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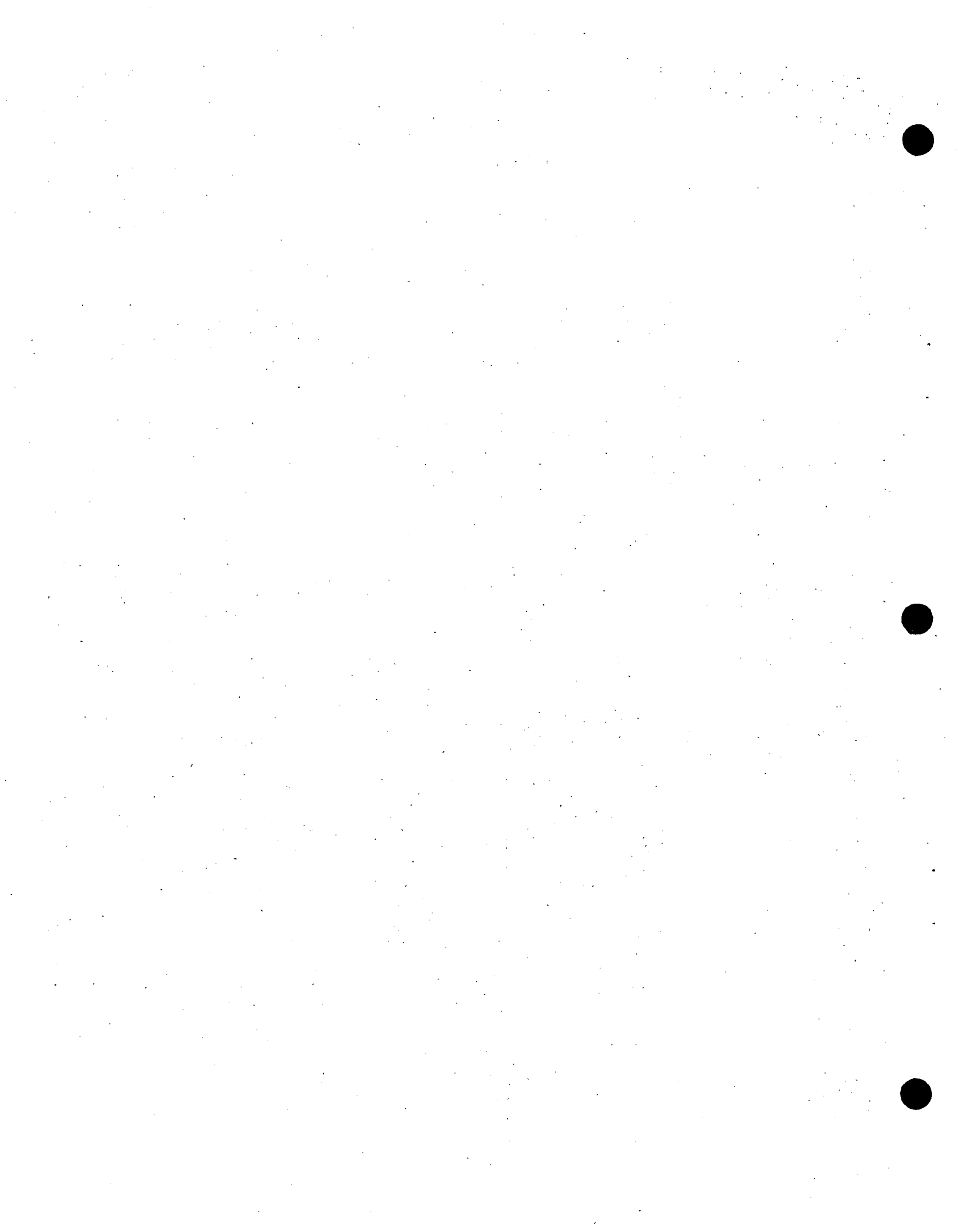
Specialized Supervision of Sex Offenders: Program and Evaluation Issues

Report prepared for:
Washington State Institute for Public Policy

Report prepared by:
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INTRODUCTION

This report describes the results of an effort to design a comprehensive plan to evaluate the Washington State Department of Corrections Sex Offender Supervision Project. This effort was funded by the Washington State Institute for Public Policy and was undertaken by Urban Policy Research, a private firm that specializes in the research and evaluation of criminal/juvenile justice issues and programs.

Urban Policy Research utilized an evaluation planning model, entitled the "Method of Rationales", to provide a logical framework for the development of an evaluation plan. The model relied on the application of a series of steps to describe the components of the specialized supervision project, identify the research questions to be answered by the evaluation, and determine the most appropriate research design(s) to address those questions. As we shall see in later sections of this report, the planning process revealed significant technical problems with any research effort designed to assess the effect of specialized supervision on key outcome measures.

BACKGROUND

The primary goal of the Sex Offender Supervision Project is to reduce recidivism among sex offenders. The project strives to achieve this goal by providing specialized training on issues related to sex offender treatment and supervision to four Community Corrections Officers. These officers are placed in field offices in the King County area and carry caseloads of no more than 30 cases per officer.

The specialized training that the project officers receive is based on the Relapse Prevention Model of sex offender treatment and supervision. The Relapse Prevention Model is an example of a cognitive-behavioral approach that focuses on enhancing the internal self-management skills of sex offenders by teaching them to recognize and cope with high-risk situations which may lead to "relapse", or reoffending. The model also includes an external supervisory component that involves the creation of informed networks of collateral contacts which assist community corrections officers in monitoring sex offender behavior, as well as the development of collaborative relationships between officers and mental health professionals who treat offenders in the community (Pithers, 1990). The expectation is that the combination of internal self-management and external supervision will lead to decreased reoffense behavior among sex offenders.

There has been some debate over the estimates of recidivism rates among sex offenders, as well as over what impact intervention has on rates of reoffending. Most clinicians and researchers agree, however, that rates of sexual reoffending may be different for different types of sex offenders (Furby, Weinrott & Blackshaw, 1989). Further, the available literature suggests that there are differences in the rates of reoffending for treated and untreated sex offenders when certain treatment approaches, such as the cognitive-behavioral approach, are employed (Marshall, et al., 1991).

In terms of the impact of treatment and supervision, two ongoing studies of the cognitive-behavioral approach with incarcerated sex offenders indicate that such interventions may be effective in reducing recidivism, at least for certain types of sex offenders. Results from the Vermont Treatment Program for Sexual Aggressors show that only 4 percent of 167 offenders had a new sex offense conviction after a follow-up period of five years. The program, which is based on the Relapse Prevention Model, appeared to be particularly effective with pedophiles (2 percent reoffended), but less effective with rapists (18 percent reoffended) (Pithers, et al., 1989).

Preliminary results from the Sex Offender Treatment and Evaluation Project (SOTEP) at Atascadero State Hospital in California show that 8 percent of the 47 offenders who completed the program, which includes treatment and aftercare services, had a new sex offense arrest after approximately one year. The corresponding rate for an untreated volunteer control group of 49 offenders was 20 percent (Marques, et al., 1989).

