
SOTIPS

Sex Offender Treatment Intervention and Progress Scale Manual

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October 2013

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Acknowledgements

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is a revised version of the Sex Offender Treatment Needs and Progress Scale (SOTNPS; McGrath & Cumming, 2001, 2003, 2008). Both versions of the scale were developed with the assistance of grants from the U. S. Department of Justice, Office of Justice Programs to the Vermont Department of Corrections.

Appreciation is extended to the members of an expert panel that assisted drafting an initial version of the scale at a two-day meeting in June 2000. The members of this panel were Robert McGrath, Georgia Cumming, William Ballantyne, Robin Goldman, Stephen Huot, and Richard Packard. The authors also wish to thank the several individuals who have reviewed and recommended changes to one or more versions of the scale. They include Gary Allen, Euan Bear, William Ballantyne, Tammy Blakeney, Catherine Burns, Maia Christopher, Debra Drown, David Fitts, Robin Goldman, Marshall Hammond, Elizabeth Hays, Stephen Hoke, Kathleen Kennedy, Joy Livingston, Gary Martin, Sarah Morrison, Donna Reback, Ellen Sklar, Saul Schoenberg, Tammy Smith, Kathy Thomas, Tom Tobin, Alison VanArsdel, Melanie Williams, and Doug Wilson.

We also extend our appreciation to the authors of the Static-99 scoring manual (Harris, Phenix, Hanson, & Thornton, 2003) whose work informed the definition of “qualifying sex offenses” contained in this manual.

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Questions about this manual may be directed to the authors. We welcome comments that will help us improve this manual and the scale.

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Overview and Administration

Introduction

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is a 16-item statistically-derived dynamic measure designed to aid clinicians, correctional caseworkers, and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult male sex offenders. This manual describes how the SOTIPS is constructed, scored, and interpreted. The manual also describes the instrument's target population, psychometric properties, and changes from the last version.

Evaluators score each individual on every item on the scale using the scoring criteria and score sheet contained in this manual. The scale is designed to score individuals at intake and thereafter every six months. SOTIPS item scores are intended to reflect an individual's relative treatment and supervision need on each dynamic risk factor. The SOTIPS total score is intended to provide an estimation of an individual's overall level of dynamic risk and need for supervision and treatment.

The SOTIPS can be used as part of a static and dynamic risk assessment scheme, either with the Vermont Assessment of Sex Offender Risk-2 (VASOR-2; McGrath, Hoke, & Lasher, 2013) or the Static-99R (Helmus, Thornton, Hanson, & Babchishin, 2011). Combined SOTIPS/VASOR-2 and SOTIPS/Static-99R scores have predicted sexual recidivism better than either instrument alone (McGrath, Hoke, & Lasher, 2013; McGrath, Lasher, & Cumming, 2012).

Target Population

The SOTIPS can serve as a useful clinical guide for assessing adult males who are known to have committed sex offenses. However, in order to use the tables in Appendices B and C to estimate recidivism rates, the SOTIPS should be used in combination with either the VASOR-2 or Static-99R and with an offender population that is comparable to the SOTIPS development sample.

The SOTIPS development sample was composed of adult males who had been convicted of one or more qualifying sex offenses and committed at least one of these sex offenses on or after their 18th birthday. Following definitions based on Harris et al. (2003), qualifying offenses are called Category "A" sex offenses. Individuals who committed other types of sex offenses, called Category "B" sex offenses, were included in the SOTIPS development sample but only if the offender also had a conviction for a Category "A" offense.

Category "A" sex offenses are convictions for illegal sexual behavior committed against an identifiable child or non-consenting adult victim. A sex offense need not be called sexual in its statutory definition to be a qualifying sex offense. Convictions for offenses that involved illegal sexual behavior that resulted in "non-sexual" convictions, or involved non-sexual behaviors that had sexual motives, count as qualifying offenses. Category "A" sex offenses include:

- contact sex offenses such as sexual assault, attempted sexual assault, and child molestation; and
- non-contact sex offenses such as exhibitionism, voyeurism, and Internet luring

Category "B" sex offenses are convictions for sexual behavior that was illegal, but the parties were consenting or no identifiable victim was involved. The VASOR-2 and Static-99R are not intended for use with individuals whose only sex offense is a conviction for a Category "B" offense. Category "B" sex offenses include:

- consenting sex with an adult in a public place and soliciting a prostitute;
- possessing child pornography; and additionally
- statutory rape where the offender and victim age difference was less than three years

Changes from the Last Version

This manual updates previous versions of the scale, namely, the Sex Offender Treatment Needs and Progress Scale (SOTNPS; McGrath & Cumming, 2001, 2003, 2008) and the SOTIPS (McGrath, Cumming, & Lasher, 2012). Five types of revisions have been made. First, in order to improve the predictive accuracy of the scale and make it easier to use, the number of items that compose the scale have been reduced from 22 to 16 items. Second, although no item definitions have changed, a few items have been edited to make them clearer. Third, sample interview questions have been provided for each item to assist evaluators gathering information to score the scale. Forth, the definition of “qualifying sex offenses” used in the SOTIPS development study (McGrath et al., 2012) has been added to the manual. Last, several case examples and scoring explanations are included in this version of the manual to increase coding accuracy and reliability.

User Qualifications and Training

The SOTIPS was designed to be scored by clinicians, correctional caseworkers, and probation and parole officers. Before using the SOTIPS, however, it is critical that users carefully read this manual and complete training that includes scoring practice cases in order to optimize scoring accuracy and reliability. SOTIPS users should also have a basic understanding of risk factors related to sexual offense recidivism and risk assessment principles.

Scoring

Evaluators score the individual at intake and, thereafter, as frequently as every six months. Scores on each item should reflect the individual's level of functioning for the time period specified in this manual. Most items are scored to reflect the individual's level of functioning for the previous six months unless noted otherwise. When used in residential settings, a few items are scored to reflect the individual's level of functioning for the six months immediately prior to his placement in prison or another secure residential setting.

As detailed in this manual, evaluators should consider information from multiple sources when scoring an individual. These include, but are not limited to, behavioral observations, record reviews, psychological tests, collateral information from persons familiar with the individual (e.g., treatment provider, probation or parole officer, family, case worker, and other service providers), and interviews with the individual. To increase coding accuracy and reliability, it is ideal for service providers (e.g., treatment provider and community supervision officer) to score the scale together.

Service providers in the normal course of providing treatment or supervision services to an individual generally will have enough information to score most items accurately without having to re-interview the individual. Nevertheless, “Sample Interview Questions” for each item are listed. These are simply examples of potentially relevant interview questions that evaluators can use to obtain client information not otherwise available or to corroborate information obtained from other sources. Evaluators should modify these questions as necessary in order to match them to the intellectual level, learning style, and personality characteristics of the interviewee.

Scoring criteria are based on the following scale:

- 0 = minimal or no need for improvement
- 1 = some need for improvement
- 2 = considerable need for improvement
- 3 = very considerable need for improvement

Overall, evaluators should use the “more likely than not” standard to guide scoring decisions. Sometimes an evaluator will have trouble deciding how to apply this rating scale to an individual on one or more of the 16 risk items. That is to say, whether to score an item "0" versus "1", "1" versus "2", or "2" versus "3". When this occurs with multiple items, the evaluator should avoid resolving all scoring uncertainties in the same direction. The evaluator should give about half of the items the higher rating and the other half the lower rating.

The total score is computed by adding the number of risk factors scored "1", plus the number of risk factors scored "2" multiplied by 2, plus the number of risk factors scored "3" multiplied by 3.

Risk/Need Categories

The SOTIPS may be used alone or in combination with a static risk instrument such as the VASOR-2 or Static-99R. If the SOTIPS is used alone, recommended need categories and cut-off scores are shown in Table 1.

Table 1. SOTIPS Need Category by Score

Category	Score
Low	0 to 10
Moderate	11 to 20
High	21 to 48

It is recommended, however, that evaluators use the SOTIPS in combination with a static risk instrument, either the VASOR-2 or Static-99R. Table 2 shows recommended risk/need categories for combined VASOR-2 and SOTIPS scores. Table 3 shows recommended risk/need categories for combined Static-99R and SOTIPS scores.

Table 2. Combined VASOR-2 and SOTIPS Risk/Need Categories

VASOR-2 Risk Category by Score		SOTIPS Need Category by Score		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	(0 to 5)	Low	Low	Moderate-low
Moderate-low	(6 to 8)	Low	Moderate-low	Moderate-high
Moderate-high	(9 to 11)	Moderate-low	Moderate-high	High
High	(12 to 22)	Moderate-high	High	High

Table 3. Combined Static-99R and SOTIPS Risk/Need Categories

Static-99R Risk Category by Score		SOTIPS Need Category by Score		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	(-3 to 1)	Low	Low	Moderate-low
Moderate-low	(2 to 3)	Low	Moderate-low	Moderate-high
Moderate-high	(4 to 5)	Moderate-low	Moderate-high	High
High	(6 to 12)	Moderate-high	High	High

The risk/need categories shown in Tables 2 and 3 (low, moderate-low, moderate-high, and high) are relative rankings. These risk/need relative ranking categories may be useful for allocating community treatment and supervision resources. Following the principles of effective correctional practice (Andrews & Bonta, 2010; Hanson, Bourgon, Helmus, & Hodgson, 2009), more intensive treatment and supervision services should be reserved for sex offenders at higher risk to reoffend (risk principle) and should target offenders' need areas that are causally linked to sexual offending (need principle).

Appendices B and C contain tables showing estimated sexual and violent (including sexual) reoffense rates based on Vermont norms. Reoffense was defined as a new charge for a sexual or violent offense. The definition of a new sexual offense also included a charge for a violation of supervision conditions if the incident could have been charged as a criminal sexual offense.

Vermont norms may not apply to other jurisdictions. Estimated reoffense rates for individuals scoring similarly on risk instruments commonly vary among studies, jurisdictions, and over time. Charge and conviction rates are dependent on variables such as the characteristics of the offenders being studied and the nature of local reporting, investigation, and prosecution practices. In addition, detected rates of reoffending underestimate the true rates of reoffending but by magnitudes that are not known. Jurisdictions that gain experience using the SOTIPS are encouraged to develop their own local norms.

