How to Use the
Sex Offender Treatment Intervention
and Progress Scale: SOTIPS

A Brief Overview

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Outline

1. What are evidence-based assessment practices?

2. What is the SOTIPS?

3. What is the research basis for the SOTIPS?

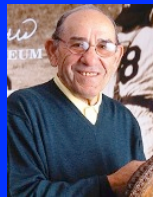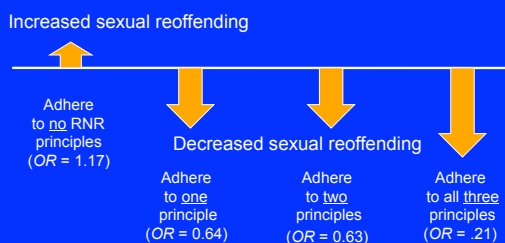4. How do I score and use the SOTIPS?

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1. What are evidence-based

assessment practices?

The most effective sex offender programs
follow the risk, need, and responsivity
(RNR) principles.

1. Risk Principle – Who to treat?
   Focus services on moderate and high risk offenders.

2. Need Principle – What to treat?
   Focus services on problems (needs) linked to offending.

3. Responsivity Principle – How to treat?
   Match services to offenders' learning styles.

Programs that adhere to RNR principles have
lower rates of sexual reoffending
than those that do not.
Hanson et al. (2009); 23 studies;
3,625 offenders; follow-up about 5 years

Increased sexual reoffending

Decreased sexual reoffending

Adhere
to no RNR
principles
(*OR* = 1.17)

Adhere
to one
principle
(*OR* = 0.64)

Adhere
to two
principles
(*OR* = 0.63)

Adhere
to all three
principles
(*OR* = .21)

"Predicting things
is difficult,
especially when

they're in the future."

Yogi Berra

Nonetheless, implementing RNR
principles requires conducting
risk assessments.

We know which risk factors are most closely linked to sexual offending.
(Mann, Hanson & Thornton, 2010; Hanson & Bussiere, 1999)

Static Risk Factors	Dynamic Risk Factors
• Prior sex convictions	• Sexual preoccupation
• Prior criminal convictions	• Deviant sexual interests
• Prior violent convictions	• Offense supportive attitudes
• Early onset	• Poor adult attachments
• Young offender age	• Lifestyle impulsivity
• Any male victims	• Resistance to supervision
• Any unrelated victims	• Poor problem solving
• Any stranger victims	• Grievance and hostility
• Never married	• Negative social influences

But how do we weight and add up these risk factors?

• Ignore them and use our intuition?

• Use unstructured professional judgment?

• Use a structured approach?

## Structured risk assessments methods work best.
Hanson & Morton-Bourgon (2009)
Meta-analysis of 118 studies

Method	Predictive Accuracy	d	k
Structured	moderate	.67	110
Unstructured	small	.42	11

2. What is the SOTIPS?

Sex Offender Treatment

Intervention and

Progress Scale

The SOTIPS is a 16-item structured dynamic risk assessment scale.

SOTIPS

Sex Offender
Treatment Intervention
and Progress Scale
Manual

Robert J. McGrath, Georgia F. Cumming, and Michael P. Lasher

October 2013
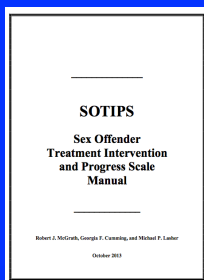
• The SOTIPS is for adult male sex offenders.
• Clinicians or probation/parole officers score risk factors on a 4-point scale every six months.
• SOTIPS scores have improved the predictive accuracy of the VASOR-2 and Static-99R.
• Providers can use the scale for free.

Here are the 16 SOTIPS items.

| Dynamic Risk Items			
1.	Offense Responsibility	9.	Treatment Cooperation
2.	Sexual Behavior	10.	Supervision Cooperation
3.	Sexual Attitudes	11.	Emotion Management
4.	Sexual Interests	12.	Problem Solving
5.	Risk Management	13.	Impulsivity
6.	Criminal Behavior	14.	Employment
7.	Criminal Attitudes	15.	Residence
8.	Stage of Change	16.	Social Influences

3. What is the research basis for the SOTIPS?

See research papers on web page.