These two examples show that intervention may have some effect in reducing recidivism among sex offenders. Treatment programs are beginning to proliferate, and evaluation information is beginning to accumulate in the research literature. However, the literature on the effects of different methods of supervision with sex offenders is extremely limited and is based more upon the perceptions of practicing probation officers (see Smith, et al., 1990) than on rigorous research. There is a growing body of work regarding the efficacy of intensive supervision programs (Byrne, et al., 1989; Petersilia, et al., 1990; and Abt Associates, Inc., 1978), but these programs are not geared specifically toward subgroups such as sex offenders.

One study that does provide some information regarding the effects of treatment and supervision in the community on sex offender recidivism is the recent evaluation of the Specialized Sex Offender Sentencing Alternative (SSOSA) (Berliner, et al., 1991). This study was funded by the Institute for Public Policy and conducted by the authors of this report and the Harborview Sexual Assault Center. The results of this study are particularly relevant to the evaluation of specialized supervision unit because offenders who

receive SSOSA comprise a significant share of the target group for this project.

Briefly, the study compared the recidivism rates of offenders who received SSOSA (SSOSA offenders) with the rates of offenders who were eligible for SSOSA, but did not receive it (Non-SSOSA offenders). The results favored the SSOSA offenders. Six percent of the SSOSA offenders were rearrested for new sex offenses, while 9 percent of the Non-SSOSA offenders had a new sex offense arrest during the five year follow-up period.

These differences may not appear to be important, but when one looks at the timing of the reoffending, significant differences did appear between the two groups. During the first two years at risk in the community, the SSOSA offenders were significantly less likely than the Non-SSOSA offenders to commit a new sex offense. During years three and four at risk, the SSOSA offenders still had a lower probability of a sex offense arrest than the Non-SSOSA offenders, but the difference was no longer significant. Thus, sex offending was effectively "suppressed" for the SSOSA offenders during the first two years. As the evaluation report stated:

The only plausible explanation for the two year "suppression effect" concerns the conditions imposed upon SSOSA offenders. Nearly all of these offenders were supervised in the community and required to undergo treatment for a period of 24 months -- the same period of time that recidivism rates were most suppressed. Thus, treatment and supervision appeared to produce the desired outcome of decreased recidivism (p. 15).

The design of the study did not permit the researchers to state conclusively that treatment and supervision produced the lower rates of recidivism among SSOSA offenders during the first two years at risk. However, if random or systematic assignment of cases to SSOSA had been used, and if the interventions that each group received had been documented, then such a conclusion could have been made. Such procedures were not included in the study for practical reasons, but could be incorporated into the research design for the evaluation of the Sex Offender Supervision Project.

EVALUATION PLANNING PROCESS

Throughout the evaluation planning process, the staff from Urban Policy Research met on many occasions with Mr. Mike Bouta, the supervisor of the Sex Offender Supervision Project for the Department of Corrections (DOC). Mr. Bouta also managed a supervision program for drug offenders that had been included in a national study of the effects and costs of intensive supervision.

This study was conducted by the RAND Corporation in eleven jurisdictions throughout the country. Participating jurisdictions were required to utilize a rigorous research design, including random assignment of offenders to treatment and control conditions and the use of standardized data collection and reporting systems (see Petersilia, 1989). As a result of his experience with the RAND study, Mr. Bouta was very familiar with the issues and problems related to field research and provided invaluable assistance to us in this current evaluation planning effort.

The Specialized Sex Offender Supervision Project was initiated in the King County area approximately two years ago. One volunteer Community Corrections Officer (CCO) in each of four DOC field offices was assigned and trained to provide specialized supervision to selected sex offenders. Key elements of the written description of the project are summarized below. (See Attachment A for a complete project description and copy of a case plan.)

SEX OFFENDER SUPERVISION PROJECT DESCRIPTION

According to the written description of the project, the goal of specialized supervision is to "reduce the number of new offenses by sex offenders ... by using the Relapse Prevention Model to provide quality supervision by specially trained CCOs, coupled with improved monitoring through networking with collateral contacts." In other words, specialized supervision is expected to be more effective than regular supervision in reducing sexual recidivism among sex offenders.

Target Population

Offenders who are eligible for the project must have been convicted of a sex offense, or a felony with a finding of sexual motivation, and must live within the catchment area of a field office in which a project officer is stationed. Within the pool of eligible offenders in each catchment area, project participants are selected from the following categories in the order listed below:

- o Offenders sentenced under the Special Sexual Offender Sentencing Alternative (SSOSA);
- o Graduates of the Twin Rivers Correctional Center Sex Offender Treatment Program;
- o Offenders on probation with treatment conditions;
- o Offenders from other states with treatment conditions;

- o Offenders on parole;
- o Offenders sentenced for misdemeanors;
- o Offenders with community placement obligations; and
- o Other offenders, including those on community supervision without treatment, those from other states without treatment, and those on probation without treatment.

Selection of offenders for participation in the project is made by the assignment officer in each of four project field offices. Caseloads are not to exceed 30 offenders per project officer.

Case Plans

Project officers are expected to develop individual case plans for each offender within 14 days of release to supervision. The content of the case plan is driven by the supervisory dimension of the Relapse Prevention Model and consists of a listing of the offender's risk factors, the phases of his/her deviant cycle, the intervention strategies of both the offender and officer, and the officer's network of people who are involved. All case plans are presented at case staffing meetings for review and comment by project officers and consulting sex offender mental health professionals.

Offender Contacts

Project officers are expected to have frequent and prolonged face-to-face contacts with each offender under their supervision. During these contacts, officers discuss the offender's use of his/her relapse prevention plan and those risk factors and intervention strategies pertinent to that individual's deviant cycle. Officers are to confront an offender who exhibits increased risk.

Treatment Provider Contacts

The treatment provider is viewed as part of the supervision team and part of an offender's support network within the community. Project officers are expected to maintain contact with the provider and to be involved in treatment planning.

Employer Contacts

Project officers are expected to approve an offender's employment and visit the work site within 30 days of hire. In most types of

employment, an offender is obligated to disclose his/her offense history.

"Significant Other" Contacts

The spouse, family members and other significant persons in an offender's life are viewed as valuable sources of information for the officers and important supports for the offender's relapse prevention plan. Project officers work closely with these contacts to ensure that they are aware of an offender's risk factors and to discuss any behaviors that might indicate possible relapse.

Law Enforcement Contacts

Project officers are expected to meet with local law enforcement detectives to share information about offenders under specialized supervision, including their names, addresses and other data that would assist in monitoring those at high risk for reoffense.

Offenders Not In Treatment

Although project officers are not expected to act as substitute therapists for those offenders who are not in treatment, they are to have sexual deviancy related discussions with them. These discussions focus on the manner in which the offenders are learning to interrupt their deviant cycles, including recognizing pre-offense warning signals, interrupting impulses to reoffend, preventing rationalization, projection and minimization, and improving personal coping and social skills.

