face contact per month is insufficient for a high-risk population and that written policies should require – at a minimum –

⁷ It is noted that training has been provided to staff on some of these topics in the past, most notably interviewing techniques and scoring and interpreting assessment tools. These topics should nonetheless be included in a comprehensive training curriculum, including "booster training" on key skill areas.

at least two face-to-face contacts per month. Given IDOC's risk level breakdown of sex offenders⁸, this appears possible, particularly if other contact standards are modified in light of this change (e.g., less contact with lower-risk offenders).

It is further recommended that the process of modifying sex offenders' level of supervision be carefully evaluated. To the extent that sex offenders' assessed level of risk changes, changes in level designations are appropriate. At the same time, however, to the extent that sex offenders' performance meets expectations over a specified period of time but assessed risk levels do not change, it might also be appropriate to adjust downward certain supervision requirements. In these cases however, the criteria for making these decisions should be clear, objective, and codified in policy.

In addition, the way in which these adjustments are documented and designated should be carefully considered. A change in "level" – which currently (and appropriately) is based upon risk level – is different from a change in "contact requirements," and these important distinctions in language should be made (e.g., consider the difference between a high-risk sex offender whose risk level is lowered based upon a combination of static and dynamic factors – this offender is appropriately reclassified as Level 2 versus a high-risk sex offender whose static/dynamic assessment continues to result in a high-risk designation but who, after several years of positive performance on supervision may, based upon his performance, warrant fewer supervision contacts).

Recommendation #17: Reconsider the current approach to offender home visits; provide opportunities for supervising officers to spend "quality time" with offenders (and collaterals) during home contacts; and, for home contacts that are conducted for the purposes of compliance monitoring, consider employing surveillance officers. Home visits offer a unique opportunity for supervising officers to engage with offenders and their significant others around issues relevant to the case plan. Interactions of this nature are not fully consistent with an evening/late night visit during which a home search is also conducted. For this reason, it is recommended that CCD reconsider the times during which supervision officers conduct their home visits; reconsider the conduct of routine home searches during these visits; and examine the possibility of conducting home visits by supervising officers during hours more conducive to substantive interaction. At the same time, the value of late evening/unscheduled visits is recognized. Because the purpose of these visits is quite different – and can disrupt the change-promoting relationship between officer and offender – CCD might consider the possibility of instituting surveillance teams that are tasked with the responsibility of conducting these visits.⁹

Recommendation #18: Collaborate with the court and Commission of Pardons and Parole to reconsider the establishment of the terms and conditions of supervision.

⁸ According to data provided, on November 1, 2009, Idaho had 202 sex offenders classified as Level 3, 383 sex offenders classified as Level 2, and 611 sex offenders classified as Level 1.

CCD staff indicated that the use of surveillance officers has been considered in the past, but reported that resource limitations prevented implementation of such approach.

While the application of some standard supervision conditions may be appropriate for some sex offenders (e.g., “remain drug and alcohol free”), to the extent possible, supervision conditions should be assigned on the basis of offenders’ dynamic risk factors and in consideration of their assessed risk level. For example, some sex offenders’ behavior patterns and risk factors (e.g., a high-risk sex offender whose offenses were carried out late in the evening in public places) may suggest the need for curfew, where others may not.

By working together, perhaps through a facilitated dialogue, the IDOC, Idaho courts and the Commission of Pardons and Parole should develop an agreement on the standard conditions that must apply to all sex offenders because they address key public safety concerns. In addition, these parties should also agree on a formal process and mechanism for developing and applying specialized conditions on a case-by-case basis (e.g., informed by the ideal content of the pre-sentence investigation reports, psychosexual reports, and/or parole hearing examiner/institutional treatment provider reports). In addition, a streamlined process – one that is expeditious and efficient for all parties – should be agreed upon for modifying these conditions over time (e.g., findings from subsequent risk assessments, changes in circumstances, demonstrated stability and progress).

Recommendation #19: Develop a strategy to promote agency awareness and mitigation of secondary trauma. IDOC has successfully established a specialized (for the most part) workforce to manage sex offenders, with a sound, research-supported structure/infrastructure to support specialized practices (e.g., policies, operating procedures, and training to guide day-to-day efforts). As IDOC continues to advance its work in this area, the establishment of formal and informal methods to support the wellness of the workforce is recommended. Strategies might include:

- Providing sex offender management training that includes a component on secondary trauma to equip those responsible for this work with specialized knowledge and skills to mitigate and manage the effects of working with this offender population.
- Establishing clear boundaries and supporting employees in their efforts to sustain a balance between their personal and professional lives by maintaining reasonable workloads and caseloads, supporting a 40-hour workweek, and encouraging employees to take time off.
- Creating a safe forum for processing experiences and reactions to enable staff to discuss the unique emotional and psychological challenges they experience as a result of working with a sex offender population.
- Promoting collaboration, particularly collaborative case management, to increase staff’s level of knowledge, confidence, and support during and following case-specific decisions.
- Supporting flexible office policies as appropriate, such as non-traditional work schedules and assigning staff to work with sex offenders on a voluntary, rather than a mandatory, basis.

- Empowering staff to contribute to policy development to ensure their expertise is maximized and foster feelings of empowerment and control over their work environments.
- Promoting employee wellness within the workplace and across workplaces by establishing stress reduction programs and opportunities, either through external providers and/or by creating peer support networks.