Relative risk rankings and estimated recidivism rates are based on group averages. Group averages may under- or over-represent the true risk of an individual sex offender depending on factors not taken into consideration by the SOTIPS and risk instruments combined with the SOTIPS.

Summary

The SOTIPS may be used most productively as a structured method of periodically examining the risk, treatment and supervision needs, and progress of adult male sex offenders against a relatively comprehensive list of empirically derived risk factors that have been closely linked to sexual offending. Because the scale does not address all of the factors linked to sexually abusive behavior, other relevant tools and professional judgment should be used in the treatment planning and supervision process.

Item Descriptions and Scoring Criteria

1. Sexual Offense Responsibility

The "Sexual Offense Responsibility" item concerns the degree to which the individual believes that his sexual offending behavior is the result of his personal decisions and behavior as opposed to external causes. For example, the individual may blame "the system," the courts, social workers, police, teachers, friends or associates, alcohol, drugs, pornography, a spouse or partner, or the victim.

The individual does not need to admit to all of the sexual offending behaviors for which he was convicted in order to score well on this item. Rather, he needs to identify a high level of personal responsibility for sexual offending, as opposed to focusing on causes that he believes are outside of his control, in order to score well on this item.

Data sources are the individual's self report and his sexual offending history as detailed in official documents and by reliable collateral reports.

Examples of attitudes or thoughts that indicate minimization of responsibility include:

- It is her fault. She lied about her age.
- It only happened because I was drinking.
- I had sex with the girl (a minor), but it was consensual.
- He lied about what happened because he was mad at me.

Sample Interview Questions

- Tell me about the sex offense. What happened?
- Who or what do you think is to blame for what happened? Why do you say that?
- Why do you think you did this?
- Do you think your punishment was fair? Why do you say that?

Rating - Evaluate individual's current level of functioning.

0	Takes full responsibility for sexual offense behavior.
1	Takes most of the responsibility for sexual offense behavior. Places some blame elsewhere.
2	Takes some of the responsibility for sexual offense behavior. Places considerable blame elsewhere.
3	Is in categorical denial, or otherwise takes no responsibility for offense behavior: <ul style="list-style-type: none"> • said that it was not a sexual offense, <u>or</u> • places total blame elsewhere, <u>or</u> • reports no memory of committing a sexual offense (e.g., alcohol blackout).

Coding Examples

Score	Example	Explanation
0	“She was too young to understand what I was doing to her. I was the adult. I was the one who was responsible for what happened.”	He takes full responsibility for committing the sexual offenses against the victim.
0	“I knew it was wrong, but I went ahead and did it anyway. I know I have trouble controlling myself. Even though she said I touched her 20 times, and I only touched her about 12 times, what I did do is still all my fault.”	He does not admit to all of the sexual offending behavior for which he was convicted. Nevertheless, he takes full responsibility for committing sexual offenses against the victim.
1	“It was 60/40 - mostly my fault. I knew her age was ‘on the edge’ of being legal, but she told me she was 16 years old (which is the age of consent in his jurisdiction). I didn’t know she was only 13.”	He takes more than half of the responsibility for his sexual offending behavior, but he still blames the victim some for telling him that she was above the age of consent.
1	“I know she couldn't think clearly because she was drinking, and I shouldn't have taken advantage of that. I know it’s mostly my fault, but I'm not the one who got her drunk in the first place. That’s her and her friend’s fault.”	He says that he was mostly responsible for his sexual offending behavior, but he partly blames the victim for being under the influence of alcohol.
2	He talked a 15-year-old girl into having sex with him. He initially said, "It was 100% my fault because I am the adult." When questioned further, he said, “But you know, she was cooperative and enjoyed it as much as I did. She never said ‘no’. This is all mostly on her shoulders.”	He said that as “the adult” he was 100% responsible for engaging in sexual behaviors with a minor, but then goes on to place most of the blame on the victim.
3	“I didn’t do it. I never met that woman in my life. Someone set me up. I’m absolutely innocent. I won’t say I did something I did not do.”	He is in categorical denial.
3	“I know I’m convicted of rape, but she (an adult stranger) lied about what happened. We had sex and she wanted it too. She never said ‘no.’ She was into it as much as I was. This is a setup job.”	He said that he had consensual sex with the victim, and, therefore, it was not a sexual offense.
3	“I might have done it, but I don’t remember. I was in an alcoholic blackout.”	He says he has no memory of committing a sexual offense due to an alcoholic blackout.

2. Sexual Behavior

The "Sexual Behavior" item concerns the degree to which the individual engages in appropriate versus offense-supportive sexual behavior, that is, sexually related behavior against the individual's treatment or supervision rules or other behavior that is linked with sexual offending among convicted sex offenders.

Data sources include reliable collateral reports, polygraph testing, and self-report. Consider compliance with treatment and supervision. If the individual is in a residential facility, consider compliance with the facility's rules.

Appropriate sexual behavior involves:

- Partners of legal age
- Consenting partners
- Non-coercive sex
- Non-offense-related fetishes

Offense-supportive sexual behavior involves:

- Children
- Coercive sex
- Other illegal sexual activity
- Offense-related fetishes

Sample Interview Questions

- Compared to other men, how strong do you think your sex drive is? Why do you say that?
- How often do you think about sex during the day? Do you think that is a lot, a little, or average?
- How often do you have sex? How often do you masturbate?
- Has your masturbation gotten you in trouble or caused you pain? How?
- How often do you use sexual materials, such as magazines? Videos? Internet sites? Phone sex?
- How often do you go to massage parlors? How often do you use prostitutes?
- When are the times that you think about sex the most?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No problems evident. Sexual behavior is limited to legal and non-compulsive sexual activity. If behavior involves a fetish, it is not illegal, and has no known relationship to the individual's sexual offending pattern.
1	Some problems evident. These include occasional promiscuous behavior and pornography use against probation conditions, treatment requirements, or facility rules.
2	Considerable problems evident. These include masturbating to the extent that it interferes with life activities or causes physical harm, masturbating to offense-related sexual fantasies, frequenting strip bars, using phone sex lines, using pornography habitually, being promiscuous, and consistently engaging in sexual activity leading to orgasm more than seven times a week during the previous six months.
3	Engaged in illegal sexual behavior. This includes child molesting, rape, exhibitionism, child pornography, and prostitution. If in a residential setting, engaged in sexual behavior that is against facility rules.

Coding Examples

Score	Example	Explanation
0	His known sexual behavior over the last six months has been limited to consensual sexual relations with his adult girlfriend.	All of his known sexual behavior is appropriate.
0	About three months ago, he was “suspected” by staff of forcing his wife to have sex. No other indications of inappropriate sexual behavior have become evident during the last six months.	Evidence of inappropriate sexual behavior must meet a “more likely than not” criteria. A “suspicion” cannot be the basis on which to score an item.
1	Staff found three adult-oriented XXX DVD’s at his home about four months ago. Possession of pornography is against his probation conditions. This is the first incident of this type of behavior.	A single incident of possessing a small amount of legal pornography would qualify as “some problems.”
1	During the last six months, he has reported having two consensual "one-night stands" with two different women that he had met at bars.	Some episodes of “promiscuous behavior” during the last six month would qualify as “some problems.”
2	Over the past 6 months, he self-reports that he regularly masturbates more than once a day to appropriate fantasies.	Masturbating more than once daily qualifies as "high frequency or compulsive" sexual behavior.
2	Two weeks ago, his probation officer found about 50 sexually explicit adult oriented magazines in his home. Possession of pornography is against his probation conditions. This is the second time his probation officer has found him in possession of pornography.	A large pornography collection is generally considered “considerable problems evident” for this item. As well, this is the second time his probation officer has found him in possession of pornography.
3	During the last six months, his probation officer caught him viewing child pornography on his computer.	Viewing child pornography is illegal sexual behavior.
3	He was charged with a new offense for molesting children four weeks ago.	Child molesting is illegal sexual behavior.
3	His probation officer has video footage of him exposing his penis in a women's clothing store a few weeks ago.	Exposing oneself in public is illegal sexual behavior.
3	Last month, he received a formal prison disciplinary report for engaging in sexual activity with his roommate.	Sexual behavior in a prison with another person is against the facility’s rules.

3. Sexual Attitudes

The "Sexual Attitudes" item evaluates the degree to which the individual recognizes and self-corrects his attitudes and thoughts that support or condone sexual offending. An individual's score on this item should be at least as high as his score on Item #2, "Sexual Behavior." This is because it is assumed that problem sexual behavior reflects the presence of underlying problematic sexual attitudes and thinking patterns.

Data sources include observation, self-report, reliable collateral data, and psychological testing. The individual's recent sexual behavior should be used as a cue for identifying his underlying sexual attitudes.

Examples of attitudes and thoughts that support sexual offending include:

- Emphasizing sexual conquest as a source of identity
- Overvaluing sex as a way to make himself happy
- Viewing himself as sexually entitled
- Viewing women with hostility
- Viewing others as objects for his sexual pleasure
- Viewing his sexual urges as not controllable
- Believing children can make up their own minds about having sex
- Viewing sexual activity with children as not harmful
- Viewing oneself more emotionally congruent with children than adults

Sample Interview Questions

- How do you know if someone wants to have sex with you?
- How do you go about getting someone to have sex with you?
- When you get turned on sexually, how difficult is it for you to slow yourself down?
- How old should a child be in order to have sex with an adult? Should children decide themselves?
- Do some people like to sexually tease you? Do any adults do this? Any children?
- How do you view women compared to men? How do you view children compared to adults?
- Why do you think you got in trouble for what you did?
- How do you think your victim felt about what you did? Why?

Rating - Evaluate individual's level of functioning for the previous six months.
 An individual's score on this item should be at least as high as his score on Item, #2.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes and thoughts that support sexual offending.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes and thoughts that support sexual offending. Is open to examining and changing these attitudes and thoughts.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes and thoughts that support sexual offending. Has some openness to examining and changing these attitudes and thoughts.
3	Does not recognize <u>or</u> self-correct attitudes and thoughts that support sexual offending. Is not open to examining and changing these attitudes and thoughts.

