

Community Management of Convicted Sex Offenders:
An Interagency Approach

by

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Approval Page

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Dedication

This project, which has taken up so much of my time and even more of my energy, is dedicated to my children; Christopher, Danny, and Kaitlyn, who remind me of what is truly important in life. I love you.

Abstract**COMMUNITY MANAGEMENT OF CONVICTED SEX OFFENDERS:
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By

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Community corrections for sex offenders have taken on an interagency management approach in which probation officers and mental health practitioners co-facilitate court mandated sex offender-counseling groups. A goal of this study was to determine if role orientation would determine which behavior(s) (compliance with probation conditions, acceptance of self as a sex offender, or psychological insight) are related to probation officers' and mental health practitioners' perceptions of offender progress in a counseling group. This study also tested the hypothesis that mental health practitioners were more likely than probation officers to perceive offenders as making progress in a sex offender-counseling group. An external criterion, whether or not the offender actually violated his probation sentence, was also examined in relation to the three behavior variables for both co-facilitators.

As predicted, probation officers were less likely than mental health practitioners to perceive sex offenders as making progress in the counseling groups. Also, as predicted, for mental health practitioners, psychological insight was related to perceptions of offender progress in counseling, whereas, for probation officers, offenders who were perceived as making progress were those who accepted the label of sex offender. It has

been predicted that probation officers would be more likely to perceive compliance with probation conditions as related to progress in counseling than would mental health practitioners. However, both mental health practitioners and probation officers perceived compliance with probation conditions as related to progress in the counseling group. Behavioral ratings for co-facilitators tended to be related to an external criterion – whether the sex offender violated probation or not.

This study enriches the current research on sex offender risk assessments by exploring how co-facilitators assess perceived progress in sex offender counseling groups. It also provides an analysis of those assessments by tracking each offender's actual progress measured by whether or not they violate probation prior to the completion of their sentence. With continued research in this area, assessments of offender progress can be refined to effectively improve the ability of correctional agencies to manage sex offenders.

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I. Statement of the problem

The increasing population of sex offenders sentenced to probation includes a significant number of adult sex offenders who have committed crimes ranging from rape, child molestation, sodomy, and sexual assault. Nearly 60% of convicted sex offenders currently under the control of correctional agencies in the United States are being supervised in the community (Greenfeld, 1997). With the availability of intermediate sanctions such as intensive community supervision, probation is no longer reserved for non-violent offenders. Whether accepted by the public or not, sex offenders now make up a significant portion of the community corrections population. This accelerating “influx of sex offenders into the criminal justice system further heightens the need for effective sex offender supervision and management practices” (English, Pullen, & Jones, 1997, p. 1).

The current trend in sex offender management involves what is commonly referred to as an interagency model. This particular model integrates the experience and training of professionals from the field of corrections and mental health. Both the probation officers and mental health practitioners involved in the interagency management of sex offenders are responsible for making decisions about offender progress on a daily basis. “Assessments of sex offenders are conducted for many reasons, but perhaps the main ones are to determine treatment needs and to estimate the risk to re-offend of a particular offender” (Marshall, 1996, p. 162). Assessments of offender progress are widely used in the probation and parole supervision of sex offenders in order to help determine the appropriate level of supervision for each offender. The fact that

these progress assessments are such an important aspect of effective management practices for correctional agencies is evidence of the need for continual empirical research in this area.

Prior research on sex offender management practices has been limited to studies on recidivism rates associated with various treatment methods and different typologies of offenders (Alexander, 1999; Pithers & Cummings, 1989). Other studies have examined how different types of law enforcement agents and mental health practitioners view sex offenders as a group with respect to their ability to reform (Jenuwine, Simmons, & Swies, 2003).

Despite the wide array of research in the field of sex offender management, there has been no research to date that has considered how the behavior characteristics of offenders, specifically, psychological insight, compliance with probation condition, and labeling self as a sex offender, are related to co-facilitators' perceptions of offender progress in counseling. Instead, prior research has involved empirical studies that have independently examined the relationships between each of the three behavioral measures and progress. In some studies, the dependant variable was success in probation, indicating that the offender completed the probation sentence without a violation of any of his probation conditions.

Measures of psychological insight including truthfulness, remorse, and understanding, have been identified as important measures for success in treatment (Kahn & LaFond, 1988; Knopp, Freeman-Longo, & Stevenson, 1992). Similarly, measures of compliance with probation conditions which includes the identification and avoidance of high risk situations has been linked to high recidivism rates among probationers (Hanson,

1998), indicating that offenders who avoid high risk situations are more likely to be successful on probation. Measures of labeling self as a sex offender including the acceptance of responsibility for the offense and acknowledging the harm of the offense, have been identified as a critical component in treatment (Weiner & Hess, 2006). According to Barbaree (1991), the majority of sex offenders either deny any responsibility for their offense or they minimize their responsibility.

What makes this research design an innovative approach to the study of sex offender management is that it explores similarities and differences between co-facilitators in how they perceive sex offender progress in a counseling group. Unlike previous research, the present study compares perceptions of progress between probation officers and mental health practitioners. In addition to the co-facilitator's perceptions, this study also uses an external criterion, whether or not the offender violated the terms of his probation.

With a clearer understanding of how offender behavior in the sex offender counseling group influences co-facilitators' perception of progress, and how that assessment actually relates to probation violations, correctional agencies can adjust the level of supervision to decrease the probability of re-offense. According to Wilson, Stirpe, Barrett, and Crips (2000), a combination of valid risk assessment and a well-defined supervision strategy (i.e., collaboration of community-based relapse prevention treatment and knowledgeable parole supervision) is an effective method for the management of sexual recidivism in the community.

II. Overview of probation supervision for sex offenders

a. Probation as a criminal sanction

“The overall goal of probation is the modification or change of behavior through a structured program of community supervision” (Chavaria, 1997, p. 58). The probation department attempts to achieve this goal by assigning sex offenders to a structured daily routine that consists of both general and specific conditions. An assigned probation officer monitors this routine. Offenders that are sentenced to probation are legally bound by a set of probation conditions that are designed to control their deviant behavior while they serve their sentence in the community. Conditions of probation may vary by offender and may be changed throughout the duration of the probation sentence. These conditions generally mandate that the sex offender not commit another criminal offense, report as directed to their assigned probation officer, report any change of permanent address, not possess a firearm, and not associate with any person who is in violation of the law or any convicted felon without prior approval of the probation department (Abadinsky, 2003).

Convicted sex offenders who are sentenced to probation are also assigned a set of special conditions specifically related to their particular sex offense. Some of those special conditions may include: avoiding locations typically identified with children like parks or schools, registering with the state as a sex offender, not residing in a residence with a minor, and attending sex offender sex offender programs. Attending a sex offender treatment program is now a standard condition of probation for many convicted

sex offenders. In a study conducted by English, Pullen, & Jones (1997), more than 80% of probation respondents reported that mental health treatment was court mandated.

b. Mandatory counseling groups as a condition of probation

The treatment of sex offenders has evolved from viewing sex offenders as individuals suffering from personality disorders or early childhood traumas to approaching sex offenders as rational individuals who possess the ability to control their deviant impulses. “As with many approaches to mental health treatment, very early treatment of sex offenders tended to use psychoanalytic and psychodynamic models to focus on identifying and resolving early life conflicts and traumas. The goal of therapy was to reconstruct the personality by making the unconscious conscious and by working through repressed conflicts” (Becker & Murphy, 1998, p. 127). These early behavioral approaches to sexual offending also focused on the treatment of deviant sexual impulses (Marshall, Laws, & Barbaree, 1990). Unfortunately, these treatment approaches yielded no evidence of effectiveness in preventing recidivism (Polaschek, 2003).

This deterministic explanation of sexual offending has since been replaced with a theory of causation that reflects more of a rational choice approach to offending. According to Becker & Murphy (1998), currently the most accepted form of treatment for sex offenders is cognitive behavior therapy within a relapse prevention model (Murphy & Smith, 1996; Pithers, 1990). Unlike earlier models, cognitive behavior therapy includes taking a look at the sex offender’s decision-making process with an analysis of the cognitive distortions that sex offenders tend to utilize to justify their actions. As a result, sex offenders are viewed as individuals who have the capacity to weigh the consequences

of their actions before they act upon them, therefore maintaining a greater degree of accountability. Although the current relapse prevention model also recognizes that many sexual offenses are a result of “impulses”, the model is grounded on the concept of rational choice. It is predicted that the offender’s “choices” are simply a product of a distorted rationale. This form of treatment is designed to teach sex offenders how to identify behavioral cues that often-initiate relapse to provide the offender adequate time to take appropriate steps to avoid re-offense (Winick, 1998).

The most popular form of the cognitive behavioral model is what is called the relapse prevention method of treatment. The use of relapse prevention was first applied to the treatment of substance abuse but was soon applied to sex offender treatment because it was considered theoretically sound and considered a practical approach to sex offender management (Pithers, Marques, Gilbat, & Marlatt, 1983). The goal of the relapse prevention model is to prevent the offender from relapsing once probation supervision has ended. According to George & Marlatt (1989), “the term lapse refers to any occurrence of willful and elaborate fantasizing about sexual offending or any return to sources of stimulation associated with the sexual offense pattern, but short performance of the offense behavior” (p.6). According to Pithers, et al. (1983), the relapse process consists of the following chronological events: the introduction of a stimulus triggers an impulse, a series of seemingly irrelevant decisions that may lead the offender into high risk situations, and the possibility of re-offense.

Most of the current literature on sexual offending suggests that sex offenders cannot be rehabilitated. Therefore, the goal of cognitive- behavioral treatment is not to cure the offender, but to provide him with the skills to help prevent a re-offense, or

relapse. In this model, treatment is seen as training or education rather than therapy, rather than a cure that would guarantee the offender would not recidivate if given the opportunity (Marshall, et al., 1990). According to Pithers (1990), “clients are explicitly informed that no cure exists for their disorder” (p.349).

The relapse prevention model seeks to prevent re-offense by teaching sex offenders how to prevent offense relapses themselves. Treatment providers may not be able to relieve offenders of their deviant sexual urges, but there are methods by which they can teach offenders to preempt these urges before they become irresistible. Sex offenders are trained to identify the types of situations that might cause them to re-offend and what they can do to avoid such circumstances. The primary goal of sex offender counseling groups is to educate sex offenders in how to police themselves. This is a valuable skill since once the probationary period is over; the sex offenders are left to monitor their own behavior.

The initial relapse prevention model was noted to have some serious flaws, for example: offenders failed to utilize their self-management skills at critical moments, offenders failed to inform treatment providers of their lapses, and, when lapses were discovered offenders often denied their occurrence (Pithers, 1990). A revised relapse prevention model was devised which added the existence of an external supervisory dimension.

According to the revised model, probation officers were advised of certain behavioral cues that were common among sex offenders that have consistently indicated that the offender was on the path to committing another sexual assault. The ability to predict a relapse before it actually occurred allowed the probation officer to intervene

before the offender recidivated. According to Marshall, et al. (1990), the identification of relapse indicators provides the probation officer with the chance to alter the probation sentence to fit the risks and needs of each specific sex offender. The external dimension of the relapse prevention model also created a liaison between the probation officer and the mental health professional. By collaborating on cases, both agencies can obtain a more comprehensive understanding of the offenders that they are in charge of managing. One of the benefits of interagency collaboration is that both agencies are afforded the same information. Should the offender reveal an incriminating piece of information to the clinician assigned to his case, the probation officer will not be excluded from the information. This method assures that all parties involved in the community management of an offender have the same information. Taken together, the internal and external dimensions of relapse prevention offer improvements over traditional treatment approaches to sexual offenders (Marshall, et al., 1990).

There have been a number of studies that have attempted to measure recidivism rates for offenders who participated in this revised relapse prevention program. In one particular study, it was found that sex offenders who participated in relapse prevention treatment programs had a combined re-arrest rate of 7.2 percent, compared to 17.6 percent for untreated offenders (Alexander, 1999). Another study (Pithers & Cummings, 1989) reported recidivism data from a five-year follow-up of 167 offenders treated under this model, which yielded a 4% recidivism rate. These recidivism studies yield encouraging results, but they must be evaluated with caution. The results of these studies will certainly vary according to the sample of sex offenders that are selected. Recidivism rates vary between types of offenders (e.g. rapists, pedophiles, etc.) and whether or not

the treatment was voluntary or mandated by the court. It has also been noted that the results of treatment outcome studies vary on their therapeutic approach, location of treatment, the seriousness of the offender's prior record, and the treatment attrition rate (Center for Sex Offender Management, May, 2000). These external factors will inevitably alter the outcomes of the recidivism studies. This means that although one must be cautious of conclusions that are drawn from these studies, the results can still provide valuable insight into the general worth of such treatment protocols for sex offender management.