Recommendation #20: Re-examine violation and revocation policies and develop an approach that relies more heavily on the risk-reduction and violation response research and practice literature. As a part of this process, collect detailed information about the violation behavior of sex offenders specifically; examine the range of responses staff have available as responses to violation behavior; establish a risk level/violation severity level matrix specifically for sex offenders that is tailored to sex offenders in terms of the timing, nature and types of responses to their behavior (rather than simply elevating response levels based upon the fact that they are sex offenders); and, to the extent that violation behavior is related to dynamic risk, ensure that presumptive responses address these factors. ¹⁰

Recommendation #21: Expand the existing quality assurance protocol to include ongoing assessment and feedback to supervision staff on their use of behavioral techniques. Building upon the quality assurance protocols already in place, IDOC might include specific measurement indicators for the use of behavioral techniques with offenders. Additional assessments might include structured case reviews between supervisors and officers; observation of one-on-one sessions; use of offender exit surveys; and expanded file reviews that account for additional items such as the quality and content of case management plans, use of incentives and rewards, and amount of time devoted to dynamic risk factors. It is further recommended that the existing Supervision QA Audit be renamed and reframed to reflect a more positive interest in continuous quality improvement, rather than “auditing,” which implies a compliance review and more “counting” than reviews for quality control and performance enhancement.

• ¹⁰ See: Carter, Madeline, *Parole and Probation Violations: A Handbook to Guide Local Policy Development*, U.S. Department of Justice, National Institute of Corrections, Washington, D.C. (2001) for a more thorough discussion of national practice in this area.

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APPENDIX I:

INDIVIDUALS PARTICIPATING IN THE PHASE II SITE VISIT INTERVIEWS

Commission of Pardons and Parole

Steve Brood, Parole Hearing Officer
Olivia Craven, Executive Director
Janie Dressen, Commissioner
Norman "Bud" Langerak II, Commissioner
Mike H. Matthews, Commissioner
Connie Morgan, Hearings Manager

Community Treatment Providers

Gail Ater, Licensed Professional Counselor
Gary Horton, PhD
Mark McCullough, Licensed Clinical Social Worker
Richard Meyers, Licensed Professional Counselor

District 3

Larry Galloway, Satellite Office Supervisor

District 5

Dawn Anderson, District Manager

District 7

Dan Ziegler, SOPPO

Idaho Correctional Center SOTP Staff

Jeremy Clark, Clinician
Charles Fletcher, Clinician
Sam Reading, Clinician
John Sevy, Program Manager
Patricia Willis, Counselor

Idaho Criminal Justice Commission

Steve Bywater, Deputy Attorney General Criminal Division
Jim Clark, Representative-Chair of House Judiciary, Rules & Administration Committee
Molly Huskey, Appellate Public Defender
Brent Reinke, Director Idaho Department of Correction
Jim Tibbs, Public Member

Idaho State Correctional Institution Reentry Staff

Don Caagbay, Psychosocial Rehab Specialist
Tammy Parker, Psychosocial Rehab Specialist

Idaho State Correctional Institution SANE SO Treatment Program

Bill Vogal, Licensed Clinical Social Worker

Judges

Michael McLaughlin, Judge-Judicial District 4-Boise

John Stegner, Judge-Judicial District 2-Moscow

Lead SOPPO/District 1

Monica Kalar, SOPPO

Lead SOPPO/District 2

Denise Farmer, SOPPO

Lead SOPPO/District 3

Darwin Cameron, SOPPO

Lead SOPPO/District 4

Todd Burgess, SOPPO

North Idaho Correctional Institution Treatment Staff

Wendy Gebhart, Psychosocial Rehab Specialist

Bryan Gimmeson, Clinician

Naomi Laurino, Drug Alcohol Rehab Specialist

Brad Lutz, Program Manager

Jason Rambo, Drug Alcohol Rehab Specialist

Leta Storey, Clinician

North Idaho Correctional Reentry Staff

Mary Ann Desport, Pre-Release Specialist

Adena Lunders, Psychosocial Rehab Specialist

PSI Supervisor/District 2

Renee Behrens, Section Supervisor

PSI Supervisor/District 5

Janet Holcomb, Section Supervisor

PSI Supervisor/District 7

Nancy Espeseth, Section Supervisor

Psychosexual Evaluators

Gail Ater, Licensed Professional Counselor
Thomas Hearn, Licensed Clinical Social Worker
Stephen Lindsley, Licensed Clinical Professional Counselor
Dalton Lombard, Licensed Clinical Professional Counselor
Arlene May, Licensed Clinical Professional Counselor

Satellite Office Supervisor/District 5

Kurt Churba, Section Supervisor

Sexual Offender Classification Board

Gary Horton, PhD
Thomas Hearn, Licensed Clinical Social Worker
Pamela McCarroll, Senior PPO

SOPPO Unit Supervisor/District 1

Jarod Cash, Section Supervisor

SOPPO Unit Supervisor/District 2

Renee Behrens, Section Supervisor

SOPPO Unit Supervisor/District 3

Casandra Crowell, Section Supervisor

SOPPO Unit Supervisor/District 4

Moira Lynch, Section Supervisor

SOPPO Unit Supervisor/District 5

Don Magleby, Section Supervisor

SOPPO Unit Supervisor/District 6

John Carroll, Section Supervisor
Leeann Hamilton, District Manager

SOPPO Unit Supervisor-District 7

Jarred Thompson, Section Supervisor

SOPPO Unit/District 1

Doug Hall, SOPPO
Marla Howard, SOPPO
Terry Jennings, SOPPO

SOPPO Unit/District 3

Raul Morin, SOPPO
Onieda Rivera, SOPPO

SOPPO Unit/District 4

Chris Colson, SOPPO
Zack Kiehl, SOPPO
Nancy Volle, SOPPO

SOPPO Unit/District 5

Pete Chaidez, SOPPO
Collin Widmier, SOPPO

SOPPO Unit/District 6

Jimmy Gentry, SOPPO
Paul Sorenson, SOPPO
John Warner, SOPPO