Coding Examples

Score	Example	Explanation
0	He reports that he sometimes has fleeting sexual thoughts when he sees children on mainstream television shows. He said he recognizes these triggers and quickly and successfully uses self-talk interventions to avoid or extricate himself from these situations.	He still has sexual thoughts about minors. However, based on his self reports and to the best of our knowledge, he is successful at recognizing and self-correcting these thoughts.
1	A year ago, he picked up an intoxicated woman in a bar and raped her. Since then he has avoided going to bars. However, he reports having struggles once or twice a month managing thoughts about going to bars to pick up women.	During the current scoring period, he said he has had some struggles with inappropriate sexual thoughts. Nonetheless, with some effort, he is able to manage these thoughts.
1	He has made significant progress in treatment towards identifying and correcting negative attitudes towards women. However, when he is under stress and female staff members give him direct orders, he said derogatory sexual thoughts about the woman will “pop” into his head, and it takes up to about 5 minutes before he self corrects his thinking.	He has occasional negative offense supportive thoughts about women. However, based on his self reports and to the best of our knowledge, he, with some difficulty, is successful at recognizing and self-correcting these thoughts.
2	He can identify the thoughts linked to his child molesting, and he can demonstrate appropriate cognitive interventions to manage these thoughts. However, he disclosed a few weeks ago that about one-fourth of the time when he masturbates, which is about 2-3 times a week, he orgasms while viewing clothed pictures of children.	He has considerable difficulty self-correcting thoughts that support molesting because he regularly masturbates while thinking about children. Because his frequent masturbation to pictures of children would be scored “2” on Item #2 (Sexual Behavior), his score on this item would be at least a “2” as well.
2	During the last six months, he made comments supporting teenage minors’ right to have sex with adults. He struggled with how these thoughts were linked to his offending. Despite much difficulty, he is beginning to challenge them.	His offense supportive attitudes appear relatively ingrained, but he is beginning to challenge them.
3	He says there are two types of women, – “‘good girls’ and ‘whores.’ Whores are just out to use men. They deserve what they get (raped). Period. End of story.”	He expresses attitudes that support sexual offending, and he indicates no interest in changing them.
3	“I was touched sexually as a child. I didn't see it as abuse. Actually I liked it. If you get a kid's cooperation, and he wants to do it, I just don't see the harm in it.”	He expresses attitudes that support sexual offending, and he indicates no interest in changing them.

4. Sexual Interests

The "Sexual Interests" item evaluates the types of partners and behavior that the individual finds sexually arousing. Scoring criteria assume that most individuals have relatively stable lifelong sexual interests.

Data sources include phallometric testing, self-report, collateral data, masturbatory fantasies, pornography interests, SSPI score (for child sexual offenders), and the individual's sexual history.

Appropriate sexual interests involve:

- Partners of legal age
- Consenting partners
- Non-coercive sex
- Non-offense-related fetishes

Offense-supportive sexual interests involve:

- Children
- Coercive sex
- Other illegal sexual activity
- Offense-related fetishes

Sample Interview Questions

- Over the past several years, when you have thought about sex (or when you masturbated) who and what did you think about? What about over the past six months?
- Over the past several years, about what percent of the time when you thought about sex (or when you masturbated) did you think about females? Males? What are their ages? What types of sexual behavior would you be thinking about? What about the past six months?
- How often do you have sexual thoughts that upset you? What are they?
- How often do you have sexual thoughts about children? What makes them sexually interesting? What about forcing someone to have sex? What about other things that could get you in trouble?
- How often do you have thoughts about having consensual sex with someone around your own age? What makes them sexually interesting?

Screening Scale for Pedophilic Interests (SSPI; Seto & Lalumiere, 2001). Use if any victims were children, defined as age 13 or younger. Add items for total score.

- | | | |
|---|---------|---|
| 1. Offender has a male victim? | Yes = 2 | No, female victims only = 0 |
| 2. Offender has more than one child victim? | Yes = 1 | No, single victim only = 0 |
| 3. Offender has a victim age 11 or younger? | Yes = 1 | No, child victims were age 12 or 13 = 0 |
| 4. Offender has an unrelated child victim? | Yes = 1 | No, related victims only = 0 |

Rating – Identify: (1) the individual's presumed lifelong pattern of sexual interests, and (2) the individual's sexual interests for the previous six months. The individual's SOTIPS score for the previous 6 months should generally be within one point of the individual's presumed lifelong pattern of sexual interests.

0	All sexual interests in appropriate themes. (SSPI score typically = 0 or 1).
1	Most sexual interests in appropriate themes. (SSPI score typically = 1, 2, or 3).
2	Most sexual interests in offense-related themes. (SSPI score typically = 3, 4, or 5).
3	All sexual interests in offense-related themes. (SSPI score typically = 4 or 5).

Coding Examples

Score	Example	Explanation
0	A few years ago, he was convicted of sexually abusing his 13-year-old daughter on five occasions. He had been married for 20 years and has lived with his current girlfriend for the past two years. He said that except for the few months during which he was molesting his daughter, all of his past and current sexual interests concern consensual sexual activity with adult females.	Based on his self-report and sexual relationship history, his “lifelong” primary sexual interests appear to be towards adult females, His SSPI score is 0. No evidence exists of current interest in inappropriate themes.
0	He has a history of stable sexual relationships with adult females and one conviction for raping an adult female about 10 months ago. He said all his past and current sexual interests concern consensual sexual activity with adult females.	His “lifelong” sexual interests appear to concern consensual activity with adult females. No evidence exists of current interest in inappropriate themes. He cannot be scored on the SSPI, because his victim was above the age of 13.
1	He molested three of his daughters when they were between the ages of 13 and 15. He had an active sex life with his wife for several years. On arousal testing, his arousal to adult females was 65% of full erection and 40% to teen females.	His SSPI score is 1. On arousal testing, his sexual interest in teenage females is significant, but his interest in adult female is greater
1	He has been married for 18 years and said all his sexual interests concern this partner. Five years ago he molested a 13-year-old male neighbor three times.	His “lifelong” primary sexual interests appear to be towards adult females, but his SSPI score is 3.
2	He has four separate convictions for exposing himself to adult women and said he has committed over 100 undetected similar offenses over the past 20 years. He has a girlfriend and they both report that they have sexual relations on a weekly basis. He said that slightly more than half of his sexual fantasies concern exhibitionism and the remainder involves consenting sexual intercourse with his girlfriend and other women.	His history indicates a strong interest in exhibitionism, but based on his and his girlfriend’s self reports, it does not appear to be an exclusive interest. He cannot be scored on the SSPI, because his victim was above the age of 13.
3	He molested at least 12 unrelated males between the ages of 10 and 14. He has had only two sexual experiences with adult females – both “one-night stands.” Both experiences were unsatisfying and occurred over five years ago. He says his sexual interests are now exclusively towards adult females.	Despite his self-report that he is now exclusively interested in adult females, his SSPI score is 5 and no evidence exists of a history of stable or satisfying adult love relationships.

5. Sexual Risk Management

The "Sexual Risk Management" item reflects the degree to which the individual identifies his sexual offending pattern and is following a realistic and effective plan to decrease his risk to sexually reoffend.

Data sources include program assignments and participation, collateral reports, polygraph results, and self-report. For individuals placed in the community, consider the individual's residence and employment as it relates to access to potential victims.

Consider the following factors:

- Management of emotional states
- Management of alcohol and drug use
- Preoccupation with media focused on target age and gender, or offense related behavior
- Comments supportive of sexual offending
- Initiation or maintenance of excessive visual contact with children
- Initiation or maintenance of sexually focused visual contact with adults
- Evidence of sexual arousal (i.e., erection, touching self sexually) to inappropriate stimuli
- Initiation of contact with a child or inappropriate contact with an adult
- Responsiveness to staff supervision
- Appropriate “disclosure” of offending behavior and risk management strategies to appropriate individuals

Sample Interview Questions

- Tell me about some risk factors you have dealt with lately?
- Who have you told about your offense? What did you tell them?
- Tell me about your use of alcohol and drugs. How was it related to your sexual offending?
- Give examples of what you have done to avoid risky people?
- Give examples of what you have done to avoid risky situations?
- Give examples of what you have done to deal with risky thoughts?
- Give examples of what you have done to deal with risky feelings?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Good understanding of sexual offense risk factors and risk management strategies <u>and</u> uses effective risk management strategies on a very consistent basis.
1	Good understanding of sexual offense risk factors and risk management strategies <u>and</u> uses effective risk management strategies on a relatively consistent basis with occasional minor lapses.
2	Partial understanding of sexual offense risk factors and risk management strategies <u>or</u> inconsistently uses effective risk management strategies with several lapses.
3	Poor understanding of sexual offending risk factors and risk management strategies <u>or</u> intermittently or rarely uses effective risk management strategies <u>or</u> has had a serious lapse.

Coding Examples

Score	Example	Explanation
0	He said seeing children on television sometimes triggers fleeting pedophilic thoughts. He said he catches himself and successfully uses self-talk interventions to avoid or extricate himself from these situations. His wife confirms his avoidance of television shows portraying children.	He is able to identify risky behavior. Even though images of children still sometimes trigger inappropriate sexual thoughts, he appears to manage this risk quite effectively.
0	He is planning for his release from prison. He has a history of molesting children and is proactively looking for "adults only" apartment buildings.	He is taking steps to avoid being in risky situations when he returns to the community.
1	He has functioned well in the community during his first year out of prison and has demonstrated a good understanding of his risk factors, which includes no alcohol use. However, he recently was found to have used alcohol on one occasion.	If the individual considers substance use a risk factor or it is against his treatment or community supervision conditions, some substance use would qualify as a "minor lapse."
2	He has been cooperative with his treatment and supervision expectations. He recognizes that managing his loneliness and avoiding contact with children is a key risk management component. However, he still maintains that his use of alcohol would pose minimal risk for him to reoffend, even though he committed sexual offenses while under the influence of alcohol.	He has only a "partial understanding" of his sexual offense risk factors and risk management strategies.
2	He knows that poor anger management was a significant trigger to his sexual offenses. His employer reports that he "flies off the handle" in anger about once a month when interacting with coworkers. It then takes him several minutes to cool down.	He understands that his poor anger management is a risk factor, but he is not managing it well. He has had several lapses.
3	He can describe his risk factors and appropriate intervention strategies in detail. However, his PO discovered that he has been having regular unsupervised contact with a 10-year-old female, which against his probation conditions.	Despite being able to describe his risk factors linked to his sexual offending, his unauthorized contact with a child demonstrates poor use of risk management strategies.
3	He has participated in a community sex offender treatment program for the last six months. He has followed probation conditions to not use alcohol and pornography, which are clearly linked to his sexual offending. However, he said he believes his use of pornography and alcohol would pose absolutely no risk for him to reoffend.	Although there is no evidence that he has been engaging in any risk-related behavior over the last six months, he has a poor understanding of his risk factors.