Contact Standards

The frequency and types of contact between project officers and offenders is governed by a classification grid developed by the Department of Corrections. The grid is divided into five levels, and then subdivided within levels as described below:

Level 1: Community Placement - Special Sex/Drug Units

- o Phase A: 2 office and 4 field contacts per month;
- o Phase B: 2 office and 2 field contacts per month;
- o Phase C: 2 office and 1 field contact per month;
- o Phase D: Limited contact.

Level 2: SRA with Crime Related Prohibitions (CRPs)

- o Phase A: 1 office and 2 field contacts per month;
- o Phase B: 1 office and 1 field contact per month;
- o Phase C: 1 office contact per month;
- o Phase D: Limited contact.

Level 3: Indeterminate Offenders and SRA without CRPs

- o Phase A: 2 office and 1 field contact per month;
- o Phase B: 2 office contacts per month;
- o Phase C: 1 office contact per month;
- o Phase D: Limited contact.

Level 4: Mail-In

- o Phase A: Mail-In and 6 month reviews;
- o Phase B: Limited contact.

Level 5: (Not Specific Designation)

- o Phase A: Bench warrant;
- o Phase B: Legal/financial obligations only;
- o Phase C: Inactive, absconder/community custody
escapee, conditional discharge, etc.

Offenders under specialized supervision usually enter the project at Level 1, Phase A, and remain there for a minimum of three months. Project officers are expected to have two office and four field contacts per month with each offender during this time. In addition, officers are also expected to have at least three collateral contacts per month per offender, including one contact with the treatment provider, as appropriate. Offenders can move to lower levels of contact (Phases B-D) if they successfully pass a polygraph, demonstrate progress in treatment, verify sobriety/freedom from substances, comply with court ordered conditions, and discuss their deviant cycles.

Project officers are expected to carry no more than 30 cases because of the high level of required contact with offenders, treatment personnel, law enforcement, and collaterals, such as employers and family members.

Case Staff Meetings

Case staff meetings occur at least monthly and include the project officers, the supervisor, and the Area Corrections Mental Health Counselors (CMHC). These meetings provide officers an opportunity to discuss problems about offenders and solicit feedback from others, including the CMHC, or invited guests from law enforcement, juvenile probation, Child Protective Services (CPS), etc.

Staffing

The project is directed by a supervisor and is staffed by four officers. Each of the four officers is assigned to a DOC field office that services a defined geographical location within King County. Currently, an officer is assigned to each of the following offices: Renton, Burien, Capitol Hill and Northgate. No officer is assigned to Bellevue, the location of the fifth field office in the Region.

Staff Training

Project officers are expected to undergo an initial two week orientation to sex offender treatment at the Twin Rivers Correctional Center. In addition, officers are to receive training in the Relapse Prevention Model from the staff of the Twin Rivers program and/or from the Area CMHCs.

Officers are also expected to complete a minimum of 7 hours of sexual deviancy related training each year and are required to participate in a variety of courses offered by the Criminal Justice Training Center, such as Monitoring the Sex Offender, Case Planning with the Sex Offender, Effectively Dealing with Offender Manipulation, Working with Victims, and Child Physical and Sexual Abuse.

SEX OFFENDER SUPERVISION PROJECT IN PRACTICE

The staff from Urban Policy Research worked closely with the project supervisor and staff to gain an understanding of how the project works in actual practice. We examined all relevant DOC directives, project descriptions, classification systems, project staff selection procedures, forms, case files, and case and offender characteristics.

UPR staff also conducted a half day meeting with the project supervisor, three project officers, and a Corrections Mental Health Counselor for the purpose of eliciting experiential information on project inputs and activities, as well as expected project results and outcomes. Information obtained from this meeting is summarized below.

Project Inputs

The term "inputs" is used to characterize all of the ingredients necessary to create an intervention, including the resources needed to bring about change. For this project, the inputs included

officer recruitment and selection procedures, officers, specialized training, and support personnel, such as the supervisor and the Corrections Mental Health Counselors, the process used to select offenders for specialized supervision, and the offenders.

According to the meeting participants:

- o Apparently, many Community Corrections Officers (CCOs) believe that sex offenders are extremely manipulative, difficult to supervise, and at substantial risk to reoffend sexually. It is not surprising, therefore, that only a small number of CCOs applied for positions in the Sex Offender Supervision Project when openings were announced several years ago.
- o Through a process of solicitation and active recruitment, the project supervisor was able to identify and select four CCOs to fill the project positions. All of the officers selected were experienced and had demonstrated a special interest in working with sex offenders.
- o The project supervisor, as well as several of the officers, received training on the Relapse Prevention Model from Dr. William Pithers, a nationally known expert in the treatment of sex offenders. Officers also received eight hours of additional training from a Corrections Mental Health Counselor and the project supervisor. In addition, officers have regularly attended group therapy meetings for sex offenders under their supervision and have generally kept abreast of new developments in the field.
- o Three Corrections Mental Health Counselors (CMHCs) have played significant support roles in the project. The CMHCs conduct group therapy sessions for all sex offenders who have been released from the Twin Rivers Correctional Center and provide consultations on sex offender cases to CCOs in the King County area who request assistance. In addition, CMHCs typically attend the monthly case staffing meetings held by project personnel and participate in the discussions of case plan development and interventions for high risk, or problematic, sex offenders. Thus, although the CMHCs are not officially staff of the project, they provide important assistance and guidance to the project officers.
- o Selection of the sex offenders for inclusion in the project has been the responsibility of the Assignment Officer in each of the four host field offices. Because of the make-up of the target population of sex offenders has varied from one office to another, no two caseloads

are alike. In the Renton office, for example, approximately 90 percent of the caseload consists of first-time sex offenders given SSOSA sentences. The remainder of the caseload consists of probationers, parolees, and misdemeanor sex offenders. In contrast, only one-half of the Capitol Hill caseload is made up of offenders with SSOSA sanctions. The remainder consists primarily of sex offenders from the Twin Rivers Correctional Center, parolees, or offenders on community placement (See later sections of this report for a more detailed discussion of caseload characteristics).

In sum, the essential ingredients of the project consist of the specially trained project supervisor and officers, the CMHCs that support the functions of the officers, and a mixed bag of sex offenders that span the priority list of the target population. The project cannot exist without these inputs and resources to support them.

Project Activities

Meeting participants identified a long list of activities performed by project officers. The following activities were considered key elements of specialized supervision:

- o More frequent in-person and telephone contacts with offenders characterized by in-depth discussions of offenders' risk factors, deviant cycles, and thoughts/behaviors indicative of potential relapse.
- o Frequent contacts with collaterals, including offenders' families, therapists and employers to monitor behavior and risk factors.
- o Frequent case staffings to present case plans and discuss problem cases to reduce the risk of relapse.
- o Attendance at group therapy sessions conducted by the CHMCs.
- o Surveillance; flexible hours.
- o Monitoring conditions of sentences, including checking attendance and progress of those offenders required to participate in private therapy.