There is continuing empirical evidence that supports the relapse prevention model's effectiveness in reducing recidivism (Polaschek, 2003; Heilbrun, Nezu, Keeney, Chung, & Wasserman, 1998). For example, research conducted by Hall (1995) and Hildebrand and Pithers (1992), yielded a 6% recidivism rate for treated offenders compared with approximately 54% and 33% for offenders who did not complete the relapse prevention program (recidivism rates were based upon official records - which would indicate that these rates are underestimates of offending). Overall, evaluation studies of the relapse prevention model suggest that this model represents an effective management tool for convicted sex offenders mandated to community corrections (Pithers, 1990; Winick, 1998). In fact, since the early 1990's, almost all sex offender treatment programs in North America include some kind of relapse prevention (e.g., Freeman-Longo, Bird, Stevenson, & Fiske, 1994). In addition, this model has been equally influential in other Western countries such as Britain and New Zealand (Beech, Fisher, & Beckett, 1999; Hudson, Wales, & Ward, 1998).

c. The interagency management model

When an overwhelming majority of sex offenders are being assigned to treatment, it should be apparent that the work of probation officials and mental health practitioners are inevitably dependent upon one another. Prior to the use of an interagency management model, clinical intervention was kept separate from the management practices of probation officers. Traditionally, sex offenders sentenced to probation received treatment through “outside” agencies because criminal justice and mental health agencies were regarded as completely separate from one another.

The Center for Sex Offender Management (2000) has followed the progression of sex offender treatment and admits that in the past, probation officers and treatment providers restricted their face-to-face contacts; any discussion of mutual “clients” was made via case notes or, at best, brief telephone conversations. As a result, mental health practitioners assigned to treat convicted sex offenders rarely shared information with probation officials unless it was absolutely necessary.

This apparent disconnection between mental health practitioners and probation officers may in fact be encouraged by their traditionally different philosophies on crime and punishment. Probation officers have traditionally possessed an orientation toward control, whereas, mental health practitioners have traditionally possessed an orientation toward assistance. The interagency model was designed to dissolve the division between probation officers and mental health practitioners. The goal was to open up lines of communication between them in order to increase the overall effectiveness of sex offender management.

According to McGrath, et al. (2002), “community safety is enhanced when treatment providers and probation officers collaborate” (p.62). Collaboration involves a commitment between agencies to share goals, responsibility and ultimately outcome. Many counties claim that interagency collaboration actually helps to improve the effectiveness of probation supervision. The level of access to sex offender programs afforded to probation officers ranges from actually leading weekly sex offender programs to occasionally observing them.

In 1983, Vermont pioneered the use of an integrated statewide sex offender supervision and treatment program. The “integration” component of the program included discussion regarding “offender progress” between probation officers and treatment staff, but did not *require* probation officers to actually participate in the sex offender programs (McGrath, et al., 2002), but in some agencies the officers do co-facilitate sex offender programs (Center for Sex Offender Management, 2001). Other jurisdictions that have adopted a similar collaborative approach to sex offender management include Maricopa County, Arizona, and Jackson County, Oregon.

In 1998, New Haven Connecticut, implemented an interagency supervision unit for sex offenders. This particular program encouraged a crossover of responsibilities between probation officers and clinicians. The probation officers participated in the sex offender programs and the clinicians shared supervision responsibilities with probation officers (McGrath, et al., 2002). Due to a shortage of trained sex offender treatment providers in Texas, probation officers were given the responsibility of leading treatment programs under the supervision of a consulting psychologist (McGrath, et al., 2002). There was a similar situation and response in England in the 1990’s (Beckett, 1998).

While many of the approaches used by each jurisdiction vary, each emphasizes the importance of interagency collaboration. Collaborative intervention seems to be emerging as one of the most promising approaches to sex offender supervision (Center for Sex Offender Management, 1999).

In this study, the sex offender counseling groups were co-facilitated by one probation officer and one mental health practitioner. The benefit of utilizing these types of co-facilitated counseling groups is that it encourages collaboration between two agencies that play a vital role in the protection of the community. The co-facilitators function as a “team” which means that they both have equal input and responsibility for the offenders in the counseling group.

While attending the court mandated counseling groups, the offender is subtly reminded that the goal of treatment and rehabilitation is inevitably tied to the probation department’s responsibility to monitor the behavior each offender. The participation of a probation officer as a co-facilitator reminds the offender that his attendance at these sex offender groups is a mandatory condition of the probation sentence. In co-facilitated sex offender counseling groups, probation officers can assess an offenders’ potential for relapse in an atmosphere where open discussions about the nature of sexual offending, including the prerequisite fantasies and post-offense denial, are candidly discussed. This alliance placed probation officers in situations where they could witness sex offenders in a clinical setting and enabled them to base their risk assessments on direct observations. During these sessions, co-facilitators can listen to how the offenders discuss their convictions, as well as watch the offenders’ responses to the statements of other offenders in the group. Instead of having to rely upon the mental health practitioner’s interpretation

of what occurred during the counseling groups, probation officers could now base their assessments of progress on their own perceptions.

Yalom (1995) has done extensive research on group dynamics and has written specifically about co-leader relationships. A clear advantage of co-facilitated sex offender counseling groups is that there are two pairs of trained eyes instead of one to observe the offenders in the group. When one therapist is engaged in a discussion with an offender, the co-facilitator has the opportunity to observe the other group participants' responses to the discussion. The ability to focus on a particular offender's reaction, whether it is verbal or physical, to another offender's story, can provide the co-facilitator with valuable insight as to the offender's progress towards rehabilitation. Without this second pair of eyes in the group, it is certainly possible that some "red flags" may be missed. During the treatment session, an offender may, consciously or not, reveal the presence of deviant fantasies and the inability to presently avoid high-risk situations. These revelations could indicate a significant risk for relapse.

As co-facilitators, both probation officers and mental health practitioners possess the authority to submit evidence of noncompliance to the court. If the sex offender violates any of the probation conditions or shows signs that he poses a threat to the community, the probation sentence may be revoked. A revocation of the probation sentence could mean that the sex offender loses his community status and is remanded to prison. According to Abadinsky (2003), those who manage sex offenders are granted considerable discretion in determining their response to a violation, which can range anywhere from a verbal warning to a formal revocation of the probation sentence by the court.

Theoretically, offenders should fear the threat of incarceration enough that they will comply with probation conditions and not commit another criminal offense. In practice, the sex offender population needs more than the threat of revocation to deter them from re-offending while they are in the community. Although sex offenders are typically characterized as being manipulative and deceptive, they are noted as typically being compliant with the general conditions of probation. This means that as a group, they generally meet with their probation officer as scheduled and complete all of the assigned conditions such as treatment. Pithers (1990) suggests that the real challenge in supervising sex offenders comes from the inability to decipher what they are actually thinking and whether or not they are still harboring deviant thoughts.

d. Assessments of offender progress

In the interagency management model, both probation officers and mental health practitioners provide assessments of offender progress in the counseling groups, without the aid of an established actuarial instrument. These assessments are strictly based upon the co-facilitators' subjective perceptions of offender progress in the sex offender program. The results of the assessment are used to help decide whether modifications should be made to the offender's treatment and supervision plan. It is predicted that the perceptions of offender progress are based upon the probation officer's and the mental health practitioner's training, experience, and general orientation toward probation.

Probation officers and mental health practitioners are asked to assess the extent of offender denial exhibited during the counseling sessions. Many sex offenders are in denial concerning the reality of their actions, the extent to which their victims consented

to or desire their actions, and the degree of their responsibility for them. A first step in effecting a positive cognitive restructuring is breaking down such denial (Winick, 1998; Marshall, 1996; Barbaree, 1991). It would then make sense to periodically assess offender progress in accepting responsibility for his actions as opposed to simply allowing the offender to continue to deny it. Jackson and Thomas-Peter (1994) believe that the assessment of denial can be enhanced by the observations of experienced probation officers as well as mental health practitioner assessments.

Victim harm and victim empathy are also considered vital in the treatment and evaluation of sex offenders (Marshall, 1996). In fact, 94% of treatment programs surveyed in North America target victim empathy as a central feature of treatment (Knopp, Freeman-Longo, & Stevenson, 1992). Other issues that are related to offender progress include acknowledging the harm of the offense, accepting responsibility for it, and motivation to participate fully in treatment (Lanyon, 2001). Sexual offenders are typically reluctant to take responsibility for their actions, and they minimize the harm they have caused their victims (Serran, Fernandez, Marshall, & Mann, 2003).

Each assessment made by the probation officer or mental health practitioner separately or collectively, impacts both the offender and the community. If a sex offender is evaluated as having made little progress in the counseling groups and appears to be at risk of relapsing, a negative evaluation could lead to stricter conditions of probation and even revocation of the probation sentence. Probation officers' and mental health practitioner perceptions of offender progress in counseling groups have the power to take away an individual's freedoms and liberties. On the other hand, should the co-facilitators perceive an offender as making progress in the counseling group; the result

may be a decrease in severity of the probation sentence. For example, after a positive progress report, an offender may be assigned to meet with his probation officer or therapist once every month instead of once a week. In this case, a positive progress evaluation has the potential of putting the community in danger by eliminating or reducing some of the offenders conditions of probation.

It would seem apparent then that the success of sex offender management falls upon both agencies in a collaborative effort to control and manage the sex offender during the duration of the probation sentence. The co-facilitators are faced with the ultimate challenge of trying to predict to the greatest degree of accuracy, whether or not the offender is making progress, and how that progress translates to whether or not the offender continues to pose a threat to the community.

With co-facilitators' perceptions of treatment progress yielding this much power, it is paramount that the research in the field of sex offender management devote attention to *how* co-facilitators calculate their perceptions of progress.

e. The influence of criminological theory on the interagency management of convicted sex offenders

The interagency management of sex offenders combines the role of probation officers and mental health practitioners in an attempt to prevent the offender from re-offending. The interagency model is grounded in criminological theory that supports the integration of external and internal control as an effective method for reducing recidivism among sex offenders. In order to increase the chance of success on probation, many

researchers (English, et al., 1997; Reckless, 1955) have relied on the integration of internal and external controls in order for crime control to be successful.

For sex offenders assigned to probation, external control measures are expressed in the form of conditions such as mandatory home visits by probation officers, drug testing, and the threat of revocation. These controls are designed to keep sex offenders in compliance throughout the duration of the probation sentence. “Probation agencies apply pressure – through clear expectations and use or threatened use of sanctions – to ensure that the offender complies with specialized treatment and supervision conditions” (English, et al., 1997, p. 4).

Internal controls are presented in the form of therapeutic intervention with offenders. Sex offenders sentenced to probation are court mandated to attend group and/or individual counseling. This generally involves cognitive-behavioral treatment with a focus on relapse prevention to recondition offenders’ attitudes and behaviors with respect to their deviant impulses (Pithers, 1990). “Sex offenders must discover ways of avoiding high-risk situations that may instigate them to re-offend, they must be able to detect the warning signs of stimulus inducing situations they may inevitably find themselves in, in order to reduce the risk to re-offend” (Marshall, 1996, p. 186). According to English, et al. (1997), it is important to teach offenders self-management skills by developing techniques for avoiding high-risk situations. As mentioned previously, offenders are encouraged to acknowledge their deviant behaviors and are taught skills to help them control their deviant impulses in order to prevent the occurrence of a relapse.

Internal control is vital in the management of sex offenders because when external control is no longer present, internal control is all that remains to prevent the sex offender from relapsing. Probably the most significant challenge for the co-facilitators of these programs is in determining whether or not these two objectives have been met for each offender. If these objectives can be achieved, the outcome should be a safer community.

III. Differences between probation officers and mental health practitioners in perceptions of offender progress in group and likelihood of violating probation

Mental health practitioners are more likely than probation officers to perceive offender progress in the sex offender-counseling group

Mental health practitioners were predicted to be more likely than probation officers to perceive offender progress in the counseling groups. According to Lea, Auburn, and, Kibblewhite (1999), “different professionals have different attitudes toward sex offenders and those attitudes appear to be linked to the working relationship between them” (p.104). Personnel who work closely with sex offenders tend to hold more positive views toward them than those who have limited involvement (Hogue, 1993).

Even though probation officers have worked closely with sex offenders in a supervision capacity, they have only recently begun to interact with offenders in a treatment setting. Mental health practitioners as a group have more involvement with sex offenders in a clinical setting than probation officers. As a result, mental health practitioners are more likely to have a positive view of treatment and are more likely to believe that offenders have benefited from treatment (Polson & McCullon, 1995). By

contrast, probation officers are generally reluctant to believe that sex offenders possess the ability to change (Jenuwine, et al., 2003). Therefore, probation officers are likely to be more skeptical than mental health practitioners when it comes to assessments of offender progress in the counseling group.

Probation officers will perceive compliance as more related to perceptions of offender progress than mental health practitioners

More specifically, it was predicted that probation officers would perceive items reflecting compliance to probation conditions as more related to offender progress than mental health practitioners. According to Jenuwine, et al. (2003), probation officers are critical of offender non-compliance and constantly remind each offender of the consequences for re-offense. The high recidivism rate associated with sex offenders and the probation officer's commitment to public safety may explain why probation officers tend to focus on measures of compliance when assessing offender progress. Probation officers are not likely to perceive offenders as having made progress in treatment if they suspect they have violated any of the conditions of their probation. Such non-compliance as failing to regularly attend treatment or failing to avoid high-risk situations indicates that the offender continues to pose a risk to the community.