6. Criminal and Rule-Breaking Behavior

The "Criminal and Rule-Breaking Behavior" item concerns the degree to which an individual engages in general criminal and rule-breaking behavior. **This item is not concerned with sexually related criminal and rule-breaking behavior.**

Data sources include observation, self-report, polygraph test results, reliable collateral data (including motor vehicle infractions and other police reports), and compliance with treatment, supervision and facility rules, divorce or separation decrees, relief from abuse orders, and visitation rules.

Sample Interview Questions

- Do you think the rules where you live are fair? Why do you say that?
- What do you do when you don't like a rule?
- How well have you been following the rules where you live? Of probation/parole?
- Have you been punished for breaking any of these rules? What happened?
- Have you been in trouble with the law recently?
- Do you sometimes lie to get what you want? Explain?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No criminal or rule-breaking behavior evident.
1	Minor non-sexual problems evident, such as: <ul style="list-style-type: none"> • a minor motor vehicle charge, • a minor residential/correctional facility or program rule-breaking incident, <u>or</u> • minor manipulative behavior.
2	Moderate non-sexual problems evident, such as behavior that has or could reasonably lead to: <ul style="list-style-type: none"> • two or more minor motor vehicle charges, • two or more minor residential/correctional facility rule infractions, • one or more major residential/correctional facility rule infractions, • one or more major treatment program rule-breaking behaviors, • one or more misdemeanor offense charges, • a technical violation of probation, parole, or other community supervision status, <u>or</u> • multiple single incidents of any of the above.
3	Serious non-sexual problems evident, such as behavior that has or could reasonably lead to: <ul style="list-style-type: none"> • a felony offense charge, <u>or</u> • a residential/correctional facility rule infraction that could lead to a felony offense charge.

Coding Examples

Score	Example	Explanation
0	He appears to have been compliant with probation and treatment conditions during the last six months.	No evidence of criminal or rule-breaking behavior exists.
0	He was arrested for assaulting his wife about 10 months ago. He is not known to have engaged in any other criminal or rule breaking behaviors since that time.	He assaulted his wife over six months ago, which is outside the six-month scoring window for this item.
0	He was charged three months ago with possessing child pornography.	This is an example of problem "Sexual Behavior" – Item #2. He would be scored 0 on this item.
1	He received one traffic ticket for speeding in the last six months.	One speeding ticket is considered "minor" criminal behavior.
1	He is incarcerated. During the last six months, he received one minor disciplinary report for being disrespectful to a correctional officer.	One minor disciplinary report is considered "minor" rule-breaking behavior.
1	Men in his community treatment group complain that he has pressured them on a few occasions to give him cigarettes and gas money because he has financial problems. Although no threats were involved, this behavior was against program rules. He admits this behavior.	Minor manipulative behavior related to program rules can be considered "minor" program rule-breaking behavior.
2	He has a "no alcohol use" probation condition. He failed a Breathalyzer test during a home visit by his probation officer.	This behavior could lead to a probation violation.
2	He is incarcerated. He received a major disciplinary report for failing to "lock in" by staff, which resulted in his placement in segregation.	A major disciplinary report is considered "major facility rule-breaking behavior."
2	Three weeks ago, he was terminated from his treatment program for breaking confidentiality. He has a probation condition to successfully participate in and complete community sex offender treatment.	This behavior could lead to a probation violation.
3	Police informed his probation officer that he was arrested for a felony domestic assault last weekend.	His arrest for this crime could lead to a felony conviction.
3	He is incarcerated. He was recently placed in segregation after receiving a major disciplinary report for setting a fire in his cell.	His major disciplinary report for this crime could lead to a felony conviction.

7. Criminal and Rule-Breaking Attitudes

The "Criminal and Rule-Breaking Attitudes" item concerns the degree to which the individual recognizes and self-corrects his attitudes and thoughts that support or condone general criminal and rule-breaking behavior. **This item is not concerned with sexually related criminal and rule-breaking attitudes.** An individual's score on this item should be at least as high as his score on Item #6, "Criminal and Rule-Breaking Behavior." This is because it is assumed that this type of behavior reflects the presence of underlying problematic criminal and rule-breaking attitudes and thinking patterns.

Data sources include observation, self-report, collateral data, and psychological testing. The individual's recent behavior should be used as a cue for identifying his underlying attitudes towards criminal and rule-breaking behaviors.

Examples of attitudes and thoughts that support criminal or rule-breaking behavior include:

- Rules (laws) are made to be broken.
- Why take a real job when I can make more money doing crime.
- Everyone does it (i.e., breaks a rule or law), so it is okay if I do it.
- I deserve to get what I want, regardless of what it costs someone else.
- Everyone should take what he or she can get in life.
- People who do not protect their property deserve to be robbed.
- Anyone who crosses me deserves payback.

Sample Interview Questions

- Do you think the rules you are supposed to follow are fair (e.g., probation/parole conditions, facility rules, or treatment program rules)? Explain?
- How well do you follow these rules? Explain?
- How fairly do you think your probation/parole officer treats you?
- How often do you lie to avoid getting caught breaking rules? Explain?

Rating - Evaluate individual's level of functioning for the previous six months.

An individual's score on this item should be at least as high as his score on Item, #6.

0	Has no or minimal difficulty recognizing <u>and</u> self-correcting attitudes and thoughts that support criminal or rule-breaking behavior.
1	Has some difficulty recognizing <u>or</u> self-correcting attitudes and thoughts that support criminal or rule-breaking behavior. Is open to examining and changing these attitudes and thoughts.
2	Has considerable difficulty recognizing <u>or</u> self-correcting attitudes and thoughts that support criminal or rule-breaking behavior. Has some openness to examining and changing these attitudes and thoughts.
3	Does not recognize <u>or</u> self-correct attitudes and thoughts that support criminal or rule-breaking behavior. Is not open to examining and changing these attitudes and thoughts.

Coding Examples

Score	Example	Explanation
0	He does not have a criminal history aside from the index sex offense. He appears to follow program and probation rules.	No evidence of criminal or rule-breaking attitudes exists.
0	His probation officer found him in possession of over 500 pornographic magazines depicting adults. He said he knows possessing pornography is against his probation conditions. However, he argues that the rule is not justified and that frequent pornography use is not one of his risk factors, even though sexual obsessiveness was linked to his sexual offending.	His attitude supporting pornography possession is a sexually related attitude (see Item #3). It should not be scored as a general criminal or rule-breaking attitude.
1	He said he struggles with not breaking minor prison rules that he believes don't seem to make sense, such as borrowing or lending money, and taking food to his room. He recognizes that this type of thinking is risky for him. Although he finds it somewhat difficult, he does use self-talk interventions successfully to manage these thoughts and control his behavior.	He has some difficulty self-correcting attitudes that support minor rule-breaking behavior.
2	Treatment notes and his homework indicate that he is able to recognize and describe how he challenges the thoughts that support his general criminal rule-breaking behavior. Nonetheless, he received three major prison rule infractions during the last three months. He has been open to talking about these infractions and role-playing new strategies to avoid similar problems in the future.	Three major prison rule infractions would receive a score of "2" on Criminal and Rule-Breaking Behavior (Item #6). An individual's score on this item should be at least as high as his score on Item #6.
3	He often complains that his probation conditions are unfair so he should not have to follow them. He consistently supports the antisocial statements of other members in his treatment group. He sees nothing wrong with and is not open to examining his antisocial views.	He endorses criminal and rule-breaking attitudes, and he reports no interest in examining or changing these views.
3	In prison, he spends most of his free time with inmates who get in trouble in the institution. He has an extensive and diverse criminal history. He said the multiple victims of his diverse crimes deserved what they got because they were weak or stupid. He said he is a survivor and will do what he has to do in treatment to get through the program, but he is not going to let anyone brainwash him.	He endorses criminal and rule-breaking attitudes, and he reports no interest in examining or changing these views.

8. Stage of Change

The "Stage of Change" item involves the degree to which the individual recognizes that he has a sexual behavior problem and has made a commitment to address this problem. This item is adapted from the Stage of Change model developed by Prochaska and DeClemente (1992).

Data sources include program participation, collateral reports, polygraph results, observation, and self-report.

Sample Interview Questions

- How do you feel about being in treatment?
- How serious a problem do you think you have with sexual offending?
- What are your treatment goals?
- What do you want to change about yourself?
- How well do you think you are doing in treatment?
- What changes have you made recently?
- What things are difficult for you to change?

Rating - Evaluate individual's level of functioning for the previous six months.

0	<p>Maintenance stage:</p> <ul style="list-style-type: none"> • has made significant change, <u>and</u> • has a relatively complete understanding of his offending pattern, <u>and</u> • is committed to and has been successfully maintaining change in the community for a period of at least 12 months.
1	<p>Action stage:</p> <ul style="list-style-type: none"> • recognizes the need to change, <u>and</u> • has made a decision to take steps to change, <u>and</u> • is actively in the process of doing things to positively modify behavior.
2	<p>Ambivalent stage:</p> <ul style="list-style-type: none"> • recognizes that a problem exists and is ambivalent about changing, <u>or</u> • is not sure about the need for treatment, <u>or</u> • is not taking significant action, <u>or</u> • is very erratic in taking steps to change.
3	<p>Pre-contemplation stage:</p> <ul style="list-style-type: none"> • does not recognize the problem, <u>or</u> • denies the problem, <u>or</u> • has no intention of changing, <u>or</u> • refuses to enroll in recommended treatment.