The SOTIPS can be scored reliably and predict sexual reoffending.

- **Reliability**
  - The ICC_1 = .77: ICC_2 = .87
  - *SEM* = 3
- **Validity**
  - Scores at 1, 7, and 13 months predict at 1 and 3 years
  - AUCs for sexual recidivism = .67 to .89
  - Improved AUCs with VASOR-2 and Static-99R
- **Replication**
  - NIJ replication studies underway in AZ, NYC, and CO

Combined SOTIPS and VASOR-2 scores predict sexual reoffending at 3 years better than either instrument alone.


Low   Moderate-low   Moderate-high   High
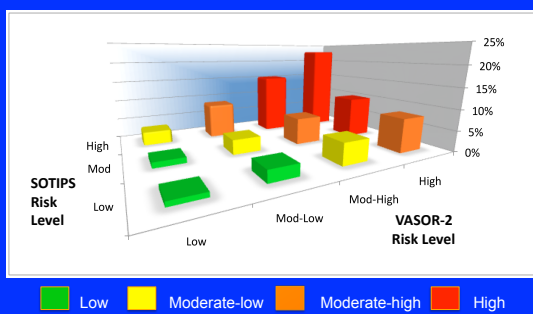
SOTIPS and VASOR-2 combined scores are used to determine supervision levels and treatment dosage.

VASOR-2	SOTIPS		
	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

Men who showed good treatment progress had lower sexual reoffense rates.

Reoffenders (red) start with high SOTIPS scores and stay high.
Non-reoffenders (green) start with lower scores,
which went down over time.

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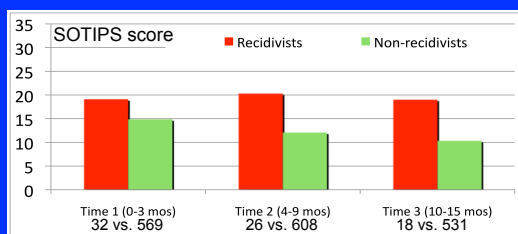
4. How do I score and use the SOTIPS?
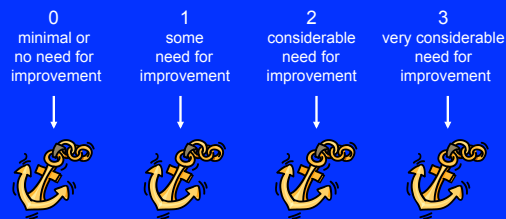
Who Scores the SOTIPS?

- Qualifications
  - Expertise in the area of sex offenders
  - Understand principles of assessment
  - One-day training recommended but not necessary
- Scorers can be individuals or a team
  - Clinician
  - Probation or parole officer

What information can I use to score the SOTIPS?

- Interview
- Observation
- Offender self-reports
- Collateral reports
  - treatment providers
  - probation and parole officers
  - family
  - support and other persons

The SOTIPS manual details scoring criteria for each item which is "anchored" using a 4-point scale.

Scoring Window: __6-month__ window or current status

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

Prison Programs
Sample Treatment Provider Assessment Schedule

| Intake	Mid-treatment	End of Treatment
• SOTIPS	SOTIPS	SOTIPS
• VASOR-2		

<u>Before release, providers give copies to</u>:
- Probation or parole officer
- Community treatment provider
- QI and research staff

Use results for treatment and release planning.

Community Programs
Sample Assessment Schedule

Intake	January	July	January	July …
• SOTIPS	SOTIPS	SOTIPS	SOTIPS	SOTIPS
• VASOR-2				
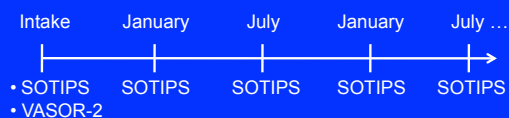
<u>Scorers give copies to</u>:
- Probation or parole officer
- Treatment staff
- QI and research staff

Use results for treatment, supervision, and case planning.

Summary

- Best practice involves assessing risk and needs
- The SOTIPS, especially in conjunction with VASOR-2 or Static-99R, can be used to help:
  - Provide a "structure" for assessing risk and needs
  - Inform treatment planning and supervision decisions
  - Reassess and recalibrate services at regular intervals
  - Measure treatment progress
  - Inform treatment and supervision completion decisions