In sum, project officers help orchestrate the environment in which the sex offender exists, and monitor as well as respond to the cues, thoughts and behaviors which precede relapse.

Project Results

The initial consequences of project activities are typically referred to as "results" or "objectives". In this sense, results serve as the link between project activities, or operations, and project outcomes. They represent the anticipated changes brought about by the project interventions that are necessary to accomplish the project goals.

The meeting participants identified four primary results that were considered key short-term consequences of the activities of the specialized supervision project. These anticipated results were:

- o Increased offender compliance with court-ordered sexual deviancy treatment requirements and other conditions of the sentence.
- o Enhanced awareness of the offender's risk factors by his/her social network.
- o Increased offender self-monitoring and recognition of the cues that lead to relapse.
- o Application of intervention strategies to reduce risk factors associated with potential relapse.

In sum, specialized supervision is expected to enable sex offenders, with the assistance of their social network, to better monitor themselves and to implement interventions that will interrupt their deviant cycles.

Project Outcomes

The broad-gauged effects or goals of a project are referred to as "outcomes". They represent the ultimate purposes to be achieved and are generally expected to endure over extended periods of time.

Meeting participants identified three key outcomes for the specialized supervision project. These outcomes were:

- o Increased offender participation in voluntary aftercare (treatment, support groups, etc.).
- o Increased compliance with sex offender registration requirements.
- o Decreased sexual reoffense behavior.

In sum, specialized supervision is expected to produce long-term changes in the behavior of project participants and, thereby, reduce sexual reoffending and increase public safety.

KEY RESEARCH QUESTION(S) TO BE ADDRESSED

Once the project components (inputs, activities, results and outcomes) were identified, the staff from UPR began to examine the research questions that should be addressed in the evaluation plan. It was clear from the onset of the planning process that the efficacy of the project was dependent on the answer to one fundamental question: Are sex offenders who receive specialized supervision significantly less likely to reoffend sexually than similar offenders who receive regular, nonspecialized, supervision?

Certainly there are other results and outcomes that could be examined in an evaluation of the project. These include: number and type of new nonsex offenses; number and type of technical violations; compliance with sex offender registration requirements; compliance with treatment conditions; and whether offenders meet other obligations such as restitution. However, the importance of these results and outcomes depends on their ultimate relationship to sexual recidivism. The critical question of the impact of the project on sexual recidivism needs to be able to be addressed by the evaluation before any other research questions and outcome measures should be considered. If this fundamental question cannot be addressed, then all other research questions become meaningless. As shall be demonstrated in the succeeding sections of this report, efforts to develop a research design that would address this critical outcome question dictated the course of the planning process.

EVALUATION DESIGN CONSIDERATIONS

This step of the evaluation planning process was guided by many of the design considerations suggested by Furby, Weinrott and Blackshaw (1989), as the means to overcome the methodological problems found in much of the literature on sex offender recidivism. In particular, these authors recommended the use of control or comparison group designs, samples of adequate size to conduct statistical analyses, multiple measures of outcomes, and follow-up periods of sufficient length to permit reasonable assessments of sexual reoffense behavior. Each of these design features was considered in the evaluation planning process and is discussed below.

"Pool" of Sex Offenders in the Target Population

Recall from the previous description of the project that certain types of offenders are selected for specialized supervision from a larger pool of sex offenders who are supervised in each host

office. It is important to know and assess the size and characteristics of this pool (target population) before selecting a design capable of answering the primary research question.

To accomplish this task, UPR staff obtained data on the total number of sex offenders under supervision in the four host offices on April 22, 1992 and compared this number with the number of offenders under specialized supervision at approximately the same time. We found that there were a total of 199 sex offenders under supervision, 93 of whom were provided with specialized supervision. Thus, the pool of sex offenders in the four offices was approximately twice as large as the population of offenders served by the project.

UPR staff next determined the supervision status of the pool of sex offenders across the four host offices and compared the distributions of those offenders who received regular supervision with those who received specialized supervision.

These data, which are presented in Table 1, demonstrate distinct differences in the supervision status of the two groups. For example, the largest proportion of sex offenders under regular supervision were on parole status, followed in frequency by offenders from other states and offenders on probation. In contrast, the majority of offenders under specialized supervision were on "community supervision" status, a classification that encompassed all or most of the offenders given SSOSA sanctions. Thus, there were differences in supervision status observed between the two groups, but these differences were consistent with the selection priorities established for project inclusion.

The high proportion of SSOSA offenders among those on specialized supervision suggested that project participants might differ in other ways from sex offenders under regular supervision. To explore this possibility, UPR staff examined the most serious crime of conviction for each of the 92 offenders who were receiving specialized supervision in August, 1992. (Note: Information on crimes of conviction was not obtained for sex offenders under regular supervision.)

TABLE 1
SUPERVISION STATUS OF SEX OFFENDERS WHO RECEIVED
REGULAR SUPERVISION OR SPECIALIZED SUPERVISION

TYPE OF SUPERVISION (STATUS)	REGULAR		SPECIALIZED		TOTAL	
	NO.	%	NO.	%	NO.	%
Community Supervision	0	(0%)	65	(69.9%)	65	(32.7%)
Post Release Super.	7	(6.7%)	5	(5.3%)	12	(6.0%)
Community Custody	3	(2.8%)	3	(3.2%)	6	(3.0%)
Probation	13	(12.3%)	4	(4.3%)	17	(8.5%)
From Other State	22	(20.8%)	0	(0%)	22	(11.1%)
Parole	43	(40.6%)	6	(6.5%)	49	(24.6%)
Misdemeanor	0	(0%)	3	(3.2%)	3	(1.5%)
County Confinement	2	(1.9%)	3	(3.2%)	5	(2.5%)
Supervised Appeal	4	(3.8%)	1	(1.1%)	5	(2.5%)
Monetary	11	(10.4%)	1	(1.1%)	12	(6.0%)
Other	1	(1.0%)	1	(1.1%)	2	(1.0%)
Unknown	0	(0%)	1	(1.1%)	1	(.5%)
TOTAL	106	(100%)	93	(100%)	199	(100%)

From the data presented in Table 2, it can be seen that no sex offender involved in the project had been convicted of Rape 1 or Rape 2 -- crimes that are excluded from SSOSA eligibility. The most common crimes committed by project participants involved either the rape or molestation of children (72 percent). Some proportion of indecent liberties and misdemeanor convictions might have involved child victims, as well.