Mental health practitioners will perceive psychological insight as more related to perceptions of offender progress than would probation officers

It was also predicted that mental health practitioners would perceive items reflecting psychological insight as more related to offender progress than would probation officers. Traub and Little (1994) suggest that convicted offenders may be rewarded by mental health practitioners for displaying “psychological insight” into their deviant behavior. An offender who seems to understand the wrongfulness of his act and who appears to possess victim empathy would be perceived as making progress in their treatment. Whether or not the psychological insight is in fact genuine is obviously subject to the practitioner’s professional interpretation. The mental health practitioner is not only responsible to uncover the etiology of the deviant behavior but also attempt to restructure the cognitive distortions or at best control them. Mental health practitioners trained in the cognitive-behavioral treatment of sex offenders begin cognitive restructuring by first assessing the cognitive distortions held by the offenders. They will assess, among other things, the extent to which the sex offender possesses empathy for the victim(s), if he appreciates the wrongfulness of his act and if he is in denial. The mental health practitioners must first evaluate the extent of these cognitive distortions before he/she can attempt to restructure them.

The ultimate goal is to rehabilitate the sex offender so that he no longer poses a threat to society. If the mental health practitioner perceives the sex offender genuinely accepts what he did as wrong and shows clear signs of remorse, he/she is likely to assess the sex offender as having made progress in the counseling group.

Probation officers will be more likely to perceive labeling self as a sex offender as more related to perceptions of offender progress than will mental health practitioners

In this study it was predicted that probation officers would perceive items related to labeling of self as a sex offender as more related to progress in the counseling group than would mental health practitioners. The acceptance of the label indicates that the individual has accepted accountability for his deviant behavior. Offenders who adamantly deny that they committed a criminal act of a sexual nature will not consider themselves sex offenders or hold themselves accountable for the offense. According to Weiner and Hess (2006), “until the client changes his negative attitudes and his distorted thinking and perceptions, he cannot be said to have accepted full responsibility” (p.805). A convicted sex offender who is perceived as accepting responsibility (e.g. recognizing that he committed a sex offense and accepting the label of sex offender) is also perceived as an individual who is making progress and is likely to be successful on probation.

Alternatively, mental health practitioners, because of their intensive training in cognitive-behavioral therapy, are less likely to equate accountability with labeling. Instead, as a group, they are collectively more likely to view labeling in a negative manner and attribute its acceptance as a detriment to the cognitive restructuring of the offender.

Probation officers would score higher than mental health practitioners on measures of control

In this study, it was also predicted that probation officers would score higher than mental health practitioners on measures of control. The probation department is awarded the custody of the offender by either the criminal court or family court. The primary purpose of the probation department's involvement in these cases is to monitor the sex offender during the probation sentence. This responsibility includes reinforcing the both general and specific conditions of probation mandated by the court. The role of probation as assigned by the courts clearly reflects a law enforcement orientation that could explain why probation officers would score higher on measures of control than mental health practitioners.

This prediction is also supported in the prior research. In a recent study by Jenuwine, et al. (2003), probation officers were asked how they perceived their role an extension of the criminal justice system. As such, they characterized themselves as law-enforcement oriented with a general orientation toward control.

A low score on all of the three behavior variables will be associated with an increased tendency to violate probation

As stated in the prior sections, the three behavior variables (compliance with probation conditions, psychological insight, and labels self as a sex offender) are predicted to be related to progress in the counseling group and the likelihood of violating probation. Although both co-facilitators consider these variables in determining

perceived progress in the sex offender-counseling group, there is a difference between mental health practitioners and probation officers in which variable (s) they will place the most emphasis on.

This makes it possible to determine whether the variable(s) that mental health practitioners and probation officers perceive are related to progress are in fact related to an external criterion. The external criterion of whether the offender violates, or does not violate the conditions of probation is a measure that will be used to test whether the three behavior variables actually are related to progress in the counseling group. The assessments of offender progress in the sex offender-counseling group by co-facilitators will be compared against whether or not the offender was formally charged with violating a condition of his probation.

It is predicted that offenders who receive high scores on measures of compliance, psychological insight, and labeling self as a sex offender, will be less likely to violate probation than offenders who score lower on those measures.

IV. Hypotheses

This study is an exploratory analysis of the perceptions of probation officers and mental health practitioners in their evaluations of offender progress in a counseling group. Their perceptions of offender progress will be based upon three specific measures, general compliance with probation conditions (i.e. did the offender avoid high-risk situations), psychological insight (i.e. did the offender show signs of victim empathy), and labeling self as a sex offender (i.e. does the offender accept the label of

sex offender and does he acknowledge the harm of the offense). These three behavioral variables are comprised of statements that have been previously correlated to both sexual offending and the relapse prevention model itself. The research will explore which measures probation officers and mental health practitioners feel best predicts offender progress in a counseling group.

The research question is whether or not there is an identifiable difference between the measures chosen by the co-facilitators and if their perceptions are a product of a general orientation toward probation supervision, either assistance based or control based. The co-facilitator's perceptions of progress in relation to the three behavior variables will also be measured against an external criterion being whether or not the offender violates probation prior to the completion of the probation sentence.

The predicted hypotheses are as follows:

Hypotheses

- 1) Mental Health practitioners are more likely than probation officers to perceive offender progress in the sex offender counseling groups.
- 2) Mental health practitioners will perceive items reflecting psychological insight as more related to perceptions of offender progress than will probation officers.
- 3) Probation officers will perceive items reflecting acceptance of self as a sex offender and items reflecting compliance with probation requirements as more related to perceptions of offender progress than mental health practitioners.
- 4) Probation officers will score higher than mental health practitioners on measures of control.
- 5) A high score on all of the three behavior variables (compliance with probation conditions, psychological insight, and labels self as a sex offender) will be associated with less of a tendency to violate probation.

V. Methodology

a. Data source

Data for this study came from the Westchester County Probation Department's Comprehensive Intervention Unit- Sex Offender Program. The Westchester County Probation Department provides services to the Ninth Judicial District within Westchester County that represents the New York State Surrogates, Family and Supreme Courts; the Westchester County Court (felony cases), and forty-three local courts (misdemeanor cases and violation cases) as well as early releases from the county's penitentiary by the Local Conditional Release Commission. The sex offender treatment groups were comprised of all males with convictions that ranged from indecent exposure to sexual assault and child molestation. As a result of confidentiality issues, there was no additional demographic data collected on the sex offenders who made up the sex offender counseling groups.

b. Participants

The actual participants in this study were the probation officers and mental health practitioners assigned to co-facilitate the sex offender counseling groups. There were a total of eleven co-facilitated sex offender counseling groups used for this study with each group consisting of eight sex offenders. The study was conducted with the informed consent of all of the twelve co-facilitators who made up the CIU program: six probation officers from the Westchester County Probation Department and six clinicians from the

Westchester Jewish Community Services, who were contracted by the Westchester County to participate in this interagency management model.

The probation officer group was comprised of 6 officers, 3 male officers and 3 female officers. Of the group, 2 of the officers were Caucasian, 1 was African American, and 3 were Hispanic. The probation officer group ranged from ages 46 to 52. At the time of data collection, 2 officers were married, 3 were single, and 4 were divorced. The officers were asked how many children they had and although most did not have children, 1 officer had one child and another had 3 children. When asked about their highest level education, only 1 probation officer had a Masters degree, 2 had a Bachelor's degree and 3 had completed some graduate work but had not received a degree as yet. The group was then asked how long they had been working in the probation field and the answers ranged from 9 to 29 years. They were then asked how long they had been working with sex offenders specifically and the answers ranged from 3 years to 13 years, with half of the group working less than 10 years and the other half more than 10 years. The officers in the group were then asked how long they had been co-facilitating sex offender sex offender programs and the answers ranged from 2 to 5 years.

The mental health practitioner group was also comprised of 6 practitioners, 3 male and 3 female. All of the practitioners in the group were Caucasian. The mental health practitioner group ranged from ages 30 to 56. At the time of data collection, 5 practitioners were married and 1 was single. Of the practitioners in the group, 2 had no children, 2 had 1 child, 1 had 2 children and 1 had 3 children. When asked about highest level of education, 2 practitioners stated that they had either a Ph.D. or Psy.D., 3 had a Masters degree, and 1 had a Bachelor's degree. The practitioner group was then asked

how long they had been working in the probation field and the answers ranged from 3 to 25 years. They were then asked how long they had been working with sex offenders specifically and the answers ranged from 2 years to 4 years, indicating that as a group, they had less experience working with sex offenders than the probation officer group. The clinicians in the group were then asked how long they had been co-facilitating sex offender sex offender programs and the answers ranged from less than a year to 3 ½ years.

Acknowledging the differences between the experiences of this particular sample of probation officers and mental health practitioners is crucial to understanding their perceptions of offender progress. Although probation officers are not traditionally viewed as treatment providers they do have an extensive history of dealing with sex offenders. A few of the probation officers had a background in clinical psychology through college courses and all of the probation officers participating as co-facilitators had completed an intensive training session on the relapse prevention model prior to the start of the counseling groups.

c. Measures

Participant questionnaire 1: Probationer Behavior Assessment Questionnaire

The co-facilitators in this research study were asked to indicate their perception of each offender's progress in the sex offender program based upon a structured list of attitude/behavior items. The list was comprised of dynamic stable risk factors, many of which were just mentioned (victim empathy, deviant fantasies, denial). Research has

indicated that changes in stable risk factors, whether empirically supported or not, are related to changes in actual risk levels associated with treatment outcomes. Although much of the literature on risk assessment looks at the use of specific actuarial risk assessment tools, like the VRAG (violence risk assessment guide), in actuality, probation departments are more likely to rely on clinical judgment backed by the clinician's training, experience, and intuition (Hanson, 1998).

The probationer behavior and assessment questionnaire was designed so that the co-facilitators could provide an assessment of progress for each of the eight sex offenders assigned to their respective sex offender counseling groups. This questionnaire presents a series of seventeen statements regarding offender behavior and attitudes. Examples of these statements are: "participates in group", "admits to deviant fantasies" and "accepts what he did was wrong."

Each of the co-facilitators of the eleven groups was asked to indicate the extent of their agreement or disagreement with each of the seventeen statements. The questionnaire was designed as a six-point Likert scale consisting of the following responses: strongly agree, agree, slightly agree, slightly disagree, disagree, and strongly disagree. A score of six (6) indicated that the co-facilitators answering the questionnaire strongly agreed with the statement, for example, a score of six (6) on the item "shows signs of remorse" indicates that the co-facilitator strongly believed that the probationer had shown signs of remorse for the sexual offense; on the same item, a score of one (1) indicated that the co-facilitator strongly disagreed with the statement, indicating that the co-facilitator did not feel that the probationer was exhibiting signs of remorse for his conviction.

The seventeen items were chosen to measure three separate types of behaviors and attitudes: (1) psychological insight, (2) compliance to probation conditions, and (3) labels self as a sex offender. “Psychological insight” was comprised of the following 5 items: is truthful in his responses, shows signs of self control, shows signs of remorse, shows signs of victim empathy, and understands the relapse prevention process. “Compliance to probation conditions” was comprised of the following 4 items: follows probation conditions, participates in the counseling group, identifies high-risk situations, and avoids high-risk situations. “Labels self as a sex offender” was made up of the following 5 items: accepts responsibility, labels himself as a sex offender, admits to deviant fantasies, and accepts what he did was wrong, and acknowledges the harm of the offense.

The criterion variable “progress in group” was comprised of the following three items: the extent to which the co-facilitator believes the probationer is likely to violate probation, the extent to which the co-facilitator believes the probationer is likely to commit another sexual offense and, the extent to which the co-facilitator believes the probationer has benefited from the counseling group.

Independent variables

Role. The co-facilitator teams are comprised of one mental health practitioner and one probation officer. Both agents have the responsibility of leading the sex offender programs. As a collaborative effort, both the mental health practitioner and probation officer present the relapse prevention curriculum, mediate discussions, and assess treatment progress.

Behavior factors. Offender behavior was comprised of three distinct factors.

Compliance with probation conditions included factors that best reflected the probationer's ability to follow the guidelines set by the probation department and the court. The scores of these items were averaged to get an overall score of "compliance with probation conditions." The final "compliance" score included the items, "follows probation conditions", "identifies high risk situations", and "avoids high risk situations." Originally this category also included "participation in the sex offender program", but as a result of a low item correlation on the reliability analysis the item was dropped from the study.

Psychological insight included factors which best reflected the internal control exhibited with community corrections. The scores of these items were also averaged to get an overall "psychological insight" score. The final "insight" score included, "truthful in responses", "shows signs of remorse", and understands the relapse prevention process." Originally this category also included "shows signs of self control", and "show signs of victim empathy", but due to a low item total correlation on a reliability analysis the items were omitted from the study.

Labels self as a sex offender included factors that best reflected the offender's identification with the charged offense. The scores of these items were also averaged to get an overall "labels self as a sex offender" score. The final "labels self" score included the items "accepts responsibility", "labels self as a sex offender", "accepts what he did was wrong", and "acknowledges the harm of the offense." Originally this category also included "admits to deviant fantasies", as a result of a low item correlation on the

reliability analysis the item was dropped from the study. The reliability analysis and coefficient alphas for compliance with probation conditions, psychological insight, and labels self as a sex offender will be presented later.

The attributes for each behavior variable are presented in Table 1.

TABLE 1: List of Behavior Factors and Attributes

Variable	Attributes
Compliance with probation conditions	Follows probation conditions Identifies high risk situations Avoids high risk situations
Psychological insight	Truthful in his responses Shows signs of remorse Understands the relapse prevention process
Labels self as a sex offender	Accepts responsibility Labels self as a sex offender Accepts what he did was wrong Acknowledges harm of the offense
Progress in the counseling group	Not likely to violate probation Not likely to commit another sexual offense Benefited from the sex offender program.