Coding Examples

Score	Example	Explanation
0	He has had good lifestyle stability in the community for 14 months. He has made good treatment progress, recognizes and manages his risk, and has an overall prosocial support system.	He has been maintaining significant cognitive and behavioral change in the community for over 12 months.
1	He has been making good treatment progress for the last 9 months. He has had no disciplinary problems and is getting close to being moved into a monthly aftercare group.	He must be stable for at least 12 months in the community in order to be scored in the “Maintenance” stage.
1	He has successfully completed a prison-based sex offender treatment program. Upon release, he plans to enter and complete a community-based sex offender treatment program.	Following prison treatment, he must be stable for at least 12 months in the community in order to be scored in the “Maintenance” stage.
2	He molested a 10-year-old girl. He vacillates between saying he has a sexual offending problem for which he needs treatment and saying that if he simply stays away from the “wrong people” he will never reoffend.	He reports being ambivalent about the need for treatment
2	Over the last six months, he has gone back and forth between participating actively in treatment for a few weeks and then participating minimally.	He has been taking very erratic steps to change.
2	He said he has committed multiple sex offenses. He does not think he needs treatment, but he is open to the idea that it might be helpful and is willing to participate.	He is open to participating in treatment, but he is not sure it will be beneficial to him.
3	He said he did not commit the sexual offense for which he was convicted, but he is willing to participate in treatment.	He is in categorical denial.
3	He has been participating in sex offender treatment. Despite having clear problems linked to his sexual offending behavior, he says treatment will not be helpful because he does not have any problems that he needs to change.	He reports no problems or intention of changing.

9. Cooperation with Treatment

The "Cooperation with Treatment" item concerns the degree to which the individual cooperates with treatment expectations and is engaged in the treatment process.

Data sources include behavioral observation and collateral reports.

Consider the following factors:

- Attendance, attentiveness, and participation in treatment sessions
- Completion of homework assignments
- Payment of treatment fees with consideration of ability to pay
- Degree of engagement and openness in treatment

Sample Interview Questions

- How do you think you are doing in treatment?
- What do you like about your treatment?
- What do you dislike about your treatment?
- How cooperative are you in treatment?
- Have you had any problems with attendance? Participation? Doing homework? Being open?

Rating - If initial evaluation, evaluate individual's level of cooperation during evaluation process.
If follow-up evaluation, evaluate individual's level of functioning for the previous six months.

0	No or minimal problems: <ul style="list-style-type: none"> • cooperative with treatment expectations 90% of the time or greater, • successfully completed sex offender treatment, <u>or</u> • was not required to attend treatment to reduce risk to sexually reoffend.
1	Some problems - compliance less than 90% of the time in any of the following areas: <ul style="list-style-type: none"> • unexcused absences or lateness, • failure to complete homework assignments on time, • poor participation or engagement in treatment sessions, <u>or</u> • closed channel of communication.
2	Considerable problems – compliance less than 80% of the time in any of the following areas: <ul style="list-style-type: none"> • unexcused absences or lateness, • failure to complete homework assignments on time, • poor participation or engagement in treatment sessions, • closed channel of communication, <u>or</u> • incidents of serious disruptive behavior.
3	Severe problems: <ul style="list-style-type: none"> • individual has been given a written warning for problem behavior, <u>or</u> • individual has been terminated from treatment, <u>or</u> • individual refuses to enroll in recommended treatment.

Coding Examples

Score	Example	Explanation
0	During his initial evaluation meetings, he was cooperative with the interviewer. However, he accepted only partial responsibility for his sexual offending behavior.	He was cooperative with the initial evaluation. Level of offense responsibility should not be considered when scoring this item.
0	He missed half of his group treatment sessions during the last six months due to serious medical problems that were confirmed by his physician. Otherwise he has participated actively and been engaged in treatment sessions.	Excused absences do not count against an individual.
1	During the past six months, he has brought his written homework assignments to group 20 out of 24 sessions (83% compliance rate).	His homework compliance rate is less than 90% but greater than 80%.
1	He had three unexcused absences from group in the last six months (88% attendance rate).	His attendance rate is less than 90% but greater than 80%.
1	He attends group consistently and is prepared with assignments. However, he does not give feedback to other group members or participate in group discussions, which are program expectations, unless staff prompts him.	His attendance and preparation of individual assignments meet expectations, but other participation problems were evident.
2	During the last two months, he rarely paid attention in treatment group, often refused to participate in group exercises, and seemed very disinterested. These problems were not attributable to identifiable medical or psychological problems. The treatment provider has talked to him about these problems	He has been given verbal, but not written, warnings about these behaviors.
2	About two months ago, the treatment provider asked him to leave a group session because he came to group drunk and was very disruptive. He has since been coming to groups sober.	This behavior constitutes an incident of serious disruptive behavior, but he was not given a written warning about this behavior.
3	Four months ago, the treatment provider gave him a “written warning” for not participating actively in group meetings.	He received a “written warning” for problem behavior during the last six months.
3	Two weeks ago, the treatment provider terminated him from the program for missing group sessions.	He was “terminated from treatment” during the last six months.
3	The individual returned to group treatment two months ago after serving a 30-day jail sentence for missing multiple group sessions. The termination from group that led to this jail sentence occurred four months ago.	He was “terminated from treatment” during the last six months.

10. Cooperation with Community Supervision

The "Cooperation with Supervision" item involves the degree to which the individual cooperates with his community supervision conditions.

Data sources include individual self-report, collateral reports, and consultation with supervision staff. Consider the following factors:

- Compliance with supervision conditions
- Attendance, attentiveness, and participation in supervision meetings
- Payment of supervision fees and fines with consideration of ability to pay
- Degree of engagement and honesty in interactions with supervision staff

Sample Interview Questions

- How do you feel about your supervision?
- What do you like about it? What do you dislike about it?
- How cooperative (were you) are you following your supervision rules?
- Have you had any problems with attendance? Participation? Being honest?
- Have you had any violations/sanctions recently?
- Do you keep secrets to avoid getting in trouble? Tell me about them?

Rating - If initial evaluation, evaluate individual's level of cooperation with expectations of the court, probation, and other governmental agencies for the previous six months.

If follow-up evaluation, evaluate individual's level of functioning for the previous six months using the criteria listed below.

If individual is in a residential setting with no access to the community, evaluate individual's level of functioning for the six months prior to his residential placement. This score will remain unchanged during the individual's placement in the residential setting.

0	No or minimal problems: <ul style="list-style-type: none"> • cooperative with release and supervision expectations 90% of the time or greater, <u>or</u> • was not under correctional supervision or court release conditions.
1	Some problems - compliance less than 90% of the time in any of the following areas: <ul style="list-style-type: none"> • unexcused absences or lateness for appointments, • other minor supervision compliance problems, <u>or</u> • closed channel of communication with supervising officer.
2	Considerable problems: <ul style="list-style-type: none"> • supervising officer has increased level of supervision or reporting requirements due to concern about individual's behavior.
3	Severe problems: <ul style="list-style-type: none"> • supervising officer has filed a violation of probation, parole, or other community release condition.

Coding Examples

Score	Example	Explanation
0	During the last six months, he failed to show up for one out of his ten probation appointments. During a meeting five months ago, he became angry with his probation officer, started to walk out of the meeting, but sat back down and apologized. Overall, he appears to be very compliant with his probation conditions.	He has had minimal problems following his community supervision conditions. Compliance with attendance and engagement is 90% of the time or greater.
1	During the last six months, he missed two out of 10 meetings with his parole officer for unexcused reasons. He is cooperative following his other conditions. His supervision level has not changed.	His attendance rate is less than 90%. His supervision officer has not increased the frequency of supervision contacts.
1	He has been on probation for about six months and is resistant to talking openly about his life with his probation officer. He typically responds to questions with one-word answers. His supervision level has not changed.	He is resistant to developing an open channel of communication with his supervision officer, but the officer has not increased his level of supervision.
1	He told his probation officer that he was working full time. The officer determined that he was employed only half time. The officer has not changed his supervision or reporting requirements.	He was dishonest to his supervision officer about his employment status, but the officer has not increased his level of supervision or reporting requirements.
2	His probation officer has asked him to come in for supervision meetings more often because of concerns about the offender's alcohol use.	The supervising officer has increased his level of reporting requirements.
2	Due to concerns that he has been breaking his curfew conditions, his parole officer placed him on GPS tracking.	The supervising officer has increased his level of supervision by placing him on GPS tracking.
3	He has been incarcerated for two years on a violation of probation conviction. He is currently participating in a prison sex offender treatment program.	During the six months before he was placed in a residential setting (i.e., prison), he had been charged with a violation of probation.
3	His probation officer filed a violation of probation against him about three months ago for not attending group treatment sessions. The officer withdrew the violation two months later after he began attending group sessions again.	During the last six months, he was charged with violating his probation.

11. Emotion Management

The "Emotion Management" item concerns the degree to which the individual manages “acute” negative emotional states.

Data sources include observation, collateral reports, and self-report.

Negative emotional states are:

- Lonely
- Angry
- Anxious
- Hostile
- Depressed
- Jealous
- Resentful

Sample Interview Questions

- Have there been times when you have felt overwhelmed by your emotions?
- Have you felt upset about anything or anyone lately? How have you handled it?
- Lonely? Angry? Anxious? Hostile? Depressed? Jealous? Resentful?
- How have you handled it?

Rating - Evaluate individual's level of functioning for the previous six months.

0	No emotion management problems.
1	Minor emotional management problems. They are: <ul style="list-style-type: none"> • relatively infrequent, <u>and</u> • managed relatively effectively.
2	Moderate emotional management problems. They are: <ul style="list-style-type: none"> • relatively frequent, <u>or</u> • managed relatively ineffectively.
3	Serious emotional management problems. They are: <ul style="list-style-type: none"> • frequent and intense, <u>and</u> • managed very ineffectively.