TABLE 2

NUMBER AND PERCENTAGE OF SEX OFFENDERS UNDER SPECIALIZED SUPERVISION BY MOST SERIOUS CRIME OF CONVICTION
(WHERE OFF 1 = CAPITOL HILL, OFF 2= RENTON,
OFF 3 = BURIEN, AND OFF 4 = NORTHGATE)

CRIME OF CONVICTION	OFF 1 NO.	OFF 2 NO.	OFF 3 NO.	OFF 4 NO.	TOTAL NO.	%
Rape 1	0	0	0	0	0	(0%)
Rape 2	0	0	0	0	0	(0%)
Rape, Other	0	0	0	0	0	(0%)
Child Rape 1,2	7	7	5	6	25	(27%)
Other Child Sex	4	12	16	9	41	(45%)
Ind. Liberties	4	1	8	3	16	(17%)
Other Sex	1	0	0	0	1	(1%)
Nonsex	3	1	1	0	5	(5%)
Misdemeanor	1	0	2	1	4	(4%)
TOTAL	20	21	32	19	92	(99%)*

* Adds to less than 100% due to rounding.

In sum, analysis of the pool of sex offenders across sites determined that approximately one-half were selected for inclusion in the project. The majority of those selected for specialized supervision were on community supervision status (primarily offenders with SSOSA sanctions) and had been convicted of sex crimes against children. In contrast, nearly two-thirds of the sex offenders who received regular supervision were either on parole status or had transferred to Washington from another state. Presumably, some portion of those offenders under regular supervision had been convicted of rape of adult victims.

Design Selection

UPR staff explored the efficacy of several kinds of quasi-experimental designs. We first examined the possibility of a non-equivalent comparison group design in which the sexual recidivism of offenders currently selected for specialized supervision would be compared to that of offenders currently under regular supervision. This design offered two advantages: (1) the evaluation could utilize existing offender groups and, thereby, commence immediately; and (2) the current offender selection process could continue without modification until the required

number of subjects was obtained. Despite these advantages, this design was rejected. We concluded that the groups were too different from the outset, and that these differences, rather than the effects of specialized supervision, could account for any observed differences in sexual recidivism between groups.

UPR staff also explored the use of a matched-pairs or a matched-groups design. This design would permit offenders under specialized and regular supervision to be matched (in pairs or groups) on the basis of characteristics believed to influence sexual recidivism, such as prior history of sexual offending, type of victim chosen, and type of offense committed. In theory, if the right characteristics were chosen and sufficient matches were made, between-group differences in recidivism should be attributable to differences in the type of supervision. In practice, however, appropriate matches are extremely difficult to obtain. After careful consideration, this design was deemed too complex and problematic and it was rejected.

Ultimately, UPR staff examined the possible use of a true experimental design. This is the most powerful design that can be used to assess the effectiveness of a project. Experimental designs are rarely used in field settings, however, because they require the random assignment of subjects to control and experimental conditions. Most projects lack the requisite number of subjects (an adequate pool of eligible persons) to utilize experimental designs. Even when a sufficient subject pool exists, experimental designs are sometimes rejected on ethical grounds that they deny treatment to those who need it (control conditions).

UPR staff was informed at the onset of the planning process that DOC project staff were willing to utilize a rigorous experimental design to evaluate the effectiveness of specialized supervision, if such a design were feasible. To examine this possibility, UPR requested and obtained printouts of the total number of sex offenders under supervision in each of the four DOC field offices that hosted the specialized supervision project. On the day the printouts were issued (August 5, 1992), sex offenders were distributed among the offices as follows:

- o Burien Office: A total of 87 sex offenders under supervision, 32 of whom were project participants;
- o Renton Office: A total of 57 sex offenders under supervision, 21 of whom were project participants;
- o Capitol Hill Office: A total of 37 sex offenders under supervision, 22 of whom were project participants; and
- o Northgate Office: A total of 72 sex offenders under supervision, 18 of whom were project participants.

These data confirmed that the total number of sex offenders under supervision at each office exceeded the number of offenders on specialized supervision. In three of the offices, less than one-half of the sex offenders were in the project; the remainder received regular supervision. Thus, a fundamental requirement was met for the use of an experimental design: the pool of eligible sex offenders in each office was larger than the number of sex offenders in the project, thereby permitting possible random assignment of offenders to either a control condition (regular supervision) or an experimental condition (specialized supervision).

UPR staff concluded that the use of an experimental design to test the efficacy of specialized supervision would be both methodologically feasible and appropriate. This design virtually eliminates the threats to validity (such as selection bias) inherent in the quasi-experimental designs that were examined. Any between-group differences in sexual recidivism should be attributable to exposure to either specialized or regular supervision rather than differences in the types of offenders selected for each type of supervision.

Although random assignment would avoid most of the threats to validity that plague program evaluations, one threat remains that is inherent to the project as it now operates. There is evidence that offenders on regular supervision already receive many of the interventions that are part of specialized supervision. For example, nonspecialized CCOs can receive the same training as specialized CCOs at the Criminal Justice Academy. In addition, nonspecialized CCOs consult with the CMHCs regarding offenders on their caseloads just as specialized CCOs do. Finally, nonspecialized CCOs are beginning to incorporate relapse prevention strategies into their supervision of sex offenders. Thus, many of the components of specialized supervision that are intended to be different from regular supervision are not necessarily isolated to the project. This "contamination effect" would make it nearly impossible to clearly identify the role of specialized supervision in producing differences in rates of sexual recidivism.

Sample Size

Evaluators frequently encounter the problems of determining the appropriate sample size needed for their research. Often, completely arbitrary criteria are employed when sample sizes are selected, resulting in samples that are too small to detect the hypothesized treatment effect, or so large that human and financial resources are wasted.

To estimate the sample sizes needed for the experimental and control groups in the Sex Offender Supervision Project, UPR staff relied on a table developed by Schneider, et al. (1978). The table

presents the minimum number of cases needed to obtain statistical significance ($p < .05$) between two proportions. For example, assume that 25 percent of group A and 30 percent of group B expressed dissatisfaction with their local law enforcement agency. According to the table, a minimum sample size of 430 for each group is necessary in order to obtain statistical significance ($p < .05$) between these two proportions.

To determine the sample sizes needed to assess the effectiveness of specialized supervision, UPR staff first needed to estimate the sexual recidivism of offenders assigned to control conditions (regular supervision). We did this by combining the results from two studies. The first study examined all offenders who were convicted of sex crimes between January 1, 1985 and June 30, 1986, and who were eligible for SSOSA sanctions under Washington's Sentencing Reform Act (Berliner, et al., 1991). The subsequent criminal records of these offenders were obtained through December 31, 1990. Information on new arrests for sex offenses was extracted and analyzed. The authors reported that 7.2 percent of these offenders were rearrested for sex offenses at least once during the follow-up period. The second study examined all remaining offenders who were convicted of sex crimes during the same period, but were not eligible for SSOSA sanctions. This group includes offenders who were convicted of Rape 1 or 2 and/or have prior convictions for sex offenses. The criminal records of these latter offenders were tracked until December 31, 1991. Initial calculations indicate that 22.7 percent of these non-SSOSA eligible offenders were arrested for new sex crimes during the follow-up period (Washington State Institute for Public Policy, personal communication, September, 1992).