Dependent variable

The first dependent variable is progress in the counseling group. This variable, just as it is named is used to measure the co-facilitator's perception of each sex offender's progress in the sex offender program. This variable is comprised of the following items, "benefited from treatment", "not likely to violate probation", and "not likely to commit another sexual offense." These scores were also averaged to obtain an overall "progress" measure.

The second external criterion variable is whether or not the offender violated the conditions of probation either by a technical offense, a criminal non-sex offense, or a criminal sex offense. This dichotomous variable will be used to determine the relationship between the co-facilitators' perception of offender progress in the sex offender-counseling group (as determined by the behavior assessment measures) to whether or not the offender actually violated probation. In order to determine whether or not the offender committed a violation during the probation sentence, the status of each offender was appraised at each stage of data collection. When offenders were identified as having left their respective groups, further inquiry revealed whether the absence was due to successful completion of the probation sentence or revocation of the sentence due to a violation. This information was retrieved directly from the behavior assessment questionnaire.

This dichotomous variable was coded as violate = 1, and non-violate = 2. A score of 1 indicated that the offender had violated a condition of his probation by committing either a technical violation (for example, failing to attend the court mandated sex offender

program) or a new offense (criminal sex offense or criminal non-sex offense). A score of 2 indicated that the offender was still on probation at the time of assessment.

Survey 2: General Orientation Questionnaire

There have been studies that have considered the issue of general orientations between groups. For example, Clear (1977) constructed a questionnaire used to measure and compare the “concerns of parole officers for exertion of authority and control over cases versus the concern for treating cases” (p.220). Portions of the “authority/assistance” questionnaire (Clear, 1977) were adopted for this study and renamed the General Orientation toward Probation Supervision Questionnaire. The questionnaire was administered to both probation officers and mental health practitioners.

The survey was divided into authority and assistance items. The authority items were constructed with a five-point Likert scale consisting of the following answers: always, very frequently, often, occasionally, never. A score of five (5) indicates a greater orientation toward authority. For example, it is “always” advisable for a field probation officer to carry a gun when he is making home visits. The authority measure was comprised of five questions, numbers 1, 3, 7, 10, and 20. The assistance measure was constructed with alternatively five and four statement answers to which a score of five (5) or four (4), indicated a greater orientation toward assistance. For example, when a probationer is having trouble finding a job, the field probation officer should “call some contacts or acquaintances and try to set up some job interviews, tell the probationer about the jobs and personally make sure the probationer gets to the interviews.”

The assistance measure was comprised of a total of five questions, the two four-point questions were numbered 8 and 15, and three five-point questions were numbered 4, 6 and 11. The final “control” score and “assistance” score was derived from a summation of the items used for each category. For example, the answers to the five questions (#s 1, 3, 7, 10, 20) that were defined as “authority” based were summed to come up with an overall “control” score. Likewise, the answers to the five questions (#s 4, 6, 8, 11, 15) that were defined as “assistance” based were summed to come up with an overall “assistance” score.

Survey 3: Personal History Questionnaire

The Personal History Questionnaire consisted of a compilation of demographic questions designed to obtain a profile of each co-facilitators with respect to gender, age, marital status, number of children, education, experience working in their respective field, experience working with sex offenders specifically, experience co-facilitating sex offender programs and experience with the Westchester County Probation Department specifically.

d. Procedure

All co-facilitators (probation officers and mental health practitioners) were given the Probationer Behavior Assessment Questionnaire and accompanying instructions in pre-coded sealed envelopes. Each co-facilitator was assigned a random three-digit identification number that was written on both the surveys and envelopes (these numbers were fixed for each of the surveys that were answered by respondents). The principle investigator (PI) had sole access to the codebook to ensure confidentiality and anonymity from agency personnel.

The Probationer Behavior Assessment Questionnaire was administered at three separate intervals but only the responses from the first interval were used for this study. For the first and second run of data, the completed surveys were returned to the probation department in sealed envelopes addressed to the principle investigator (PI). The completed surveys were then picked up at various intervals. The majority of the completed questionnaires from the second interval were lost in transition from the probation department to data entry. For the third run, respondents were advised to mail their completed surveys directly to this writer but unfortunately by the time the data was collected there was a significant level of attrition from the sex offender programs which precluded the data from the study.

One particular concern that did arise at the start of the research was over the anonymity regarding the names of the sex offenders in the sex offender programs and the issue of confidentiality. As a result, the probation department took on the responsibility of assuring the confidentiality and anonymity of the sex offenders assigned to the sex offender programs. The Commissioner of Probation and Corrections assigned a

supervisor in the probation department the task of distributing random identification numbers to the sex offenders involved in each of the sex offender programs. The supervisor coded each of the questionnaires with the three-digit number and then placed the name of the sex offender to be assessed on a detachable nametag and forwarded it to the co-facilitator – when the assessment was complete, the nametag was removed and discarded and the survey was then sealed in an envelope and returned for analysis.

VI. Reliability Analysis results for the Behavioral Assessment Questionnaire

The purpose of this analysis was to test the hypothesis that the role of the co-facilitator will determine which particular behavior factor(s) would be considered in determining progress in the counseling group. It was predicted that mental health practitioners would perceive items reflecting psychological insight as more related to offender progress than probation officers, whereas probation officers would perceive items reflecting compliance with probation conditions as more related to offender progress than mental health practitioners.

As mentioned previously, there were seventeen predictor variables: follows probation conditions, participates in group, accepts responsibility, is truthful in his responses, labels himself as a sex offender, admits to deviant fantasies, shows signs of self control, shows signs of remorse, shows signs of victim empathy, identifies high-risk situations, avoids high risk situations, accepts what he did was wrong, acknowledges the harm of the offense, understands the relapse prevention process, not likely to violate probation, and not likely to commit another sexual offense. These seventeen predictor variables were divided into three separate behavioral variables: labeling self as a sex offender, compliance with probation conditions, and psychological insight.

Each of the seventeen behavioral items was distributed into one of the three behavioral categories based upon the most logical assignment. A reliability analysis was then run on each of the three behavioral variables to determine the extent to which each of the three behavior variables consisted of interrelated items.

The reliability analysis was performed by first obtaining the residual scores for the items used. In order to do this, the variance for Group was first removed from the equation. Once the reliability analysis was run, the low scoring item total correlations were omitted. For the behavioral variable Labels Self as a Sex Offender, the item “admits to deviant fantasies” scored low for mental health practitioners (.49); for probation officers it was (.76). For the behavior variable “Compliance with Probation Conditions”, the item “participates in group” scored low for mental health practitioners (.35); for probation officers it was (.50). For the behavior variable “Psychological Insight”, the item “self-control” scored low for mental health practitioners (.41) but not probation officers (.84) and the item “victim empathy” was relatively low scoring for mental health practitioners (.68) but not for probation officers (.86).

The results of the final reliability analyses and coefficient alpha were satisfactory. The results can be seen on the following page in Table 2.

Table 2: Reliability Analysis for Behavioral Assessment Items

Behavioral Category	Coefficient Alpha	
	PO	MH
Labels self as a sex offender accepts responsibility labels self as a sex offender accepts what he did was wrong Acknowledges the harm of the offense	.95	.89
Compliance with probation conditions follows probation conditions identifies high risk situations avoids high risk situations	.92	.85
Psychological insight truthful in responses shows signs of remorse understands the relapse prevention process	.90	.77
Progress in the counseling group Not likely to violate probation Not likely to commit another sexual offense	.87	.80

Note: PO refers to Probation Officers; MH refers to Mental Health Practitioners

VII. Perceptions of progress as a function of group, role, and three behavior variables

The purpose of the hierarchal multiple regression analysis was to test the hypothesis that the role of the co-facilitator would determine which particular behavior factor(s) would be considered in determining offender progress in the sex offender counseling groups. It was predicted that mental health practitioners would be more likely to perceive offender progress in the counseling groups than probation officers. It was also predicted that mental health practitioners would perceive items reflecting psychological insight as more related to offender progress than would probation officers. On the other hand, it was predicted that probation officers would perceive items reflecting compliance with probation requirements as more related to offender progress than would mental health practitioners.

To test these hypotheses, a hierarchal multiple regression analysis was performed. In the first step of the regression analysis, the first ten groups, omitting group eleven (G-1) were dummy coded and entered into the multiple regression. In step two, the variable role was dummy coded and entered as probation officer = 1 and mental health practitioner = 0. In the third step, the three behavior variables were entered: Labeling Self (labeling self as a sex offender), Compliance (compliance to probation conditions), and Insight (psychological insight). In step four, the interactions between Role (probation officer and mental health practitioner/clinician) and the three probationer behavior variables (Insight, Compliance, and Labeling Self) were entered.

The results of the multiple regression analysis can be seen in Table 3.

Table 3: Multiple Regression Analysis for Role and Three Rated Probationer Behavior Variables on Offender Progress in Group

Step	Variable	R^2	R^2	F	df	$Sig.$	b	$S.E.$	$Beta$	p
		Change	Change							
1	Group	.219	.219	4.20	9/135	.000				
	Group 1						-.479	.433	-.107	.271
	Group 2						-.958	.401	-.242	.018
	Group 3						-1.503	.415	-.358	.000
	Group 4						.021	.401	.005	.959
	Group 5						-.384	.415	-.092	.357
	Group 6						-.835	.408	-.205	.043
	Group 7						-1.701	.433	-.378	.000
	Group 9						-.336	.415	-.080	.419
	Group 10						.021	.401	.005	.959
2	Role	.343	.124	25.35	1/134	.000	-.874	.174	-.353	.000
3	Label Self	.797	.454	97.80	3/131	.000	.056	.090	.060	.539
	Insight						.507	.110	.488	.000
	Compliance						.319	.093	.321	.001
4	Role x	.807	.010	2.17	3/128	.095	.345	.169	.526	.044
	Label Self									
	Role x						-.479	.215	-.717	.028
	Insight									
	Role x						.063	.206	.101	.758
	Compliance									

Note: Probation officer was coded 1; Mental health practitioner was coded 2.
N= 144

Table 3 depicts the regression results for the influence of role and the three behavior variables (labeling self as a sex offender, psychological insight, and compliance with probation conditions) to co-facilitator assessments of offender progress in the counseling group. For the group variables (indicating each of the ten co-facilitated sex offender counseling groups), there was a positive R^2 change that was statistically significant at the .01 level ($p = .000$). For the variable Role, there was a positive R^2 change which was statistically significant at the .001 level ($p = .000$). This indicates that there was a statistically significant difference between probation officers and mental health practitioners with respect to their perception of offender progress in the sex offender-counseling group. An examination of the negative beta weight (-.35) for Role indicates that, as predicted, mental health practitioners perceived an overall greater degree of progress compared to the assessments of probation officers.

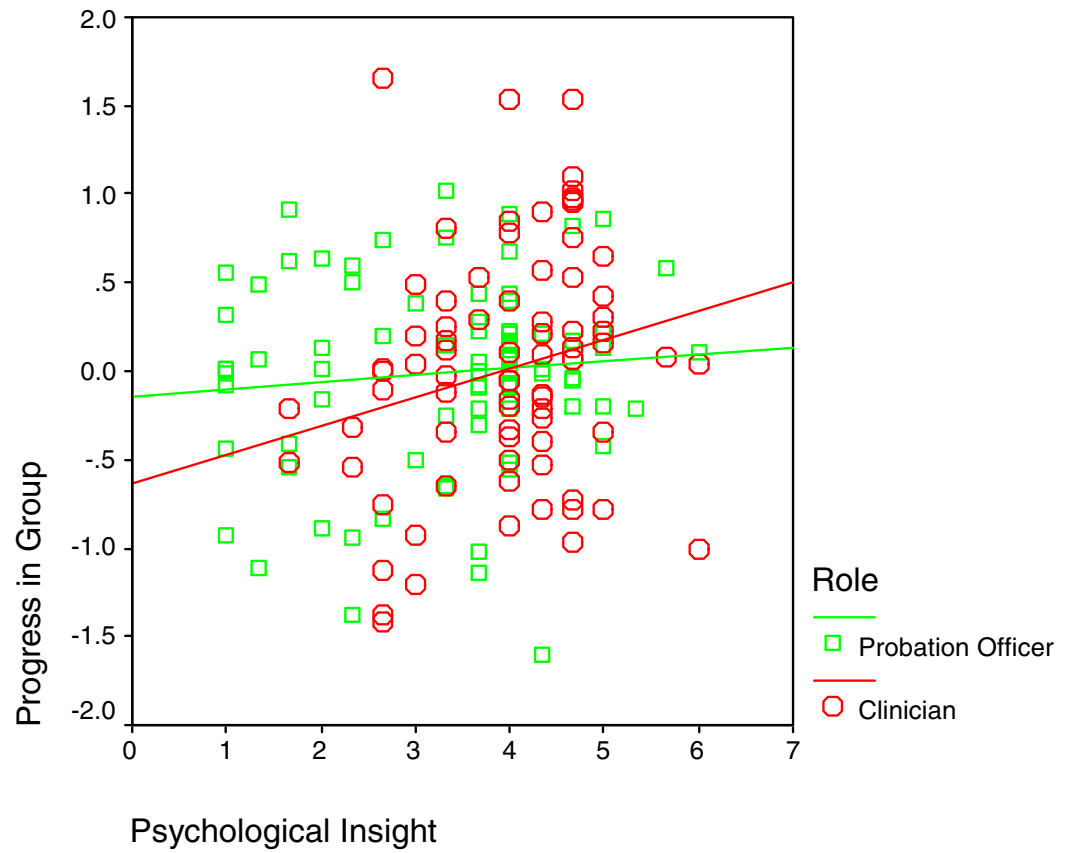
The positive beta weight for Compliance (.32), which was statistically significant at the .001 level ($p = .001$), indicates that compliance with probation conditions was directly related to assessments of progress in the counseling groups for both probation officers and mental health practitioners.