Coding Examples

Score	Example	Explanation
0	In the past, he has experienced episodes of acute depression. Over the past year, he has been taking antidepressant medication and has had no episodes of depression.	He has had no emotion management problems concerning his depression in the last six months.
0	He has complained of having relatively constant mild depression most of his life. However, he has not experienced any acute episodes of depression in several years.	This item concerns managing “acute” emotional states. Mild chronic depression is not an “acute” negative emotional state.
1	When under stress in the past, he would often isolate himself in his apartment and experience considerable loneliness. In the past six months, he has isolated himself from others much less. He typically seeks out friends from AA to talk with during stressful times in his life.	Although he experiences some periods of loneliness, they are relatively infrequent, and he has developed and uses a prosocial support network to combat his loneliness.
2	He often lashes out verbally in anger when he perceives he is being “put down.” He is getting better recognizing and managing his anger, but it still takes him a while to talk himself down.	His anger outbursts are relatively frequent and poorly managed. It takes him considerable time to talk himself down.
2	At least once a month over the past six months, he has had unfounded thoughts about his girlfriend cheating on him. This has led to them having arguments. Although he has some trouble getting suspicious and jealous thoughts out of his head, he is able to refrain from making accusations against her about half of the time when he becomes jealous.	He has relatively frequent feelings of jealousy. He has had some trouble managing these feelings, and this has led to arguments with his girlfriend. He has improved his ability to manage these negative thoughts, but his behavior continues to cause problems in their relationship.
3	He suffers from serious depression. It has contributed to him participating poorly in group treatment sessions and having difficulty maintaining relationships and jobs. He has been prescribed antidepressant medication. It has been helpful in the past, but he has been unwilling to take it during the past few months.	His depression is a chronic and serious emotional condition. He has not been willing to take steps to manage his depression, such as taking antidepressant medication.
3	He is regularly hostile towards women for no apparent reason and, he ruminates about injustices that he perceives he has suffered at the hands of women. When meeting with female probation officers, he sits with his arms crossed and answers questions in a sarcastic tone. He sees no reason to examine or manage his hostile feelings or his views towards women.	He has persistent and intense hostile emotional reactions towards women. He sees no reason to examine or manage his hostile feelings or his views towards women.

12. Problem Solving

The "Problem Solving" item concerns the degree to which the individual is able to identify and solve life problems.

Examples of life problems include: finding housing, occupying time, finding a job, maintaining family ties, establishing new relationships, responding to family emergencies or illnesses, establishing community supports, responding to roommate, neighborhood or co-worker concerns, and dealing with feelings about supervision or facility rules.

Data sources include behavioral observation, self-report, and collateral reports.

Consider the following problem solving elements:

- Sets realistic goals
- Recognizes and explains problems
- Generates reasonable solutions
- Weighs the pros and cons of possible solutions
- Carries out plans of action
- Recognizes and asks for help when needed

Sample Interview Questions

- What are the big problems in your life now? How are you handling them?
- What do you do when you have a problem that is difficult to solve? Give me an example?
- Do you ever ask anyone for help? Who? Do you usually follow their advice?
- What goals do you have in life now? What about over the next year? Next five years?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Successful at identifying and addressing typical life problems.
1	Some problem solving deficits: <ul style="list-style-type: none"> • occasionally makes poorly considered decisions, <u>but</u> • is able to self-correct when difficulties are pointed out.
2	Considerable problem solving deficits: <ul style="list-style-type: none"> • occasionally makes poorly considered decisions, <u>and</u> • has trouble correcting even when difficulties are pointed out.
3	Serious impairment: <ul style="list-style-type: none"> • fails to identify obvious life problems, • frequently makes poorly considered decisions, <u>and</u> • has difficulty recognizing negative consequences of decisions and self-correcting even when consequences are pointed out.

Coding Examples

Score	Example	Explanation
0	His current sex offense is his first involvement in the criminal justice system. Over the past several years, his accommodation, finances, and marriage have been quite stable. He lost his job as a teacher as result of his sex offense conviction, but he has a realistic plan for retraining and gaining employment in the food service industry. He and his wife are in couples counseling to deal with the impact of his offense on their marriage.	He appears to have a history of managing typical life problems. Currently, he has some employment and marital problems, but he has identified and is addressing them in an appropriate manner.
1	He occasionally gets frustrated when his normal schedule of activities is changed, such as when his probation appointment is cancelled or when bus schedules change. He will talk through his concerns with friends, family, and staff and generally adjust relatively quickly.	He has some problem solving deficits, but he asks for help and is able to correct with others' assistance.
2	He is 30 years old and lives with his parents. He cannot afford to live on his own because he works only part-time, has large car loan payments, and spends considerable money on cigarettes and lottery tickets. With the assistance of his probation officer, he has set realistic goals to get full time employment and reduce his spending. During the last six months, he has made small but erratic steps to accomplish these goals.	He has considerable problem solving deficits. He has trouble self-correcting even when difficulties are pointed out to him. However, he has been open to assistance and is making slow progress in addressing his major life problems.
3	During the last six months in prison, he has received 17 disciplinary reports, mostly stemming from conflicts with staff and other inmates. In treatment, he is not open to examining how he might handle interpersonal conflicts differently. He blames his sexual offending behavior on his alcohol use. However, he says he has not used alcohol during his two-year incarceration, and therefore considers alcohol no longer a problem.	He has serious problem solving impairment. He fails to identify obvious life problems, frequently makes poorly considered decisions, has difficulty recognizing the negative consequences of his actions, and does not self-correct when consequences are pointed out.
3	He lives with his mother and does not work. His career plan is to take an online course to be a computer graphic artist. However, his probation conditions prohibit him from using a computer. He becomes angry when alternative employment plans are discussed with him. He is facing a sex offender registry violation charge for failing to submit his registration form despite the fact that his probation officer provided him the forms and discussed his obligation to complete it.	He has serious problem solving impairment. He fails to identify obvious life problems, frequently makes poorly considered decisions, has difficulty recognizing the negative consequences of his actions, and does not self-correct when consequences are pointed out.

13. Impulsivity

The "Impulsivity" item concerns the degree to which the individual's behavior is impulsive.

Data sources include observation, collateral reports, polygraph results, and self-report.

Examples of impulsive behavior include the following:

- Says things he wishes he could take back
- Changes plans suddenly
- Engages in reckless driving
- Engages in brief relationships or ends relationships suddenly
- Disregards obligations
- Accepts bets and dares
- Quits jobs without another one lined up
- Is surprised by or does not consider consequences

Sample Interview Questions

- How often do you do things without thinking about them first?
- Do you sometimes say things that you wish you could take back?
- Do you like to accept bets or dares?
- When you make plans to do something, how often do you usually end up doing it? What happens?
- Do you buy things without thinking or planning for them beforehand?

Rating - Evaluate individual's level of functioning for the previous six months.

0	Behavior is planned, thoughtful, and purposeful. Rarely or never does things that are impulsive, unplanned, and lack deliberation.
1	Occasionally does things that are impulsive, unplanned, and lack deliberation.
2	Frequently does things that are impulsive, unplanned, and lack deliberation.
3	Regularly does things that are impulsive, unplanned, and lack deliberation.

Coding Examples

Score	Example	Explanation
0	He is a cautious individual. He has lived with his girlfriend for 10 years, and he has had the same job for 21 years. He does not drink alcohol and is very self-controlled. He typically arrives early to meetings.	He appears to never do things that are impulsive, unplanned, or lack deliberation.
0	He is organized and quite compulsive. He was convicted of possessing child pornography, which he organized in multiple clearly labeled folders and sub-folders on his computer. He said he rarely does anything without a plan.	He appears to never do things that are impulsive, unplanned, or lack deliberation.
1	Since he started taking medication for adult ADHD, he has been reasonably successful managing his impulsivity. He said he now only occasionally does impulsive things, such as disregarding obligations.	He occasionally does things that are impulsive, unplanned, and lack deliberation.
1	He enjoys playing practical jokes on others. Most of the time they are harmless and received well. However, he sometimes does not think through the consequences of his jokes, which have unintentionally offended others or resulted in him receiving minor disciplinary reports.	He occasionally does things that are impulsive, unplanned, and lack deliberation.
2	He often can't sit still in group treatment sessions, frequently blurts out irrelevant comments, and occasionally rips up his home work when frustrated. He is aware of his impulse problems and is making some progress with self-control by using self-talk strategies.	He frequently does things that are impulsive, unplanned, and lack deliberation.
3	He often spends money irresponsibly, which has led to ongoing problems with his credit cards. Last month, he "panicked" when a police officer tried to pull him over for speeding. He tried to outrun the officer and was later apprehended. He quit his job last month without another one lined up.	He regularly does things that are impulsive, unplanned, and lack deliberation.
3	He regularly drinks alcohol and smokes marijuana, even though he knows substance use is against his probation conditions. He has multiple convictions for driving without a license, two of which occurred during the last six months. If challenged to a dare, he finds it difficult to turn it down.	He regularly does things that are impulsive, unplanned, and lack deliberation.

14. Employment

The "Employment" item concerns the degree to which the individual maintains full, satisfying, and stable employment. Full-time employment typically means the individual works at least 35-hours per week.

Data sources include collateral reports and self-report.

If individual is a student, assess the degree to which his educational experience is satisfying and stable. For example, consider whether he attends classes regularly and has chosen and is maintaining a course of study. A full-time student typically carries a 12-credit course-load.

Sample Interview Questions

- Are you going to school or working? Tell me about it?
- How do you like school/work?
- What do you like best about it?
- What do you dislike about it?
- Have you had any problems at school/work? Tell me about them?
- Have you been asked to leave school/work for any reason?

Rating - Evaluate individual's level of functioning for the previous six months.

If individual is in a residential setting, evaluate his level of functioning consistent with the expectations of the treatment program and facility. If the individual does not have an opportunity to work or attend school, evaluate individual's level of functioning for the six months prior to his residential placement.

0	Minimal or no problems: <ul style="list-style-type: none"> • full-time employment or school with stability and general satisfaction, <u>or</u> • if retired or unable to work, uses free time in a productive and prosocial manner.
1	Some problems: <ul style="list-style-type: none"> • full-time employment or school with moderate or greater dissatisfaction, <u>or</u> • 2 job changes, <u>or</u> • part-time or seasonal employment or school, <u>or</u> • if retired or unable to work, uses free time in a relatively productive and prosocial manner.
2	Considerable problems: <ul style="list-style-type: none"> • 3 or more job changes, <u>or</u> • unemployed more than 50 percent of the time, <u>or</u> • if retired or unable to work, uses free time in a relatively unproductive manner.
3	Serious problems: <ul style="list-style-type: none"> • unemployed more than 80 percent of the time, <u>or</u> • if retired or unable to work, uses free time in a very unproductive manner.