When the results of the two studies were combined, it was found that 74 of the 755 sex offenders had been arrested for new sex offenses during a follow-up period that ranged from 4.5 to 7 years. This translates to a recidivism rate of 9.8 percent for the combined cohort.

We concluded that this combined cohort probably looked very much like the proposed control group. Thus, we estimated that 10 percent of the offenders on regular supervision would be arrested for a new sex offense during a follow-up period of five years.

We further concluded that it was unlikely that specialized supervision would completely eliminate sexual recidivism. We believed that it was much more likely to reduce recidivism by 20 to 30 percent, or to a rate of 7 or 8 percent during a five year follow-up period.

Using the Schneider, et al. (1978) table, we first entered the proportions of 10 percent recidivism for control groups members (regular supervision) and 7 percent for experimental group members (specialized supervision). To achieve statistical significance

between these proportions ($p < .05$), a sample size of 466 offenders per group would be required.

However, if specialized supervision resulted in a more modest impact on sexual recidivism, i.e., 8 percent compared to 10 percent for controls, the sample sizes would need to be increased substantially. To achieve statistical significance between these latter proportions, each group would require 1,107 offenders.

Approximately 10 sex offenders per month are admitted to supervision in the four offices served by the project. Assuming a perfect distribution of offenders across offices, and assuming random assignment of five offenders per month to each group, it would require approximately 100 months under the first condition (7 percent vs. 10 percent recidivism) to obtain the necessary sample sizes. This translates to 8.3 years to fulfill the sample requirements, plus an additional five years for follow-up, for a total of 13.5 years to complete the evaluation.

The time requirements are even more dramatic under the second condition (8 percent vs. 10 percent recidivism). Given the same distribution of five offenders per month to each group, it would take 221 months, or 18.5 years, to obtain the necessary sample sizes. If a follow-up period of five years were added, the evaluation would require nearly a quarter of a century to complete.

CONCLUSIONS

Based upon these estimates of sample size requirements, UPR staff concluded that it would be impractical to implement an evaluation that will require 10 to 20 more years to complete. In addition, the project is ongoing, and to replace or transfer the caseloads in order to implement random assignment as well as attempt to isolate the interventions would be disruptive, time-consuming and expensive. The Sex Offender Supervision Project is a unique and exciting project, but one which cannot reasonably be evaluated, given the reasons discussed in this report. This is unfortunate, for little is known about the impact of supervision of any kind on sexual reoffending, even though how offenders behave in the community is the most crucial issue of all.

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ATTACHMENT A:

PROJECT DESCRIPTION AND CASE PLAN

SEX OFFENDER SUPERVISION PROJECT

GOAL OF PROJECT

The goal of this project is to reduce the number of new offenses by sex offenders supervised by the project officers. This will be achieved by using the Relapse Prevention Model to provide quality supervision by specially trained CCOs, coupled with improved monitoring through networking with collateral contacts.

TARGET POPULATION

The Department of Corrections will use the following criteria to select offenders for supervision by project officers:

- A. Must be convicted of a sex offense or a felony with a finding of sexual motivation.
- B. Offenders will be selected from the following categories in the order listed. When the caseloads begin to get full, the lower categories will be dropped from the criteria.
 1. Offenders sentenced under the Special Sexual Offender Sentencing Alternative
 2. Graduates of the TRCC Sex Offender Treatment program
 3. Offenders on Probation with treatment conditions
 4. Offenders From Other States with treatment conditions
 5. Offenders on Parole
 6. Offenders sentenced for Misdemeanors
 7. Offenders with Community Placement obligations (other than those in number 2 above)
 8. Other offenders not included in items 1 through 7 above (includes Community Supervision without treatment, FOS cases without treatment, and Probation cases without treatment)
- C. The offender lives or will live in a catchment area of an office in which a project officer is stationed.

REFERRAL PROCEDURE

Cases will be assigned by the assignment officers of each office in which a project officer is stationed.

A project officer's caseload will not exceed 30 cases.

When a project officer receives a Pre-parole Investigation or a Community Placement Referral, the officer will contact the treatment provider, TRCC program staff, and/or Work Release staff, before completing the assignment, to gain insight into the type of living environment appropriate for the offender.

QUALITY OF SUPERVISION

OPERATIONAL PHILOSOPHY:

Supervision will be driven by the Relapse Prevention Model of therapy and supervision. The supervisory dimension of relapse prevention focuses on two components: one internal and one external.

The internal component consists of a therapy induced awareness of personal cues and behaviors. These alert an offender he is demonstrating behaviors indicative of a pattern toward reoffense. This component relies heavily on offender self reports and applies primarily to offenders who have been in treatment.

The external component of relapse prevention consists of supervision of offenders by CCO's with the support of collateral persons in the offender's environment. The CCO, from file material, develops a sequence of behaviors which appear related to an individual's commission of a sex offense. Family, friends, employers, etc., are made aware of the offender's pattern of sexual offense and they play an active role in reporting questionable behaviors to CCO's and treatment providers.

Both internal and external relapse prevention require the identification of offender specific thoughts, feelings, and behaviors which are involved in the commission of his particular sex offenses. These thoughts, feelings, and behaviors, are developed into a deviant cycle which, along with conditions of supervision and crime-related prohibitions, become the issues of supervision.

OBJECTIVE:

The supervision of the sex offenders in the project will emphasize the quality of contacts with the offender as well as the quality and quantity of the contacts with those persons identified as part of the network of collateral contacts. The project officer is expected to develop a network with the offender's treatment provider, employer if feasible or necessary, and significant others, to help the offender and help the CCO monitor the offender. This is the reason certain collateral contacts are required.

CASE PLANS:

Case plans will be developed for every offender by the project officers, with each of the offenders.

The project officers will gather information from such sources as file material, treatment providers, significant others, police reports, etc., before writing the case plan.

The case plan will consist of a listing of the offender's Risk Factors, the Intervention Strategies of both the offender and officer, and the officer's network of people who are involved. See the sample case plan attached to this proposal. Training will be necessary so officers will understand these concepts.

The project officer will complete the initial case plan within 14 days from the date the offender is released for supervision. It is expected that case plans for offenders from target population groups 1 and 2, would be completed much quicker, possibly before the offender is released from confinement.

The above components of the case plan will change over time as the officer becomes more informed about the offender's behavior; therefore, the case plan will need to be updated no less than every three months.

When the officer has completed the initial case plan, it will be submitted to the supervisor for review and "sign off."

The officer completing the case plan will present it at the next case staffing meeting for review and input from persons attending.

NETWORKING:

A. Offender Contacts:

We expect these contacts to take more time than an officer would normally spend with an offender because of the need to have thorough discussions.