The positive beta weight for Psychological Insight (.49) was statistically significant at the .001 level ($p = .000$). This indicates that when the co-facilitator perceived an offender as being more truthful, showing signs of remorse, and showing a general understanding of the relapse prevention model, the co-facilitator's perception of the offender's progress in the counseling group increased. In light of the interaction on the fourth step of the regression model, this effect should be interpreted cautiously. The

interaction between Role and Psychological Insight was found to be statistically significant at the .05 level ($p=.028$).

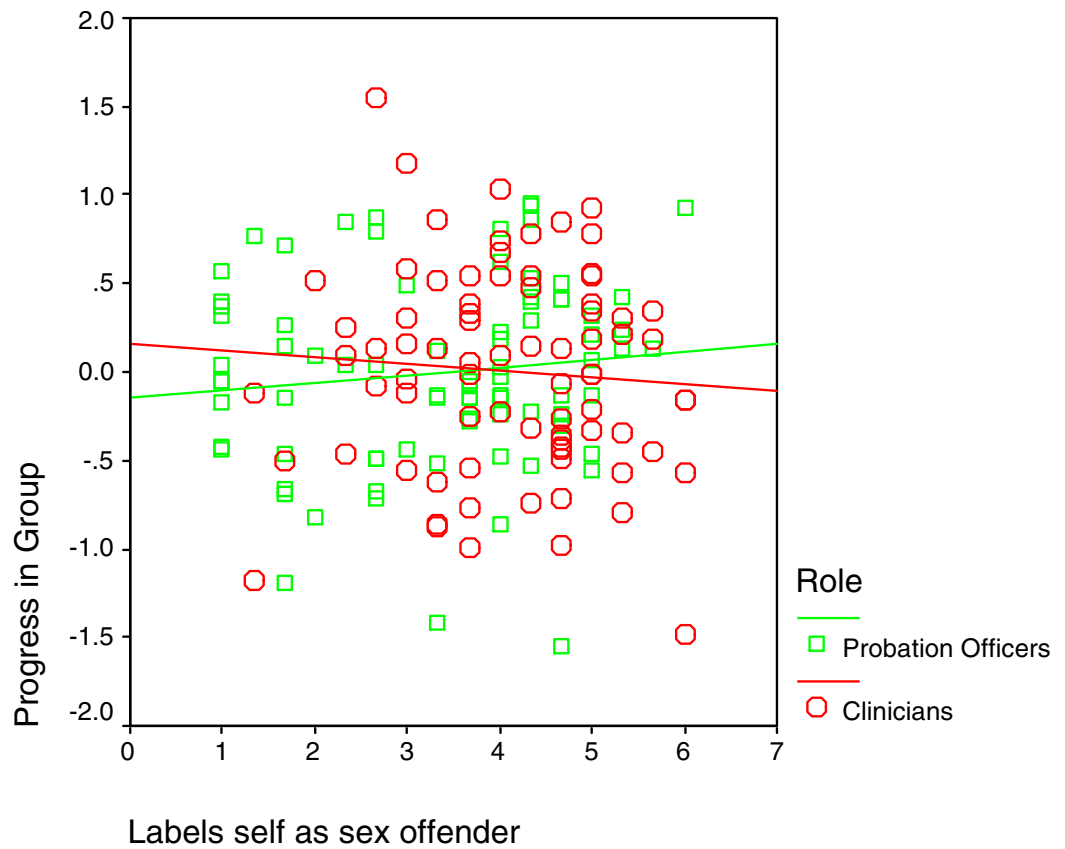
This significant interaction between Role and Psychological Insight was further examined by means of a scatter plot as can be seen Figure 1.

Figure 1: Interaction Between Role and Psychological Insight on Offender Progress in Group



In Figure 1, the scatter plot was done using the residuals after the main effects for compliance with probation conditions, psychological insight, and the two corresponding interactions were removed. According to the scatter plot, clinicians (mental health practitioners) were more likely than probation officers to view psychological insight as positively related to estimates of offender progress, as predicted.

The significant interaction between Role and Labeling self as a sex offender as determined which was determined by the regression model (.05 level, $p = .044$) was also examined by means of a scatter plot. The scatter plot was done using the residuals after the main effects for compliance with probation conditions, psychological insight, and the two corresponding interactions were removed (see Figure 2).

Figure 2: Interaction Between Role and Labeling Self as a Sex Offender

As can be seen from Figure 2, probation officers were more likely than clinicians (mental health practitioners) to view Labeling Self as a Sex Offender as positively related to an estimate of progress in the sex offender counseling group, as predicted.

VIII. Differences in general orientation between probation officers and mental health practitioners

It was hypothesized that probation officers as a group would score higher on measures of control than would mental health practitioners. To test this hypothesis, a *t*-test was conducted on the control variable. As predicted, probation officers scored higher on measures of control than did mental health practitioners, $t(10) = 3.162, p < .01$. The mean score for probation officers was 22.67 ($SD = 1.21$) and the mean score for mental health practitioners was 20.00 ($SD = 1.67$).

It was also hypothesized that the mental health practitioners as a group would score higher on measures of assistance than would probation officers. To test this hypothesis, a *t*-test was conducted on the assist variable that was not significant, $t(10) < 1.00, n.s$. The results indicated that there was no difference between probation officers and mental health practitioners on measures of assistance.

A covariate analysis was used to test whether or not an orientation toward control or assistance would account for the obtained differences between probation officers and mental health practitioners in the previous regression analysis. Table 4 depicts the results of the effect of an orientation toward control on perceptions of progress in the counseling group.

Table 4: The Impact of Control Orientation on Assessments of Offender Progress in Group

Step	Variable	R^2	R^2	F	$d.f$	$Sig.$	b	$S.E.$	$Beta$	p
		Change	Change							
1	Group	.219	.219	4.202	9/135	.000				
	Group 1						-.479	.433	-.107	.271
	Group 2						-.958	.401	-.242	.018
	Group 3						-1.503	.415	-.358	.000
	Group 4						.021	.401	.005	.959
	Group5						-.384	.415	-.092	.357
	Group 6						-.835	.408	-.205	.043
	Group 7						-1.701	.433	-.378	.000
	Group 8									
	Group 9						-.336	.415	-.080	.419
	Group 10						.021	.401	.005	.959
2	Control	.242	.023	4.105	1/134	.045	-.116	.057	-.162	.045
3	Role	.807	.565	53.135	7/127	.000	.057	.460	.023	.901
	Self						-.099	.116	-.108	.390
	Insight						.693	.136	.668	.000
	Compliance						.346	.123	.348	.006
	Role x Self						.345	.170	.525	.045
	Role x Compliance						.059	.209	.094	.778
	Role x Insight						-.475	.218	-.712	.031
4	Interactions	.820	.013	1.770	5/122	.124				
	Arole						-.378	.333	-3.478	.258
	Aself						-.132	.082	-3.099	.110
	Apsych						.085	.085	1.804	.318
	Acompli						.051	.091	1.133	.575
	Aintcomp						.117	.082	4.268	.157

Note: Control: level of control exerted over probationer
 Effect Size (N) = 144

For the group variables, the R^2 was statistically significant at the .001 level ($p = .000$).

In step two, the variable control yielded an R^2 of .24 that was statistically significant at the .05 level ($p = .045$). This indicates that an orientation toward control accounted for a notable portion of the variance in the progress in group score. An examination of the beta weight (-.16) indicates that the less control orientated the co-facilitator is, the more likely they will be to perceive offenders as having made progress in the counseling group.

In step three, the R^2 (.81) was statistically significant at the .001 level ($p = .000$). An examination of the beta weights shows that Role is no longer statistically significant as was shown in Table 3. Thus, the differences between the probation officer and the mental health practitioners on control orientation accounted for overall differences between them in their perceptions of offender progress in the counseling groups.

However, an examination of the beta weights shows that all of the main effects and interactions that were statistically significant in the Table 3 analysis are still statistically significant. This includes the interaction between Role and Psychological Insight as well as the interaction between Role and Labels Self as a Sex Offender. This would indicate that an orientation toward control does not account for the differences between probation officers and mental health practitioners that were found in the previous analysis. Therefore, an orientation toward control was not related to the perceived progress of offenders in the sex offender counseling groups.

The relationship between role (PO = 1, Mental Health Practitioner = 0, N= 160) and control orientation was also analyzed by a Person's correlation (two-tailed) that indicated a score of .699 which was statistically significant at the .001 level ($p=.000$). The results confirm that probation officers are more likely than mental health practitioners to possess a general orientation toward control when it comes to issues of probation.

A covariate analysis was also run on the effects of a general orientation toward assistance and perceptions of offender progress in the counseling group. The results for this analysis can be seen in Table 5.

Table 5: Impact of Assistance Orientation on Assessments of Offender Progress in Group

Step	Variable	R^2	R^2	F	$d.f$	$Sig.$	b	$S.E.$	$Beta$	p
		Change	Change							
1	Group									
	Group 1	.219	.219	4.202	9/135	.000	-.479	.433	-.107	.271
	Group 2						-.958	.401	-.242	.018
	Group 3						-1.503	.415	-.358	.000
	Group 4						.021	.401	.005	.959
	Group 5						-.384	.415	-.092	.357
	Group 6						-.835	.408	-.205	.043
	Group 7						-1.701	.433	-.378	.000
	Group 8									
	Group 9						-.336	.415	-.080	.419
	Group 10						.021	.401	.005	.959
2	Assist	.231	.012	2.068	1/134	.153	.152	.106	.132	.153
3	Role	.816	.585	57.746	7/127	.000	-.153	.415	-.062	.713
	Self						-.049	.114	-.053	.666
	Insight						.633	.134	.610	.000
	Compliance						.354	.117	.357	.003
	Role x Self						.287	.168	.437	.089
	Role x Compliance						.078	.202	.124	.701
	Role x Insight						-.372	.216	-.557	.087
4	Interactions	.819	.003	.486	4/123	.746				
	Bself						-.027	.135	-.529	.845
	Bpsych						.040	.136	.712	.770
	Bcompli						-.025	.123	-.461	.841
	Bintcomp						.049	.041	1.455	.228

Note: Assist : level of assistance given to probationers
N = 144

In the first step of the analysis, the group variables yielded an R^2 of .22 which was statistically significant at the .01 level ($p=.000$) as noted in previous analyses on the control orientation measure.

In step two, the variable assistance orientation was entered which yielded an R^2 of .23 that was not statistically significant. This indicates that assistance orientation did not account for a significant portion of the variance in the progress score. The variable assist removes the effect of role and the role interactions. Therefore, an orientation toward assistance was not related to the co-facilitators' perception of offender progress in the sex offender counseling groups.

IX. Logistic regression Analysis results for the Behavioral Assessment Questionnaire

This research study also attempted to determine to what extent behavior items are related to whether or not the offender violates probation. This was determined by a logistic regression analysis.

In step 1, the groups (1-10) were entered in order to control for the effect of group. The results indicated that group was not statistically related to whether or not the sex offender eventually violated probation.

On step 2, each of the behavior ratings by mental health practitioners and probation officers were entered: probation officers' ratings of psychological insight, probation officers' ratings of compliance with probation conditions, probation officer's ratings of labeling self as a sex offender, clinicians' ratings of psychological insight, clinician's ratings of compliance with probation conditions, and clinicians' ratings of labeling self as a sex offender. The results of step 2 of the logistic regression analysis can be seen in Table 6.

Table 6: Regression Estimates for Behavior Variables on Step 2

Perceptions' of co-facilitators	<i>B</i>	<i>S.E.</i>	Wald	<i>df</i>	Sig.	Exp(<i>B</i>)
Clinician – labels self as a sex offender	.883	.660	1.791	1	.181	2.419
Clinician – psychological insight	-.844	.665	1.610	1	.204	.430
Clinician – compliance with probation	-.333	.574	.336	1	.562	.717
PO – labels self as sex offender	.550	.827	.442	1	.506	1.733
PO – psychological insight	-.981	.910	1.162	1	.281	.375
PO – compliance with probation	-.424	.732	.335	1	.563	.655
<i>R</i> ²	.23					
Model Chi-Square	28.469					
Number of cases	81					
Model <i>df</i>	19					

Note: PO is an abbreviation for probation officer.

The results of the logistic regression analysis indicated that the six behavior variables yielded a p-score of .057 that indicates that these behavior ratings were marginally significant to whether or not the offender ended up violating probation prior to the completion of the probation sentence. None of the beta weights in the logistic regression were individually statistically significant which indicates that the results must be viewed with caution.

With that said, when the six behavioral variables were entered collectively, 92.7% of non-violators were correctly predicted and 58.3% of violators were correctly predicted giving an overall correct prediction of 82.3%. These results can be seen in Table 7.