Coding Examples

Score	Example	Explanation
0	He works 35 hours a week as a carpenter for a construction company. He reports having occasional minor conflicts with co-workers but, overall, is pleased to be working for the company.	He is employed full-time. Despite minor conflicts at work, he is overall satisfied with his employment situation.
0	During the last six months, he has worked half time and attended college half time. He is pleased with this arrangement.	Working half time and going to school half time is the equivalent of full-time work or school.
0	He is retired and spends 20 hours a week volunteering in the adult section of a public library and socializing with prosocial friends.	He appears to be using his time productively and socializes with prosocial friends.
1	He works 40 hours a week at a fast food restaurant. He complains about working conditions and is actively looking for a new job.	He is employed full-time, but he has moderate job dissatisfaction.
1	During the last six months, he has been taking 8 credits hours of college courses and does not work.	Since 12 credits hours constitutes full-time in school, 8 credit hours would be part-time in school.
2	During the last six months, he has worked full-time, but he has changed jobs three times.	He has three or more job changes during the last six months.
2	During the last six months, he was unemployed about two-thirds (66%) of the time. He worked full-time for two months and has been unemployed for the last four months.	He was unemployed more than 50%, but not more than 80% of the time, during the last six months.
3	He is able to work, but he has refused to work during the last six months. He says that available jobs are beneath his abilities.	He has been unemployed over 80% of the time during the last six months.
3	He was laid off from work six months ago, but he was hired and started working in a new job four weeks ago.	He has been unemployed over 80% of the time during the last six months.
3	He is disabled. He has a serious substance abuse problem. He spends most of his time watching television and socializing with friends who are active substance abusers.	He appears to be using his time very unproductively and socializes with friends who are a negative influence on him.

15. Residence

The "Residence" item concerns the degree to which the individual's accommodation is stable and satisfying.

Data sources include observation, collateral reports, self-report, and consultation with supervision staff.

Sample Interview Questions

- Where are you living now?
- How long have you lived there?
- What do you like most about living there?
- What do you dislike about living there?
- How many other places have you lived during the last 6 months?

Rating - Evaluate individual's level of functioning for the previous six months.

If individual is in a residential setting, evaluate individual's level of functioning for the six months prior to his residential placement. This score will remain unchanged during the individual's placement in the residential setting.

0	Not more than one address change <u>and</u> satisfied with accommodation.
1	Two address changes <u>or</u> somewhat dissatisfied with accommodation.
2	Three or more address changes <u>or</u> very dissatisfied with accommodation.
3	No fixed address.

Coding Examples

Score	Example	Explanation
0	He has lived in the same apartment for the last eight months and is satisfied with this accommodation.	He had no address changes in the last six months and is satisfied with his accommodations.
0	He is in prison. Immediately before his incarceration, he lived in a rented single room for four months and with his brother for three months. He liked these accommodations.	During the six months before his incarceration, he had only one address change and was satisfied with his accommodations.
1	Five months ago, he moved from his own apartment into his girlfriend's apartment. Three weeks ago he moved in with his uncle when his girlfriend relocated.	He had two address changes during previous the six-month scoring period.
1	He has been incarcerated for the last five years. Prior to placement in prison, he resided in an apartment building he said was noisy and cramped. Given his financial status, he felt that this living situation was the best he could do.	During the six months before his incarceration, he had no address changes, but he was somewhat dissatisfied with his living situation.
2	He lives in an apartment in a high crime neighborhood and has had lots of problems with neighbors. He wants to move, but cannot afford to do so.	He has had no address changes in the last six months, but he is very dissatisfied with his living situation.
2	Following his release from prison about six months ago, he lived with his mother for one month, his uncle for two months, and his aunt for one month. About two months ago, he moved into his own apartment.	His has had three or more address changes in the last six months.
3	He has no permanent residence. He was evicted from his apartment four months ago and has since gotten several friends to each take him into their apartments for a few weeks at a time.	He has no permanent residence.
3	He is incarcerated. Prior to placement in prison, he had lived in a homeless shelter.	During the six months before his incarceration, he was living in a homeless shelter.

16. Social Influences

The "Social Influences" item examines the types of positive and negative social influences in the individual's life. Social influences include friends and family. Do not count individuals who are paid to provide services to the individual.

Data sources include self-report, collateral reports, and observation.

Positive family and friends are those who:

- Lead a prosocial lifestyle
- Are typically aware of the individual's sexually offending behavior
- Take risk management seriously
- Actively support the individual's efforts to lead a prosocial life

Negative family and friends are those who:

- Lead an antisocial lifestyle
- Should be but are not aware of the individual's sexually offending behavior
- Do not take risk management seriously
- Undermine or do not support the individual's efforts to lead a prosocial life

Sample Interview Questions

- How often do you see your family? How often do you see your friends?
- Overall, would you say they are mostly a good or a bad influence on you? Do they break laws? Abuse alcohol or use illicit drugs? Do sexual things that could get them in trouble? Explain?
- What do they know about your offenses?
- What do they think about your offenses?
- What do they think about your sex offender treatment?
- Do you think they help you stay out of trouble or could get you in trouble?

Rating - Evaluate individual's level of functioning for the previous six months.

If the individual is in prison or another residential setting, consider the influence of the other inmates or residents with whom the individual chooses to associate.

0	Associates primarily with and values the opinions of friends, family and associates who are positive influences.
1	Associates more with and values the opinions of friends, family, and associates who are positive influences than those who are negative influences.
2	Associates more with and values the opinions of friends, family, and associates who are negative influences than those who are positive influences <u>or</u> is very socially isolated and does not associate with others.
3	Associates primarily with friends, family, and associates who are negative influences.

Coding Examples

Score	Example	Explanation
0	His wife and immediate family know about his sexual offending patterns and his parole officer judges them to be good support persons. All of his friends are prosocial. Friends that his parole officer believes need to know about his offending, do know about his offending.	He associates primarily with prosocial influences. All of his friends need not know about his sexual offending in order to score 0 on this item.
0	He is in prison and socializes primarily with other inmates who follow prison rules and do not undermine facility rehabilitation efforts.	Antisocial influences in a prison are unavoidable, but inmates have some choice with whom they associate.
1	He spends most of his free time with a group of prosocial friends who are not involved in substance abuse or any criminal activity. They know about his offense. He sees his parents once a week, but he has not told them about his probation conditions. They believe he is innocent of his sexual offenses.	He associates primarily with prosocial peers. His parents are involved in his life, but they are uninformed about his risk factors and the probation rules he must follow.
1	Substance abuse was linked to his sexual offending. His wife and parents are prosocial and support him following his probation conditions. However, he continues to socialize occasionally with his best friend who has a serious substance abuse problem.	The balance of social influences in his life appear positive, namely his wife and parents. However, he continues regular contact with his best friend who is a negative influence.
2	Since being placed on probation, he spends almost all of his free time after work alone in his apartment. He has no friends and only occasionally speaks to his parents by phone.	He keeps to himself and is very socially isolated.
2	His wife and parents are prosocial and stabilizing influences in his life. However, most of the men he works and socializes with have had legal problems in the past, and they drink to excess on weekends. He tends to value his friends' opinions more than his family's opinions.	Although he has significant positive social influences in his life, he tends to value the opinions of those who are negative influences more than those who are positive influences.
3	Almost all of his friends have criminal histories and many continue to get into trouble with the law. He says that they are his childhood friends and he is not going to abandon them.	He associates primarily with individuals who are negative social influences. Most of his friends lead antisocial lifestyles.
3	He has a serious alcohol problem, which is linked to his sexual offending. He lives with his father and brother who also have serious alcohol problems, and both continue to drink. They are all very socially isolated.	His primary associates are his father and brother who have serious active alcohol problems. He is very socially isolated.

References

- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: LexisNexis.
- Beech, A. (1997). Towards a psychometric typology for assessing pre-treatment level of problems in child abusers. *Journal of Sexual Aggression, 3*, 87-100.
- Hanson, R. K., & Harris, A. (2001). *The Sex Offender Need Assessment Rating (SONAR): A method for measuring change in risk levels* (Research Report No. 2001-1). Ottawa, Canada: Corrections Research Department of the Solicitor General of Canada.
- Harris, A., Phenix, A., Hanson, R. K., & Thornton, D. (2003). *Static-99 coding rules: Revised 2003*. Ottawa: Department of the Solicitor General of Canada.
- Helmus, L., Thornton, D., Hanson, R. K., & Babchishin, K. M. (2011). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment, 24*, 64-101.
- Mann, R. E., Hanson, R. K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment, 22*, 191-217.
- McGrath, R. J. (1991). Sex-offender risk assessment and disposition planning: A review of empirical and clinical findings. *International Journal of Offender Therapy and Comparative Criminology, 35*, 329-351.
- McGrath, R. J., Cumming, G. F., Burchard, B. L., Zeoli, S. & Ellerby, L. (2010). *Current practices and trends in sexual abuser management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press.
- McGrath, R. J., Cumming, G. F., & Livingston, J. (2005, November). *Predictive validity of the Sex Offender Treatment Needs and Progress Scale (SOTNPS)*. A poster session presented at the Association for the Treatment of Sexual Abusers 24th Annual Research and Treatment Conference, November 16-19, 2005. Salt Lake City, Utah.
- McGrath, R. J., Hoke, S. E., & Lasher, M. P. (2013). *Vermont Assessment of Sex Offender Risk-2 Manual*. Middlebury, VT: Author.
- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2011). *A model of static and dynamic sex offender risk assessment* (Document No. 236217). Washington DC: United States Department of Justice.
- McGrath, R. J., Lasher, M. P., & Cumming, G. F. (2012). The Sex Offender Treatment Intervention and Progress Scale (SOTIPS): Psychometric properties and incremental predictive validity with the Static-99R. *Sexual Abuse: A Journal of Research and Treatment, 24*, 431-458.
- McGrath, R. J., Lasher, M. P., Cumming, G. F., Langton, C. M., & Hoke, S. E. (2013). Development of Vermont Assessment of Sex Offender Risk-2 (VASOR-2) Reoffense Risk Scale. *Sexual Abuse: A Journal of Research and Treatment*. Advance online publication. doi: 10.1177/1079063213486936
- McGrath, R. J., Livingston, J., & Cumming, G. F. (2002, January). *Development of a sex offender treatment needs and progress scale for adult sex offenders*. Final grant report to the U. S. Department of Justice (Grant #1000-WP-VX-0001). Waterbury, VT: Vermont Department of Corrections.