1. When meeting with the offender the officer will discuss those Risk Factors and Intervention Strategies pertinent to the offender's particular Deviant Cycle. This discussion should include all four areas: emotional, cognitive, physical, and environment.
2. When meeting with the offender the officer is to discuss the offender's use of his/her relapse prevention plan.
3. The officer is to clearly confront the offender whenever the offender is exhibiting increased risk.
4. Also, the project officer is to discuss with the offender how the offender is structuring his time. The project officer will make suggestions for activities, etc., which will help to constructively fill the offender's time.
5. When contacting the offender in the "field", the officer should be particularly aware of the offender's environment for violations, victim types, etc.

B. Treatment Provider Contacts:

The officer is to view the treatment provider as both part of the supervision team and part of the network. The officer is to maintain contact with the provider as listed in the contact standards and be involved in treatment planning as appropriate.

1. Telephone contact is sufficient, except the officer must meet with the treatment provider the first few times in person to establish rapport.
2. The officer is to discuss with the treatment provider the offender's attendance, level of participation, and progress in treatment.
3. Offenders will inform treatment providers the offender needs to comply with the conditions of the Sex Offender Supervision Project. The officer will explain to the treatment provider the goals and conditions of the project, ie., relapse prevention model, field contacts, collateral contacts, etc. If the provider is unable to assist, every effort will be made to learn about "their" method of treatment and how it would work with the project. If treatment still cannot be worked out to meet the projects' goals and guidelines, the project officer and supervisor may make recommendations to find an alternative treatment provider. If the offender refuses to change treatment providers, the officer will ask for either a violation or review hearing before the Court or ISRB.

C. Employer Contacts:

Since the offender will be spending much of his time at work, the officer is to consider an offender's behavior at his job site as extremely important.

1. The officer is to visit the offender's work site within 30 days of beginning employment, if the nature of the employment affords an opportunity for reoffense.
2. The officer is to approve of employment. In those cases where the offense or criminal history make certain kinds of employment questionable, the officer is obligated to ensure the employer is aware of the nature and extent of the offender's background. See DIR-104B-F
3. If the nature of employment affords, the offender is expected to disclose his offense to his immediate supervisor unless the offender, through his officer, can make a good argument for not doing so.

D. "Significant Other" Contacts:

These are the people with whom the offender will spend most of his waking hours. They are an extremely valuable source of information for the officer and a good source of support for the offender's relapse prevention plan.

1. The officer is to verify that spouses, family members, and/or "significant others" are aware of the criminal history and Risk Factors of the offender.

2. During each contact, the officer will review the Risk Factors and discuss any behavior which might be an indicator of a relapse.
3. The project officers will be mindful of the possible needs of "significant others" and any victims the officers might encounter, and be prepared to make referrals to victim groups, support groups, etc.

E. Law Enforcement Contacts:

1. Officers will meet, as necessary, with local law enforcement detectives to update each other about offenders who have absconded, cases the police have unresolved, etc. Project officers will share with the local police the names and addresses of the offenders supervised by the project, along with any other information which might be helpful in monitoring the offender, especially when a high risk for reoffense.
2. The project officers are to become familiar with patrol officers whose sectors include areas these offenders might visit if they began to exhibit risky behavior (ie., areas of prostitution, arcades, movie houses which feature only X-rated movies, etc.)

F. Offenders Not in Treatment:

If the offender is not in treatment, the officers's discussions with the offender are to be directed toward monitoring the offender's thinking and behavior. Additionally, the officer will consistently discuss with the offender the need to enter treatment, even though it is not ordered. Even though officers are to address similar issues as those addressed in treatment, officers are not to act as a substitute for treatment. However, officers are to have sexual deviancy-related discussions with the offender regarding the manner in which the offender is learning to:

1. recognize pre-offense warning signals
2. interrupt impulses to reoffend
3. recognize and prevent rationalization, projection, and minimization
4. develop and/or enhance interest in legal sexual alternatives
5. improve personal coping skills and social skills
6. gain empathy for victims

MONITORING LEVELS

CONTACT STANDARDS:

The following contact standards will be used and these include mandatory collateral contacts as listed below. These mandatory collateral contacts will include contacts with treatment providers, and significant others.

	Offender contacts		Collateral contacts/month			Polygraphs
	per month		---Treatment---		Other	# of days
	Office	Field	Sex	Subs.	Abuse	
Phase A	2	2	1*	1*	2**	w/i 90
Phase B1	1	1	1*	1*	1*	w/i 90
Phase B2	1	½***	1*	1*	1*	w/i 120

* It is recommended the first contacts be made in person by the offender, but subsequent contacts can be made by phone.

** One contact per month needs to be face-to-face, but the other contact can be by phone.

*** One contact every other month. This contact can be made by phone.

It is strongly recommended the project officers carry a maximum of 30 cases, due to the required collateral contacts and dangerousness of sex offenders.

PHASE CHANGES:

Phase establishment and changes will occur in the following manner.

- A. All offenders beginning supervision will begin in Phase A. They must remain in Phase A for a minimum of 3 months.
- B. Other offenders transferring to the project will be placed in the appropriate phase using project criteria.
- C. Every offender in the project will be reviewed within 4 months and within every 4 months thereafter.
- D. Override to a different phase require the supervisor's approval.
- E. Criteria used for phase movement:
 1. Offender must take a polygraph that:

- A. Defines a clear picture of offender's target group
 - B. Provides a list of all past victims
 - C. Delineates all past sexually deviant acts
2. Offender must be making progress in treatment as evidence by:
 - A. Acceptable attendance
 - B. Lessening of denial/resistance to treatment
 - C. participation in a group of 1-1 sessions that includes offender initiating sexual deviancy and other personal issues
 - D. Willingness to look at pattern of offense behavior and examine the cause and effect between thoughts/feelings and offense behavior.
3. Offender must be substance abuse free and involved in appropriate counseling by:
 - A. Independently verifying sobriety (TASC, DOC monitoring UA/BA)
 - B. if substance abuse treatment is ordered or warranted, must be actively involved
 - C. Verified attendance and participation at AA/NA support group meetings, if appropriate.
4. Offender must be in compliance with Court or Board ordered conditions
 5. Offender must be willing to discuss deviant cycle as evidence by:
 - A. Awareness of personal cycle, must begin to personalize treatment
 - B. Aware of their potential for reoffense
 - C. Increased victim empathy

CASE STAFFING MEETINGS:

Case Staffing meetings will occur no less than once each month for the purpose of discussing offender status and compliance. The officers will have the opportunity to discuss problems about offenders and get feedback and ideas from the others attending. Case plans will be reviewed at case staffings and supervision levels will be set. Case

staffings will also allow for an exchange of information between the different professionals involved with the offender.

The project officers, the supervisor, and Area CMHC II, will attend staff meetings. Local law enforcement personnel, PSI officer, CPS workers, juvenile probation or parole officers, treatment providers, and other community members, will be invited to staffings.

Emergency staffings may be initiated by the project officers.

LENGTH OF SUPERVISION:

Offenders selected for supervision by the project will be supervised for as long as the law allows. Offenders may move from catchment area only with permission of the project officer.