Table 7: Omnibus Tests of Model Coefficients

Step	Chi-square	<i>df</i>	Significance	% Correct Nonviolate	% Correct Violate	Overall % Correct
1	11.338	10	.332	87.3	29.2	69.6
2	12.213	6	.057	92.7	58.3	82.3
3	4.917	3	.178	89.1	62.5	81.0

On step 3, of the logistic regression analysis, the three interactions between probation officers and mental health practitioner's ratings of psychological insight, compliance with probation conditions, and labeling self as a sex offender were entered. This was done in order to examine whether or not there were differences between the probation officers' and mental health practitioners' ratings of the six behavior variables with respect to assessments of progress in the counseling group to whether or not the offenders ended up violating probation. As a result, none of the interactions were significant.

For the behavior variable Labeling Self as a Sex Offender, the beta weights for mental health practitioners (.883) and probation officers (.550) indicated that the more co-facilitators perceive offenders as accepting the label of sex offender, the more likely the offender tended to violate probation in the long run. The beta weights for all of the other behavior variables are negative; this indicates that for both mental health practitioner and probation officer ratings, the more that they perceive the offender as having psychological insight or complying with probation conditions, the less likely the offender tended to violate probation in the long run.

It should also be noted that none of the beta weights for the six behavioral variables reached statistical significance, which indicates that these variables are collectively related to whether or not the offender violated probation.

X. Discussion

a. Perceptions of overall progress in group

This study examined the progress assessments made by co-facilitators participating in the interagency management of a sample of sex offenders sentenced to probation. This analysis of the assessment process was made in an attempt to identify and understand the factors that probation officers and mental health practitioners focus on when determining offender progress in the sex offender-counseling group.

This hypothesis was based on previous research that suggests that there would be a difference between probation officers and mental health practitioners with respect to the factors that they commonly associate with progress, as well as the extent to which they believe progress is attainable within this population of offenders. The results of the study showed that there were differences in how mental health practitioners and probation officers estimated offender progress in the counseling groups. Before describing these differences in detail, it should be noted that the criterion variable “progress in group” was based on the average of the following items: likelihood that the offender would violate probation, likelihood that the offender would commit another sexual offense, and, whether or not it was perceived that the offender had benefited from the counseling group.

As predicted, mental health practitioners perceived sex offenders as making an overall greater degree of progress in counseling compared to the assessments of offender progress made by probation officers. This particular finding is supported in a number of research studies conducted in the field of community corrections as well as in the psychological literature that addresses sex offender treatment practices (Auburn & Kibblewhite, 1999; Hogue, 1993; Genuine, et al., 2003; Polson & McCullon, 1995). The finding that probation officers are less likely than mental health practitioners to perceive sex offenders as having made progress in a counseling group has been associated with their overall view of sex offenders in relation to their concern for offender compliance and community safety.

Jenuwine, et al. (2003) found that probation officers tend to possess a negative view of sex offenders that includes an overall skepticism regarding the efficacy of sex offender treatment. Such skepticism is likely to infiltrate a probation officer's assessment of whether or not an individual offender is perceived as having made progress in a counseling group. Probation officers may be less willing to provide positive assessments when they believe that it may result in a change in the offender's probation status. Progress in counseling may be mistakenly correlated with the perception of rehabilitation or reformation that may affect the offender's conditions of probation. In some cases, the effect of such an assessment may include a decrease in the level of probation supervision, a reduction in treatment, or even early termination of the probation sentence. If one takes into account the negative feelings probation officers tend to have towards sex offenders, coupled with their concern for community safety, it is understandable that they would be

less likely than mental health practitioners to assess offenders as having made progress in group.

Although mental health practitioners are also concerned with community safety, they generally maintain a more positive attitude regarding offender progress in counseling. According to prior research in the field of psychology, mental health practitioners tend to view the men that they treat as individuals with serious problems first and as sexual offenders second (Polson & McCullom, 1995). The view taken by mental health practitioners represents a deterministic explanation for such offenses as though the sex offense was a symptom of an illness as opposed to the result of a rational choice. This view is in direct contrast to that of probation officers who consider themselves agents of the criminal justice system and the men in the counseling groups as convicted criminal offenders.

In this distinction between how probation officers and mental health practitioners view sex offenders lies the difference in their perceptions of progress in the counseling group. According to this research study, as predicted, mental health practitioners are more likely to assess offenders as making progress in the counseling group than are probation officers. This finding does not necessarily mean that co-facilitators will find themselves at odds with every individual offender they are required to assess. Instead, these differences in perceptions may be why interagency management is the current correctional practice for sex offenders. Similar to a system of “checks and balances”, the collaborative decision-making should result in better assessments of offender progress.

The differences between the perceptions of mental health practitioners and probation officers provide further support the use of interagency management and co-

facilitated counseling groups. The implementation of this approach can enhance the ability of community correction agencies to satisfy their most important goal, the protection of the community.

The results of the study also focused on which specific behavioral or attitudinal measures were given the most weight in determining offender progress in the counseling groups by mental health practitioners and probation officers. These will be discussed in the next section.

b. Compliance as it relates to progress in group

For both probation officers and mental health practitioners, sex offenders who scored high on measures of compliance with probation conditions were perceived as having made progress in the counseling group. The results of the study indicated that both probation officers and mental health practitioners attributed the ability of the sex offender to follow probation conditions and his ability or willingness to identify and avoid high-risk situations to his overall progress in the counseling group. This result is contrary to the hypothesis that predicted that probation officers would view measures of compliance as more related to progress than would mental health probationers.

Measures of compliance are best constructed by focusing on new offense violations as opposed to considering new offenses and technical offenses collectively. Many technical violations that are detected by co-facilitators go unreported to the courts and even more technical violations are undetected all together. As a result, measures of compliance should be based upon whether or not the offender has been charged with a new criminal offense.

This finding is supported in the literature relative to the treatment and community supervision of sex offenders. Hanson (1998) conducted a comparison study between a group of sex offenders who were characterized by recidivism while under community supervision and a similar group who was compliant with community supervision conditions. He found that the group identified as recidivists were unable to avoid high-risk situations and unwilling to cooperate with supervision. His conclusion was that non-compliant probationers were at a high risk for recidivism. Prior research therefore suggests that offenders who are not in compliance with probation conditions are more likely to violate their probation sentence by committing a new offense than those offenders who remain in compliance throughout the duration of the probation sentence.

According to Abadinsky (2003), items reflecting offender compliance will be of primary concern for probation officers. The author does not relate this concern specifically to sex offenders; instead, compliance is expected regardless of the nature of the offense. Based on the findings of the current study, for mental health practitioners involved in community corrections, issues of compliance are of equal concern.

The reason that mental health practitioners, in addition to probation officers, perceive measures of compliance as related to progress is that the treatment of sex offenders on probation serves more of a social control function rather than a rehabilitative function. The fact that the offenders have been court mandated to attend counseling changes the nature of the treatment setting from voluntary rehabilitation to what could be considered punitive-based rehabilitation. As an agent of the state, there is a change in the therapist-patient relationship. One change would be that incriminating statements made during the counseling group can be reported to the court and may, in turn, be used to

revoke the probation sentence. In such cases, mental health practitioners may perceive themselves more as law enforcement officers than as treatment providers (Winick, 1998).

When mental health practitioners provide services to offenders on probation, there is an implicit responsibility for them to consider compliance as it relates to the assessments of each offender they are assigned to treat. Therefore, it is understandable that both probation officers and mental health practitioners were found to perceive compliance as related to offender progress.

c. Psychological insight as it relates to progress in group

The results of the present study also showed that mental health practitioners are more likely than probation officers to view psychological insight as positively related to offender progress in the counseling group, as predicted. For mental health practitioners, sex offenders who scored high on measures of psychological insight, including being truthful in their responses, showing signs of remorse, and showing a general understanding of the relapse prevention process, were perceived as having made notable progress in the counseling group.

This conclusion is supported in the related literature to date. According to Heilbrun, et al. (1998), co-facilitators base their estimates of offender progress on the items in which they have the most experience identifying and are the most comfortable evaluating. Mental health practitioners can be expected to focus on items reflecting psychological insight since it is inherently part of their training and expertise. The mental health practitioners included in this sample each have a background in behavior modification with a specialization in the practice of the relapse prevention model. As a

result, they are accustomed to providing assessments as to whether or not an offender is expressing genuine feelings of remorse or if the offender is exhibiting signs of denial.

The interagency management model is based on the integration of internal and external controls to contain deviant behavior. The finding that mental health practitioners are more likely than probation officers to attribute measures of psychological insight to offender progress in the counseling group, suggests that mental health practitioners rather than probation officers are the driving force of the model's internal control component. These findings support the use of interagency management and co-facilitated treatment groups. They also emphasize the importance of mental health practitioners in helping to promote internal control processes in offenders and the continual assessments of offender progress in the counseling groups.

d. Labeling self as a sex offender as it relates to progress in group

In this study, it was found that probation officers were more likely than mental health practitioners to view measures reflecting "labeling self as a sex offender" as positively related to offender progress in the counseling group. It is understandable that offenders who held themselves accountable for their crimes would be perceived as showing progress, whereas those who refused accountability would not.

Labeling has been emphasized as important in determining offender progress. According to Weiner and Hess (2006), sex offenders have a difficult time accepting responsibility for their offense; instead, they typically deflect responsibility onto someone else. When offenders indicate that they accept responsibility for what they did and see

themselves as a “sex offender”, probation officers would view this reaction as an indication of progress in the sex offender-counseling group.

However, in the light of some of the results with respect to the external criterion (violating probation) this finding must be viewed with caution. The latter finding raises questions as to whether or not labeling is in fact related to fewer probation violations. Although this result must be viewed with caution, it does suggest that labeling may be negatively related to progress in the counseling group. The results with respect to the external criterion will be discussed in a later section.

e. Probation officers and mental health practitioners on general orientation toward probation

Control Orientation

As predicted, probation officers are more likely than mental health practitioners to have an orientation toward control when it comes to issues of probation. The results of the “General Orientation toward Probation” survey indicated that probation officers were more likely to advocate: officers carrying a gun on home visits, revoking probation for truant juvenile probationers, and increasing unannounced home visits. This finding has been supported in previous research.

Jenuwine, et al. (2003) found that probation officers who supported the option of carrying firearms were more likely to have a law enforcement work orientation than those who did not. According to Clear (1977), “authority is the essence of the officer-client relationship, the basis on which the probationer is compelled to abide by certain restrictions that apply generally to probationers. This manifestation of authority, which

integrates control and treatment functions in probation, is the source of variations in the nature of probation supervision” (p. 115).

The fact that probation officers are more control oriented than mental health practitioners may cause some conflict between co-facilitators when it comes to assessing offender progress in the counseling groups. For example, in a situation where an offender might reveal the occurrence of a deviant fantasy, mental health practitioners are likely to view the admittance as the breaking down of denial, a positive attribute. On the other hand, probation officers are likely to view that same confession as an indication that the offender continues to exhibit behavior that puts others at risk, a negative attribute.

Often the choice as to how to react to situations as these is the result of the weighing of relative risks and benefits associated with the potential outcome (Mossman, 1992). Probation officers who are control-oriented will be hesitant to assess offenders as having made progress unless there is some real evidence of success. Their apprehension may be rooted in the fear that a positive assessment may result in an amendment of the probation sentence. In many cases, this may include a reduction in the level of supervision provided and/or the extent of treatment. The perception that sex offenders have high recidivism rates and the fear of making an inaccurate assessment may be the reason why probation officers are hesitant in reporting progress in the counseling group.

Although there are identifiable differences between probation officers and mental health practitioners with respect to how they view sex offenders and how they determine progress, it does not mean that they cannot work together successfully. According to Dion (1985) and Yalom (1995), when people work together, they generally become more similar in their attitudes and behaviors. As a result, their perceptions of offender progress

will also become similar over time. The differences that remain between the co-facilitators could function as a “checks and balance” system that could only improve the existing management practice.

As a side note, there have been research studies that have linked individual progress in sex offender programs to the co-facilitators themselves (Hogue, 1995). Studies have found that the attitudes of co-facilitators may be implicitly communicated to offenders thereby impeding therapeutic progress (Lea, et al., 1999, & Serran, et al., 2003). The way that the co-facilitator responds to the offender can increase resistance, for example, by being confrontational, blaming the client, and labeling clients (e.g. rapist, pedophile). According to Kivlighan & Tarrant (2001), co-facilitators who have a more positive outlook toward treatment and sex offenders are more likely to see positive treatment outcomes.

Although probation officers possess an identifiable tendency to be control oriented, it did not account for the differences found between probation officers and mental health practitioners in their assessments of progress in the counseling group.

Assistance orientation

According to the “General Orientation toward Probation” survey, there was no statistically significant difference between probation officers and mental health practitioners on measures of assistance. This result has been supported in previous research. Petersilia (1998) believes that idea of probation officers working with mental health practitioners to conjunctively provide treatment services to sex offenders may not fall outside the bounds of a probation officer’s role since their occupation requires them

to serve as both a law enforcer and a social worker. As a caseworker, the probation officer assumes the role of a therapeutic agent whose primary mission is to help the offender solve social and psychological problems (Sluder & Shearer, 1991). In addition, the role of probation officer has always included some aspect of counseling whether it was with respect to employment, substance abuse issues, or general family issues.

