In this symposium, we will discuss our rigorous mixed methods analysis of the utility of the SOTIPS as implemented in two large U.S. metropolitan areas. This work builds upon previous work by Bob McGrath and Georgia Cummings in their development of a dynamic risk assessment tool meant to address the specific needs of sexual offence supervision. Three papers will be discussed. First we will describe the SOTIPS including the development and scope of the scale, how assessors are trained to use it, and best practices for implementing SOTIPS in a variety of outpatient settings. Second, we will examine the sensitivity of SOTIPS to offender changes over time in two ways. First, we will explore the relationship between changes in SOTIPS scores and indications of supervision/treatment intensity changes, and second, we will explore the degree to which SOTIPS can map different progress trajectories over time. Finally, data will be presented from the past five years that will inform a discussion of the predictive validity of SOTIPS. These data will include comparisons to static risk assessment tools (the Static-99R, Offender Screening Tool), and incremental validity when combined with the Static-99R.

Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Robert J. McGrath, M.A.
McGrath Psychological Services, P.C.

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS) is a statistically derived, provider-administered, dynamic measure designed to aid clinicians and probation and parole officers in assessing risk, treatment and supervision needs, and progress among adult male sex offenders. Clients are scored on 16 dynamic risk factors at intake and thereafter every six months on a 4-point scale ranging from ‘minimal’ to ‘no need for improvement’ to ‘very considerable need for improvement’. The SOTIPS assessment scheme includes its use with a static risk measure such as the Static-99R or VASOR-2.

This talk will give an overview of the initial development, theoretical basis, and psychometric properties of the scale. In the development sample, SOTIPS scores at 1, 7 and
13 months after beginning treatment showed moderate predictive accuracy for sexual, violent, any recidivism, and return to prison at fixed 1- and 3-year follow-up periods. AUCs for combined SOTIPS and Static-99R scores for all recidivism events were between .67 and .89 and outperformed either instrument alone when both instruments had similar predictive power. Participants who demonstrated treatment progress, as reflected by reductions in SOTIPS scores, showed lower rates of recidivism than those who did not.

**Learning Goals and Objectives:**
- Describe the theoretical basis for the SOTIPS
- Describe the psychometric properties of the SOTIPS
- Identify limitations of the SOTIPS

**Sex Offender Treatment Intervention and Progress Scale (SOTIPS) and Change: How Probation/Treatment Activities Correlate with SOTIPS Scores**

Nicholas Newstrom, M.A., L.M.F.T.
Beatrice ‘Bean’ E. Robinson, Ph.D., L.P., L.M.F.T.
Chris Hoefer, B.S.
University of Minnesota Medical School

SOTIPS is a third generation risk assessment tool designed to measure dynamic/transformable risk factors (e.g., prosocial relationships, housing status, etc.) that are linked to sexual offending in adult males. A unique aspect of SOTIPS is that it is intended to be scored concurrently by probation officers and therapists in order to direct supervision/treatment decisions (McGrath, Lasher, and Cumming, 2012). This scoring is intended to take place every six months and for our purposes was tracked at baseline, 6-month, and 12-month intervals. To date, there has not been an attempt to examine how supervision/treatment decisions are correlated with changes in SOTIPS scores. This paper uses data from a longitudinal study of community supervision and treatment information collected from 722 adult male sex offenders on probation in Maricopa County, AZ and New York, New York. We examine the extent that SOTIPS is sensitive to change over time, as well as describe trajectories in SOTIPS scores at baseline, 6-months, and 12-months.

Hierarchical linear modeling (HLM) was used to model change in offender behaviors. Predictor variables that were used to describe supervision/treatment behaviors included the frequency of probation officer contact (i.e., number of face-to-face visits, home visits, office visits, employment site visits, phone calls, and polygraphs).
The results of this paper will add to the discussion of the usefulness of the SOTIPS by describing how sensitive it is to change as defined by corresponding changes in probation decisions. The results of this paper will advance the understanding of dynamic/transformable risk factors and how they are addressed in supervision and treatment.

**Learning Goals and Objectives:**
- To learn how SOTIPS is sensitive to change over time.
- To identify predictors associated with positive change in SOTIPS scores.
- To describe how SOTIPS may be used to direct changes in supervision or treatment decisions.