STAFFING OF PROJECT

NUMBER AND LOCATION OF STAFF FOR WESTERN WASHINGTON:

- A. It is recommended this project have a minimum of one officer in each field unit which is larger than four officers. If an Assistant Director chooses, a smaller office catchment area can be served by a project officer at the nearest larger office.
- B. In locations with denser populations, it is recommended separate units be established. Also, in these locations we recommend the PSI units be co-located with the project units.
- C. One supervisor will be used in each Area to supervise the project officers during the start-up phase of the program.
- D. If the Area CMHC's are supervised by the same supervisor, then we would recommend the project officers be supervised by this same supervisor.

STAFF SELECTION CRITERIA:

Officers who have demonstrated the skills of using offense behavior patterns and behavior cues in the supervision of offenders, have demonstrated an interest and objectivity in dealing with sex offenders without prejudices, ability to develop and maintain a professional network, and who have demonstrated an interest in field work will be selected for these positions.

STAFF TRAINING REQUIREMENTS:

- A. Officers will spend their first two weeks in the project at the Sex Offender Treatment Program at Twin Rivers Correction Center for the purpose of orientation to Sex Offender treatment.
- B. Officers will attend training in the Relapse Prevention Model at the first opportunity. It is suggested staff of the Twin Rivers program and the Area CMHC's be the trainers.
- C. Officers will also participate in the following training at the first opportunity it is offered by CJTC:
 - 1. Monitoring the Sex Offender 7 hrs
 - 2. Case Planning with the Sex Offender 24 hrs
 - 3. Effectively Dealing with Offender Manipulation 7 hrs
 - 4. Working with Victims 7 hrs
 - 5. Child Physical & Sexual Abuse (optional) 40 hrs
 - 6. Sexually Transmitted Diseases Training (if available)

If the officer has had the above training within the last 12 months, the officer will not need to retake the training.

- D. Officers will complete a minimum of 7 hours of sexual deviancy-related training each year.

PRESENTENCE REPORTS/PSI CCOs:

CCO's who complete Presentence Investigations and Reports regarding sex offenders will be trained in the Relapse Prevention Model as soon as possible. Because of the nature of this state's sentencing statutes, it is extremely important the needed conditions be requested by the CCO at the time of the sentencing.

It should be the goal of the Division to have all PSI's regarding sex offenders completed by CCO's who have been trained in the Relapse Prevention Model.

The Project CCOs and the Presentence CCOs should have regularly scheduled staffings, so that the experiences of both sets of officers can be of benefit to both.

EVALUATION OF PROJECT FOR WESTERN WASHINGTON

APPROACH:

Two concurrent approaches will be used to address the project evaluation. The first approach will be to assess the structural and process aspects of the project. The vital role played by case planning and application of the Relapse Prevention Model make this aspect of the evaluation foundational for the second, which is an Impact assessment.

The structure and process assessment will determine the types and level of sex offender treatment relevant training taken by project staff. It will also investigate the application of Relapse prevention strategies and qualitative aspects of case planning for the project offenders.

The second approach, the impact assessment, will examine the characteristics of project offenders, as well as investigate those case characteristics that correlate most strongly with application of relapse prevention strategies. In addition, offenders will be tracked for a period (possibly 18 or 24 months) to identify the characteristics of those who reoffend and to determine the effect of project specific supervision on recidivism.

STUDY DESIGN:

A. Structure and Process Analysis

1. Sample

At a single point in time, after the project has been under way at least one year, data will be collected that will enable an analysis of: staff training, existence and content of case plans, quality of supervision, and use of the treatment revolving fund. Data will be collected from case files of all project offenders on active supervision at that time. Staff specific data, obtained from employee training records, will be collected for those officers who conducted presentence investigations on project offenders and for those officers currently supervising time.

2. Data Elements

For each project offender being supervised at the time of data collections, the following items will be obtained from case files or employee training records:

a. Identifying Data

- i. Offender's name, DOC number, DOB, Race, Ethnic origin, and Sex
- ii. DOC field office

- b. Criminal History/Project Criteria
 - i. Most serious offense currently being supervised for
 - iii. Sex offender treatment program status
- c. Case plan specifics
 - i. Deviant cycle listed
 - ii. Risk factors listed
 - iii. Relapse prevention plan written
 - iv. Timely review of case plan
- d. Staff specifics
 - i. Training completed by course and hours
- e. Contacts
 - i. Percent of contacts made
- f. Treatment Revolving Fund
 - i. Request for funds made
 - ii. Funds received/amount

B. Impact Analysis

1. Sample

All offenders selected for the project will make up the test sample. A sample of X-matched offenders beginning supervision in a non-project catchment area will constitute a control group.

Both samples will be followed for X months or until an arrest is made for a new sex offense or other felony with clear sexual motivation.

2. Data Elements

The following data will be collected, from offender files or local law enforcement records, for each offender in the study:

- a. Identifying Data
 - i. Offender's name, DOC number, DOC, Race, and Sex
 - ii. DOC field office
 - b. Criminal History/Project Criteria
 - i. Most serious offense currently being supervised for
 - ii. Qualifying criteria (target population groups)
 - iii. Sex offender treatment program status
 - iv. Date supervision began
 - c. New Offense
 - i. Date of supervision
 - ii. Type of new offense
3. Data Analysis

A variety of statistical techniques will be used to correlate recidivism with offender specific variables. The rate of recidivism of the project offenders compared to that of the controls will be a major indicator of impact.

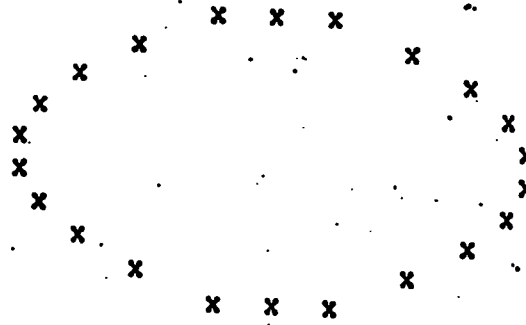
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CASE PLAN

Offender's Name _____
Date completed _____

Officer _____
DOC # _____

DEVIANT CYCLE



Deviant Cycle Phases

Intervention Strategies

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

CASE PLAN
RISK FACTORS

1. _____ 21. _____
2. _____ 22. _____
3. _____ 23. _____
4. _____ 24. _____
5. _____ 25. _____
6. _____ 26. _____
7. _____ 27. _____
8. _____ 28. _____
9. _____ 29. _____
10. _____ 30. _____
11. _____ 31. _____
12. _____ 32. _____
13. _____ 33. _____
14. _____ 34. _____
15. _____ 35. _____
16. _____ 36. _____
17. _____ 37. _____
18. _____ 38. _____
19. _____ 39. _____
20. _____ 40. _____

CASE PLAN

NETWORK

Name	Phone	Address	Relationship	notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				