In a similar study conducted by Jenuwine, et al. (2003), the researchers reported that although they found a statistically significant difference between the “law enforcement” orientations between the two groups (probation officers and mental health practitioners); there was no statistically significant difference between the groups’ scores on a casework scale. It should be noted that the casework measures were similar to assistance measures used in this research study.

The degree of consistency between both probation officers and mental health practitioners on the assistance measure can best be explained by the fact that one of the responsibilities of any probation officer, like mental health practitioners, is to facilitate change in the behavior patterns of offenders. Fulton, Stichman, Travis, and Latessa, (1997) considered probation officers’ approach to supervision and the extent to which they advocate strategies aimed at promoting offender change. Their results indicated that probation officers incorporate some degree of assistance in their general orientation toward probation according to offender need. Probation officers have the capability to redefine their role based upon the particular offender they are dealing with (Fulton, et al., 1997).

There is some literature that indicates in some cases probation officers also support treatment ideologies (Ellsworth, 1990). For example, Jenuwine, et al. (2003)

surveyed 159 probation officers with respect to their work goals and found a greater support for helping offenders on probation than there was for merely controlling their behavior by ensuring that they complied with court orders and refrained from engaging in further criminal activity. According to Clear (1977), "one of the first major accomplishments of treatment comes about when the offender becomes aware, both intellectually and emotionally, that the officer represents not only authority with the power to enforce certain restraints and restrictions, but that he is also able to offer psychological adjustment aids" (p. 115).

The ability of probation officers to integrate an assistance-based orientation within their general interaction with offenders may also be explained by the fact that the interagency management model has an internal control dimension that promotes a treatment/assistance philosophy. If probation emphasizes a treatment philosophy, then probation officers will likely increase the degree to which they engage in rehabilitative interventions with offenders (Clear & Latessa, 1993; Foulton, et al., 1997).

No differences were found between co-facilitators with respect to their orientation toward assistance, so that assistance orientation did not account for differences between probation officers and mental health practitioners in their assessments of offender progress.

f. Violations of probation

All six behavioral variables (probation officers measures of compliance, psychological insight, and labeling self as a sex offender, as well as, mental health measures of compliance, psychological insight, and labeling self as a sex offender) were

marginally significant. None of the beta weights for any of the six behavioral variables reached statistical significance. However, an examination of these beta weights suggested that greater perceived psychological insight and compliance were indeed related to fewer violations of probation. These results are very tentative and need to be taken with caution.

The presence of perceived psychological insight and compliance with probation conditions together tended to be positively related to whether or not the offender violated probation. The presence of both these conditions as rated by the co-facilitators tended to lessen the likelihood that the offender would violate probation. Therefore, offenders who were perceived as possessing psychological insight (i.e. victim empathy, remorse, acknowledging the harm of the offense) as well as being identified as compliant (i.e. attending sex offender programs, meeting with their probation officer as scheduled, etc.) were less likely to violate probation than those offenders who scored lower on these measures collectively.

Of particular importance is the finding that greater perceived labeling of self as a sex offender, by both mental health practitioners and probation officers, tended to be associated with more violations of probation, not less. However, these results are of potential importance, particularly since probation officers perceive them as related to positive progress in the group. These results should be considered with caution until the study is replicated with a larger sample,

The results of the study suggest that offenders who were perceived as having accepted the label of “sex offender” may have been more likely to violate probation than offenders who were perceived as not accepting the label. In light of the fact that the variable “labels self as a sex offender” is comprised of the following items: accepts

responsibility, labels self as a sex offender, accepts what he did was wrong, and acknowledges harm of the offense, an offender who scores high on this measure will be more likely to internalize the label of “sex offender,” resulting in an increased probability of re-offense.

The suggestion that labeling one self as a sex offender is more likely to be associated with re-offending is then supported by criminological theory and work in the field of psychology. According to labeling theory, social control agents “rather than reducing or ‘correcting’ the behavior they are reacting to, may in fact be perpetuating this behavior and solidifying the labeled person’s self-image as deviant” (Traub & Little, 1994, p.5). Kruttschnitt, Uggen, and Shelton (2000) agree that although the stigma attached to the conviction of a “sex crime” and the placement into a “sex offender program” may provide deterrence for some, for others, the stigma could actually reinforce their antisocial sexual behavior.

If an offender accepts the “sex offender” label, the stigma may impede change by decreasing the individual’s self-esteem (Marshall, 1996), making it more difficult for offenders to exercise self-control (LaFond, 1998) and ultimately providing the offender with an excuse for giving into their sexual urges. Considering that cognitive behavioral therapy, specifically the relapse prevention model, is based on the ability of the offender to exercise a degree of self-control in order to “avoid high risk situations”, accepting the label of sex offender may very well impede progress.

Being caught and branded as deviant also has important consequences for one’s further social participation as well as self-image (Traub & Little, 1994). Sex offenders need to have a clear distinction between themselves and their deviant behaviors. If they

label themselves as sex offenders they can feel shameful which can make change, difficult (Serran, et al., 2003). Self-labeling may promote continued deviance despite probation supervision or treatment (Traub & Little, 1994). According to recent research conducted by Maruna (2004), “negative-internal attributions are associated with persisting in criminal behavior.... (this) suggests that someone might be less able to desist to the extent that negative events are seen as originating from internal sources” (p. 196). If the offender internalizes the label of “sex offender”, he may be rely on the label as an excuse or justification should he suffer a setback in treatment.

This negative effect of labeling may not only limited to high risk offenders, according to Meadows & Kuehnel (2005), low risk sex offenders might also increase recidivism by communicating to them that they are dangerous and likely to relapse (p.269). Consequently, probation officers should be cautioned as to the possible negative relationship between labeling and deviance until further research on this issue can be carried out.

g. The use of co-facilitated groups

A discussion on the use of co-facilitated counseling groups will provide additional insight into the different perceptions of mental health practitioners and probation officers. The effectiveness of the counseling group is dependant upon the co-facilitators themselves and how they integrate their ideological differences with respect to sex offender supervision and management. The most important aspect of co-facilitated sex offender counseling groups is for both co-facilitators (probation officers and mental health practitioners) to have similar theoretical orientations toward the treatment and

supervision of offenders (Yalom, 1995). D'Amora and Smith (1999) cite ideological differences as one of the leading factors that can impede collaborative efforts. The relationship between the orientation toward probation of the co-facilitators and leadership style has a direct result on the effectiveness of the counseling group (Serran, et al., 2003).

Research conducted by Keijsers, Schaap, and Hoogduin (2000) indicated that when co-facilitators of sex offender programs were perceived as being empathetic, warm and genuine toward group members it created a positive group climate which in turn lead to treatment progress (including reduction of offender denial). When co-facilitators of sex offender programs take this assistance-oriented approach, offenders will make more progress in treatment (Serran, et al., 2003; Polson, et al., 1995). Co-facilitators who engage in control-oriented behaviors or are unwilling or unable to adjust their orientation to the needs of the group can impede group progress (Serran, et al., 2003; Wheelan, 1997).

Under an interagency management model, both probation officers and mental health practitioners are participating in a program in which they are required to integrate a law enforcement role with a treatment/assistance role. Nonetheless, the primary goal for both groups of co-facilitators must be the same: the protection of the community. In the case of interagency management, the community is protected by a collaborative effort of probation and mental health agents sharing information and working together. A combination of counseling and supervision has been associated with reduced recidivism rates and has since become the preferred method for managing sex offenders in the community (McGrath, Cumming, & Holt, 2002; Cumming, & McGrath, 2000).

XI. Scope and limitations of the present study

The study yielded some interesting results that provide valuable insight into the use of interagency management for probation supervision of sex offenders. One of the limitations of the present study was that although sex offenders were randomly assigned to different counseling groups, there were inherent differences between them that should be noted, such as typology of offender, offense history, and length of the probation sentence. These differences between the offenders in each group might explain their differences in progress. For example, certain typologies of sex offenders (i.e., child molesters, rapists, exhibitionists) are more likely to re-offend (Marques & Nelson, 1989). Therefore, future research should include an analysis of co-facilitators perceptions of progress on homogeneous groups of offenders. It would also be beneficial to include the demographics and offense histories of the sex offenders in the counseling groups since these differences have been noted to have an effect on recidivism rates. It has been documented that treatment outcome is often related to certain offenses and offender characteristics (Heilbrun, et al., 1998). Although this information would have been beneficial to the present study, the probation department was unwilling to release the information.

Another limitation of the present study involves the measure of the external criterion – whether or not the offender violated probation. When co-facilitators did their behavioral ratings during the first wave of data collection, they also indicated whether or not the offender violated probation, thus, for the small number of offenders who violated probation during the first few months of treatment, the co-facilitator's behavioral rating

may have been effected by that knowledge. However, the majority of the offenders who violated did so later on in treatment, so the initial behavioral ratings by co-facilitators would not have been affected by the knowledge of an existing violation. In future research, the behavioral ratings by co-facilitators should be taken earlier on in the counseling group before most violations of probation occur.

Another limitation to this study is the small sample size of co-facilitators (probation officers and mental health practitioners). It is not known whether or not the co-facilitators who participated in this study are representative of co-facilitators leading similar groups currently in use in the United States. The study would be best replicated with a larger sample of co-facilitator in order to increase the internal validity of the study and hopefully yield more conclusive findings. Since this is an initial study in an area that is lacking in empirically validated research, future replication is required.

XII. The contribution to the knowledge

With the increase in the use of alternative sentencing for convicted sex offenders, there is an increase in concern for public safety. Many probation departments have adopted an interagency management approach but only a few correctional agencies use probation officers and mental health practitioners to jointly co-facilitate sex offender counseling groups. Many departments still rely on mental health practitioners to run the counseling groups themselves with probation officers.

The progress assessments that are performed on each offender in the counseling groups provide vital information that is used to decide the extent of supervision the

offender will need in the future. The fact that these assessments can have a direct effect on community safety is why this particular research is valuable to both the field of psychology and criminal justice.

Although there has been some research on the interagency management model there have been no studies to date designed to explore the perceptions of offender progress made by co-facilitators, specifically by probation officers and mental health practitioners. The prior research in the field of psychology has focused on the effectiveness of the relapse prevention model as opposed to understanding the decisions made by its co-facilitators. In the field of criminal justice, there has been an overwhelming focus on the recidivism rates of different typologies of sex offenders and different types of treatment methods.

Some examples of the prior research that has been conducted in the area of sex offender assessment of treatment progress included a study by Jenkins and Hall (1994) where they assessed acceptance of responsibility, attendance and level of participation in therapy sessions to predict mastery of program content in a sample of sex offenders. Harris, Rice and Cormier (1991), found a relationship between treatment behavior and violent recidivism in a sample of forensic patients that included sex offenders. Offenders who committed a new violent offense were more likely to behave violently while in treatment. Seto and Barbaree (1999) found that treatment response is unlikely to be uniform, and good treatment response is associated with better outcome. In their research, they predicted that individuals with more positive treatment behavior scores would be less likely to re-offend.

Although there is a need for additional study in this area, the results of the present study suggest that the negative effects of labeling may increase the likelihood that an offender will violate probation. Future research should focus on what treatment components are missing from programs (Heilbrun, et al., 1998) such as increasing offender feelings of self-worth that may encourage offenders to take responsibility for their behavior (Serran, et al., 2003). It has been suggested by Pithers (1990), that “in order to counter the self-defeating cognitive and emotional aspects of self-labeling, offenders should be instructed to cognitively restructure their interpretation of lapses...rather than attributing a lapse to invariable, negative personal characteristics (e.g., “what else can you expect from a sex offender like me?”), it should be viewed as a slip in self management (p. 355).

Based upon these findings and the available literature on the subject, it would seem to be a more effective management practice to eliminate self-labeling from sex offender treatment until more research on this issue can be carried out. By contrast, this research suggests that psychological insight and compliance to probation conditions are associated with fewer violations of probation. Since a decrease in violations inevitably leads to an increase in community safety, these particular behavior variables should be highlighted in any form of risk assessment adopted by all community corrections agencies.

Although the use of co-facilitated counseling groups cannot guarantee a reduction in re-offense rates among sex offenders, it can in fact enhance the level of supervision provided to them. Together, probation officers and mental health practitioners can provide sex offenders with complimentary styles that serve to facilitate progress in

treatment, and decrease the risk of relapse (Jenuwine, Simmons, & Swies, 2003). If this approach is adequately implemented, sex offenders can be successfully managed on probation (Wheelan, 1997; Wilson, Stewart, Stirpe, Barrett, & Cripps, 2000). Successful management means that the probation department can attain its primary goal, the protection of the community.

Appendix A

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(1-11)

General Orientation Toward Probation Supervision

Please answer all of the following questions and provide only one answer for each response. This survey is designed to measure your personal orientation toward probation supervision.

1. How often is it advisable for a field probation officer to carry a gun when he is making home visits?
 - Always
 - Very Frequently
 - Often
 - Occasionally
 - Never

2. Probationer Jones has failed to attend a scheduled interview for the third time in a row. While he has only missed a couple of times in the previous six months, he has seldom been on time and has been only marginally cooperative during those interviews. Field probation officer Anderson decides to file a violation recommending revocation of probation. What do you think of his action?
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

3. How often should a field probation officer make unannounced home visits?
 - Always
 - Very Frequently
 - Often
 - Occasionally
 - Never

4. When a member of the probationer's family is ill and he expresses concern about it to his field probation officer, what should the field probation officer generally do?
 - Take the family member to a community agency that deals with the problem, checking to see that the agency will provide service
 - Discuss the problem with the probationer, helping him to deal with his feelings and concerns related to the problem.
 - Suggest that he take the family member to an appropriate community agency.
 - Make a note in the record about his concern, but tell him that probation can not get involved and he should take care of it himself.
 - Listen, but take no action.