Prochaska, J. O., & DiClemente, C. C. (1992). *Stages of change in the modification of problem behaviors*. Newbury Park, CA: Sage.

Seto, M. C., & Lalumiere, M. L. (2001). A brief screening scale to identify pedophilic interests among child molesters. *Sexual Abuse: A Journal of Research and Treatment*, 13, 15-25

Appendix A

Scale Development

The original version of the scale was developed in Vermont in 2000 and was based on the results of a literature review that identified dynamic risk factors empirically or theoretically linked to sexual offending (e.g., Beech, 1997; Hanson & Bussiere, 1998; Hanson & Harris, 2000; McGrath, 1991). A panel of sex offender risk assessment experts helped select an initial group of scale items and began to identify coding criteria. The original authors field-tested several versions of the scale using feedback from local sex offender treatment providers. The original version of the scale was composed of 22 items and initial examinations of its psychometric properties were encouraging (McGrath, Cumming & Livingston, 2005; McGrath, Livingston, & Cumming, 2002). According to a recent national survey, approximately one-fifth (19%) of 330 community programs in the United States serving adult male sex offenders reported using the scale (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010).

The scale underwent major revisions in 2011 and was renamed the Sex Offender Treatment Intervention and Progress Scale (SOTIPS). The scale was reduced from 22 to 16 items, and models for combining it with static risk measures, namely the VASOR-2 or Static-99R, were developed. Technical reports describing the scale's construction and psychometric properties can be found elsewhere (McGrath, Lasher, & Cumming, 2011, 2012).

Psychometric Properties

Norms in this manual are based on a study of 759 adult male sex offenders who were placed in the community in Vermont between 2001 and 2007, enrolled in sex offender treatment, and supervised on probation, parole, or furlough (a period supervision in Vermont where an offender serves all or part of his incarcerative sentence in the community outside of a correctional facility). A small proportion (2.4%) of the men in the study had developmental disabilities.

Interrater reliability for the total SOTIPS score was acceptable. The single measure Interclass Correlation Coefficient was .77 and the average measure was .87. Individuals' SOTIPS scores at 1, 7, and 13 months after beginning treatment showed at least moderate predictive accuracy for sexual or any violent (including sexual) recidivism at fixed 1- and 3-year follow-up periods. AUCs for combined VASOR-2 and SOTIPS scores and Static-99R and SOTIPS scores for sexual and violent reoffending were between .66 and .81 and outperformed either instrument alone when both instruments had similar predictive power. Participants who demonstrated treatment progress, as reflected by reductions in SOTIPS scores, showed lower rates of recidivism than those who did not. Detailed examinations of the scale's psychometric properties may be found elsewhere (McGrath, Hoke, & Lasher, 2013; McGrath, Lasher, & Cumming, 2011, 2012).

Sexual recidivism was defined as a new charge for a sexual offense or a charge for a violation of community supervision conditions if the incident could have been charged as a criminal sexual offense. Violent recidivism was defined as a new charge for either a sexual or a non-sexual violent offense. Recidivism rates were estimated rates based on repeated logistic regression modeling.

The sample was unbalanced with respect to offender types. The ratio of child-victim-only to adult-victim-only offenders was nearly four to one. The SOTIPS showed higher accuracy with child-victim-only offenders than with adult-victim-only offenders. Some findings for adult-victim-only offenders were not statistically significant, likely due to the small number of adult-victim-only reoffenders.

Vermont norms for sexual and violent recidivism are shown in Appendices B and C. Appendix B shows Vermont norms for combined VASOR-2 and SOTIPS risk/need categories. Appendix C shows Vermont norms for combined Static-99R and SOTIPS risk/need categories.

Appendix B

Combined VASOR-2 and SOTIPS Risk/Need Categories

Vermont Sexual and Violent Recidivism Norms

Instructions. Identify the individual’s combined VASOR-2 and SOTIPS risk/need category in Table 4. Use that risk/need category to identify the individual’s estimated sexual recidivism rate at one and three years in Table 5 and the individual’s estimated violent recidivism rate at one and three years in Table 6. In the following tables, C.I. = confidence interval and AUC = Area Under the Curve.

Table 4. Combined VASOR-2 and SOTIPS Risk/Need Categories

VASOR-2 Risk Category and Score		SOTIPS Need Category and Score		
		Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low	0 to 5	Low	Low	Moderate-low
Moderate-low	6 to 8	Low	Moderate-low	Moderate-high
Moderate-high	9 to 11	Moderate-low	Moderate-high	High
High	12 to 22	Moderate-high	High	High

Table 5. Estimated Sexual Recidivism Rates by Combined VASOR-2 and SOTIPS Risk/Need Categories

Risk/Need Category	One year (n = 754; AUC = .78***)			Three year (n = 749; AUC = .77***)		
	Percent of sample	Percent recidivism	95% CI	Percent of sample	Percent recidivism	95% CI
Low	52.9	0.5	0.2 - 1.3	52.0	1.4	0.6 - 3.3
Moderate-low	22.5	1.3	0.5 - 3.6	22.7	3.3	1.4 - 7.8
Moderate-high	15.5	3.3	1.8 - 5.8	15.9	7.6	3.9 - 14.3
High	9.1	8.0	4.3 - 14.4	9.5	16.5	8.8 - 28.7
Totals	100.0	1.9	0.6 - 5.4	100.0	4.3	1.4 - 12.5

*** $p < .001$

Table 6. Estimated Violent Recidivism Rates by Combined VASOR-2 and SOTIPS Risk/Need Categories

Risk/Need Category	One year (n = 751; AUC = .72***)			Three year (n = 746; AUC = .69***)		
	Percent of sample	Recidivism rate	95% CI	Percent of sample	Recidivism rate	95% CI
Low	53.3	1.6	0.8 - 3.3	52.3	4.4	2.6 - 7.6
Moderate-low	22.5	3.1	1.4 - 6.6	22.7	8.0	4.3 - 14.5
Moderate-high	15.2	5.8	3.0 - 10.7	15.6	14.0	6.4 - 20.3
High	9.0	10.6	5.6 - 19.2	9.4	23.3	15.1 - 34.2
Totals	100.0	3.5	1.0 - 11.2	100.0	8.5	3.7 - 18.2

*** $p < .001$

Appendix C

Combined Static-99R and SOTIPS Risk/Need Categories

Vermont Sexual and Violent Recidivism Norms

Instructions. Identify the individual's combined Static-99R and SOTIPS risk/need category in Table 7. Use this risk/need category to identify the individual's estimated sexual recidivism rate at one and three years in Table 8 and the individual's estimated violent recidivism rate at one and three years in Table 9. In the following tables, C.I. = confidence interval and AUC = Area Under the Curve.

Table 7. Combined Static-99R and SOTIPS Risk/Need Categories

Static-99R Risk Category and Score	SOTIPS Need Category and Score		
	Low (0 to 10)	Moderate (11 to 20)	High (21 to 48)
Low -3 to 1	Low	Low	Moderate-low
Moderate-low 2 to 3	Low	Moderate-low	Moderate-high
Moderate-high 4 to 5	Moderate-low	Moderate-high	High
High 6 to 12	Moderate-high	High	High

Table 8. Estimated Sexual Recidivism Rates by Combined Static-99R and SOTIPS Risk/Need Categories

Risk/Need Category	One year (n = 754; AUC = .81***)			Three year (n = 749; AUC = .74***)		
	Percent of sample	Recidivism rate	95% CI	Percent of sample	Recidivism rate	95% CI
Low	44.8	0.3	0.1 - 1.0	45.0	1.5	0.8 - 2.7
Moderate-low	27.2	1.1	0.5 - 2.3	27.6	3.3	2.7 - 4.1
Moderate-high	19.0	3.2	1.3 - 7.2	18.7	7.2	2.9 - 16.8
High	8.9	9.1	4.4 - 17.6	8.8	15.2	7.5 - 28.2
Totals	100.0	1.9	0.6 - 6.2	100.0	4.3	1.7 - 10.4

*** $p < .001$

Table 9. Estimated Violent Recidivism Rates by Combined Static-99R and SOTIPS Risk/Need Categories

Risk/Need Category	One year (n = 751; AUC = .76***)			Three year (n = 746; AUC = .70***)		
	Percent of sample	Recidivism rate	95% CI	Percent of sample	Recidivism rate	95% CI
Low	45.1	1.1	0.5 - 2.4	45.2	4.1	2.2 - 7.3
Moderate-low	27.2	2.6	1.4 - 4.9	27.7	7.6	4.4 - 12.8
Moderate-high	18.8	5.9	2.9 - 11.9	18.5	13.8	7.7 - 23.3
High	8.8	12.9	6.7 - 23.3	8.6	23.7	13.6 - 37.9
Totals	100.0	3.5	1.1 - 10.8	100.0	8.5	3.1 - 21.2

*** $p < .001$

Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Individual: _____

Scorer: _____

Evaluation Date: _____

Setting: Community Residential

Months in Weekly Treatment: _____

Time of Evaluation: Initial

Months in Aftercare Treatment: _____

During Treatment

Total: _____

End of Treatment

Rating Guide (use definitions in scoring manual):

0 = minimal or no need for improvement
 1 = some need for improvement
 2 = considerable need for improvement
 3 = very considerable need for improvement

	0	1	2	3
Sexuality and Risk Responsibility				
1. Sexual Offense Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sexual Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sexual Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminality				
6. Criminal and Rule-Breaking Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Criminal and Rule-Breaking Attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment and Supervision Cooperation				
8. Stage of Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cooperation with Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Cooperation with Community Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Management				
11. Emotion Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Stability and Supports				
14. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Social Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sub-totals				
Total				