**The Structure and Validity of SOTIPS**

Michael H. Miner, Ph.D., L.P.
Nicholas Newstrom, M.A., L.M.F.T.
Beatrice ‘Bean’ E. Robinson, Ph.D., L.P., L.M.F.T.
University of Minnesota Medical School

This paper investigates the structure and validity of SOTIPS by first attempting to replicate the five scale structure presented in the scoring protocol using confirmatory factor analysis. In our previous ATSA presentation (2015) and analyses presented by McGrath, et al. (2012) a three-factor solution better fit the data. Therefore, we will also fit a three-factor solution and test the difference in fit between the three and five factor models. In addition to testing the structure of SOTIPS, this paper will explore the construct validity of SOTIPS. We will present the associations between SOTIPS and two static scales, the STATIC-99R and the OST, which is a risk assessment used by Maricopa County Probations. We will also present an analysis of the association between SOTIPS and the ratings provided by treatment providers to Maricopa County Adult probations in their quarterly treatment progress reports. The items rated are a subset of the STABLE. This paper presents the extent to which SOTIPS predicts reoffending in our combined sample from New York City and Maricopa County (N=722). Predictive validity will be assessed using Cox Regression. Reoffending is defined in four ways: new sexual arrests, sexual plus violent arrests, any arrests, and probation violations. In addition to total scale scores, each subscale or derived factor score is explored with respect to predictive accuracy of each type of reoffending. Criminal history data will be drawn in April 2017, so we will have sufficient time to complete these analyses by the ATSA Conference in October. The results of these analyses will be discussed within the context of the uses and abuses of dynamic risk scales.
Learning Goals and Objectives:
- Identify the factor loadings of SOTIPS.
- Describe the predictive validity of SOTIPS.
- Learn about the uses and abuses of dynamic risk scales.

Financial Interest Disclosure: Robert McGrath provides trainings on how to use the SOTIPS risk assessment tool.

Dr. Michael Miner
Michael Miner, PhD is Professor of Family Medicine and Community Health and Research Director for the Program in Human Sexuality. Dr. Miner began his work in sex offender research in 1986 as the research psychologist for California’s Sex Offender Treatment and Evaluation Project and has continued to study the etiology of sexual abuse perpetration, risk assessment, and sexual compulsivity. He is President-Elect of ATSA and was Vice President of the International Association for the Treatment of Sexual Offenders until September 2008. Dr. Miner is a recipient of the Professional Services Award from the Minnesota Chapter of the Association for the Treatment of Sexual Abusers.

Bob McGrath
Robert McGrath, M.A. is in private practice and is the former Clinical Director of the Vermont Department of Corrections statewide network of prison and community sex offender treatment programs. He was co-chair of the professional standards committee that authored the ATSA 2014 Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers. He currently serves or has served on the treatment advisory boards of several sex offender programs in the United States and the national sex offender treatment programs in Canada, the United Kingdom, and Hong Kong.

Dr. Beatrice ‘Bean’ E. Robinson
Bean Robinson, PhD, is Clinical Director of the Program in Human Sexuality and Associate Professor, University of Minnesota Medical School, Department of Family Medicine and Community Health. She is a MN licensed psychologist and MN licensed marriage and family therapist and state approved supervisor. She is a Fellow and former President of the Society for the Scientific Study of Sexuality and has been the Executive Director of the World Professional Association for Transgender Health since 1996. Dr. Robinson focuses her research and clinical activities in minority communities, including sex offender, women and men with sexual dysfunctions, Somali/African, African American, men who have sex with men, bisexual, and transgendered individuals and studies the psychology of human sexuality and sexual health, sexual pain, HIV prevention, and treatment outcome effectiveness.
Nicholas P. Newstrom
The lead presenter is an ATSA student member and has presented at the Minnesota Association for the Treatment of Sexual Abuse (MNATSA). He is currently pursuing his PhD in couple and family therapy at the University of Minnesota. His research interests include the impact of pornography on couples as well as exploring family strain that contributes to sex offending behaviors in adolescents. Recently, he has published an article in the Journal of Sexual and Relationship Therapy.

Chris Hoefer
Chris Hoefer is a Community Program Associate, University of Minnesota Medical School, Department of Family Medicine and Community Health. His background is in social services and finance and he has managed a series of large-scale government-funded research projects. Chris is a contributing author on publications resulting from these previous projects and is interested in further exploring clinic-based research administration.