5. Probationer Ellis continues to be truant from school despite warnings from his field probation officer. The field officer decides to recommend revocation of probation. What do you think of his action?
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
6. When a probationer complains that he is having trouble with a particular teacher at school, what should the field probation officer generally do?
- Contact the particular teacher and/ or his supervisor and try to solve the problem then or set up a meeting (including the probationer) to discuss the problem.
 - Discuss the problem with the probationer, suggesting ways of dealing with the problem more effectively.
 - Suggest that he should meet with the teacher to discuss the problem and try to solve it.
 - Record the incident and tell the probationer that school adjustment is important and that he is expected to make an effort to solve these problems.
 - Take no action.
7. How often is it advisable for a field probation officer to revoke probation when the probationer shows a persistent pattern of late arrivals and “no-shows” for office interviews with his probation officer?
- Always
 - Very Frequently
 - Often
 - Occasionally
 - Never
8. When a probationer is having trouble finding a job, what should the field probation officer generally do?
- Call some contacts or acquaintances and try to set up some job interviews, tell the probationer about the jobs and personally make sure the probationer gets to the interviews.
 - Discuss with the probationer techniques of job hunting and interviewing.
 - Inform him of places where he can go look for jobs
 - Let the probationer handle it himself
9. After repeated warnings, the probationer continues to associate with persons suspected of being engaged in possible law violations. His field probation officer decides to file a violation recommending revocation of probation. How do you feel about the probation officer’s action?
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

10. How often should probation revocation be recommended for juvenile probationers who are persistently truant from school?
- Always
 - Very Frequently
 - Often
 - Occasionally
 - Never
11. When a probationer is having difficulty paying a fine that was imposed as part of his sentence, what generally should the field probation officer do?
- Contact the court and try to arrange a settlement or work out a more lenient payment plan in behalf of the probationer.
 - Discuss the financial problem with the probationer, exploring ways in which he might handle his finances differently in order to pay the fine.
 - Suggest that he go to the court and request an adjustment in the fine.
 - Keep a record of his payments and tell him that he expected to fully pay the fine.
 - Let the probationer handle it himself.
12. Probation Officer Morgan makes it a practice to call local law enforcement officials to get information on whether his probationers are staying out of trouble. What do you think of this policy?
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
13. It is difficult to do very detailed case planning because probationers are dynamic- always changing and requiring reassessment of the plan.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
14. Many of the important goals for a probationer, set by the probation officer would not be agreed to by the probationer.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

15. When a probationer complains that he is being harassed by the police, what do you think a probation officer should generally do?
- Contact the police, check out their side, and request that they leave the probationer alone unless they have good reason to suspect him of committing a crime, checking later to see if the problem has been reduced.
 - Discuss with the probationer what he has been doing in relation to the police and talk about methods of reducing his problem with the police.
 - Suggest to the probationer that he go in and talk to the police and try to straighten out the problem.
 - Let the probationer handle it himself.
16. How often should a probation officer check with the law enforcement officials in order to keep track of his probationer's behavior?
- Always
 - Very Frequently
 - Often
 - Occasionally
 - Never
17. The probationer has not returned the probation officer's phone calls; nor did he show up for his last scheduled meeting. The field probation officer decided to make a "surprise" (unannounced) home visit. What do you think of his action?
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
18. Probation Officer Smith is about to visit one of his probationers at home. The probationer has been belligerent in the past, one time threatening to fight with the officer. The Officer decides to take his revolver with him. What do you think of the probation officer's actions?
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
19. The real supervision goals of a case are often too numerous and complex to be adequately specified.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

20. How often is it necessary for a field probation officer to keep close checks on the associations of his probationers?

- Always
 Very Frequently
 Often
 Occasionally
 Never

21. A probationer is having trouble with his landlord, who is refusing to make repairs and is trying to raise the rent. The probationer comes to his probation officer for help. What should the probation officer generally do?

- Check with the local renter's association to find out about the landlord's responsibility and contact the landlord in behalf of the probation officer.
 Discuss the problems with the probationer and talk about alternative ways he can deal with it.
 Suggest that he contact an organization which would be able to help him with the problem.
 Make a note in the record about the problem, but tell the probationer that there is little the probation agency can do about it.
 Listen but take no action.

22. Please identify whether you are a probation officer or a clinician:

Probation officer Clinician

23. How many years have you been involved in co-leading sex offender programs for the Westchester County Probation Department? _____ years

24. Please record today's date _____

Appendix B

General Orientation toward Probation Supervision Scores

Items	PO Mean score	Clinician Mean score
1. How often is it advisable for a field officer to carry a gun when he is making home visits?	5.00	4.67
2. Probationer Jones has failed to attend a scheduled interview for the third time in a row. While he has only missed a couple of times in the previous six months, he has seldom been on time and has been only marginally cooperative during those interviews. Field probation officer Anderson decides to file a violation recommending revocation of probation. What do you think of his action?	3.50	3.50
3. How often should a field probation officer make unannounced home visits?	4.33	3.50
4. When a member of the probationer's family is ill and he expresses concern about it to his field probation officer, what should the field probation officer generally do?	3.83	3.50
5. Probationer Ellis continues to be truant from school despite warnings from his field probation officer. The field officer decides to recommend revocation of probation. What do you think of his action?	3.83	2.83
6. When a probationer complains that he is having trouble with a particular teacher at school, what should the field probation officer generally do?	4.33	4.00
7. How often is it advisable for a field probation officer to revoke probation when the probationer shows a persistent pattern of late arrivals and "no-shows" for office interviews with his probation officer?	4.67	4.17
8. When a probationer is having trouble finding a job, what should the field probation officer generally do?	2.83	3.17

9. After repeated warnings, the probationer continues to associate with persons suspected of being engaged in possible law violations. His field probation officer decides to file a violation recommending revocation of probation. How do you feel about the probation officer's action?	3.50	3.17
10. How often should probation revocation be recommended for juvenile probationers who are persistently truant from school?	4.33	3.50
11. When a probationer is having difficulty paying a fine that was imposed as part of his sentence, what generally should the field probation officer do?	4.17	4.33
12. Probation Officer Morgan makes it a practice to call local law enforcement officials to get information on whether his probationers are staying out of trouble. What do you think of this policy?	3.00	2.83
13. It is difficult to do very detailed case planning because probationers are dynamic- always changing and requiring reassessment of the plan.	1.83	2.50
14. Many of the important goals for a probationer, set by the probation officer would not be agreed to by the probationer.	3.33	2.83
15. When a probationer complains that he is being harassed by the police, what do you think a probation officer should generally do?	2.67	3.00
16. How often should a probation officer check with the law enforcement officials in order to keep track of his probationer's behavior?	2.83	2.83
17. The probationer has not returned the probation officer's phone calls; nor did he show up for his last scheduled meeting. The field probation officer decided to make a "surprise" (unannounced) home visit. What do you think of his action?	4.00	3.67

18. Probation Officer Smith is about to visit one of his probationers at home. The probationer has been belligerent in the past, one time threatening to fight with the officer. The Officer decides to take his revolver with him. What do you think of the probation officer's actions?	3.83	3.33
19. The real supervision goals of a case are often too numerous and complex to be adequately specified.	1.83	2.50
20. How often is it necessary for a field probation officer to keep close checks on the associations of his probationers?	4.33	4.17
21. A probationer is having trouble with his landlord, who is refusing to make repairs and is trying to raise the rent. The probationer comes to his probation officer for help. What should the probation officer generally do?	3.67	3.83

- a. Answers were rated on a scale of 1-5, with a score of 5 indicating a strong orientation toward either control or assistance.
- b. All items were reverse scored.
- c. Questions 1,3,7,10, and 20 represent measures of "control." Questions 4,6,8,11, and 15 represent measures of "assistance." All other questions were considered non-measures.

2. Over the **past two months**, how would you rate this probationer on his progress in the group?
Instruction: Please place an “x” along the scale which best indicates your answer.

Over the past two months would you say the probationer’s progress in the group has.....

Strongly improved |___|___|___|___|___|___|___| Did not improve at all
 1 2 3 4 5 6 7 (32)

For the following questions, please place an “x” in each box that indicates an area where you feel the probationer needs improvement.

3. In what area(s) do you believe the probationer needs improvement? (“x” all that apply)

Following probation conditions	<input type="checkbox"/>	Showing signs of self-control	<input type="checkbox"/>
Admitting to deviant fantasy	<input type="checkbox"/>	Showing signs of remorse	<input type="checkbox"/>
Participation in group	<input type="checkbox"/>	Showing signs of victim empathy	<input type="checkbox"/>
Accepts what he did was wrong	<input type="checkbox"/>	Identifying high risk situations	<input type="checkbox"/>
Truthfulness in responses	<input type="checkbox"/>	Acknowledging the harm of the offense	<input type="checkbox"/>
Accepting responsibility	<input type="checkbox"/>	Labeling himself as a sex offender	<input type="checkbox"/>
Avoiding high risk situations	<input type="checkbox"/>	Understanding the relapse process	<input type="checkbox"/> (33-46)

For the following questions, please place an “x” in each box that indicates an area where you feel the probationer has made significant progress.

4. In what area(s) do you believe the probationer has made significant progress? (“x” all that apply)

Following probation conditions	<input type="checkbox"/>	Showing signs of self-control	<input type="checkbox"/>
Admitting to deviant fantasy	<input type="checkbox"/>	Showing signs of remorse	<input type="checkbox"/>
Participation in group	<input type="checkbox"/>	Showing signs of victim empathy	<input type="checkbox"/>
Accepts what he did was wrong	<input type="checkbox"/>	Identifying high risk situations	<input type="checkbox"/>
Truthfulness in responses	<input type="checkbox"/>	Acknowledging the harm of the offense	<input type="checkbox"/>
Accepting responsibility	<input type="checkbox"/>	Labeling himself as a sex offender	<input type="checkbox"/>
Avoiding high risk situations	<input type="checkbox"/>	Understanding the relapse process	<input type="checkbox"/> (47-60)

5. Has the probationer been discharged from treatment? Yes ___ No ___ (61)

6. Has the probationer violated any condition(s) of probation? Yes ___ No ___ (62)

What was the nature of the violation(s)?

Technical (non-criminal offense)___ Criminal sex offense ___ Criminal non-sex offense___ (63)

- b. Were the conditions of probation changed as a result? Yes ___ No ___ (64)

7. Please check the appropriate box to identify yourself as either a probation officer or a clinician.

Probation officer Clinician (65)

8. Please record today’s date _____ (66-71)

Appendix D

Personal History Survey

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(1-11)

Please fill out the following information about yourself:

Write the number or letter that describes yourself in each of the following boxes.
Be sure and put only one number in each box.

12

Occupation:

1= Probation Officer

2= Clinician

13

Gender:

1= Male

2= Female

14 15

Age: Please write your age in the boxes at the left

16

Marital Status:

1= Married

2= Single

3= Separated

4= Divorced

17 18

Number of Children: Please write in the number of children you have in the boxes at your left. e.g., if you have 3 children, you would write "0" in box #16 and "3" in box #17. If you have no children, write in "99".

19

Race/ Ethnic Group:

1= White

2= African American

3= Hispanic

4= Other (Describe _____)

20

Highest level of education you have attained

1= Ph.D. Degree or Psy.D.

2= M.A. Degree

3= Some graduate work but no degree

4= B.A. Degree

5= Associate Degree

6= Some college but no degree

7= High School graduate

8= Some High School but not a graduate

9 = Other (List: _____)

21 22

How many **years** have you been working in your field (either probation counseling)? Please write the number of **years** in the boxes at the left. e.g., if you have been a probation officer for 6 years, you would write “0” in box # 21 and “6” in box # 22.

23 24

How many **years** have you been working with sex offenders in particular? Please write the number of **years** in the boxes at the left. e.g., if you have been working with sex offenders for 3 years, you would write “0” in box # 23 and “3” in box # 24.

25 26

How many **years** have you been working at the Westchester County Probation Department? Please write the number of **years** in the boxes at the left. e.g., if you have been working there for 3 years, you would write “0” in box # 25 and “3” in box # 26.

27 28

How many **months** have you been co-facilitating sex offender sex offender programs for the Westchester County Probation Department? Please write the number of **months** in the boxes at the left. e.g., if you have been co-facilitating groups for 5 months, you would write “0” in box # 27 and “5” in box # 28.

29 30

How many **months** have you been co-facilitating sex offender sex offender programs with your **current** co-facilitator/partner? Please write the number of **months** in the boxes at the left. e.g., if you have been co-facilitating groups with your current partner for 5 months, you would write “0” in box # 29 and “5” in box # 30.

31 1= Yes

Have you worked with other co-facilitators at this current facility?
2= No

32 1= Yes

Have you worked with sex offender sex offender programs at any other agencies?
2= No

If yes, please list the names of the other agencies and the length of time you were employed there.

Thank you for your participation.

Please record today's date: _____

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