

SHAPING THE FUTURE

2019 ATSA Conference | Thursday November 7 | 10:30 AM – 12:00 PM

T-11

Therapists and Probation Officers: Shaping the Future of This Relationship

Symposium Co-Chair: Michael P. Lasher, PhD
Eastern State Hospital

Symposium Co-Chair: Nicholas Newstrom, PhD, LMFT
University of Minnesota Medical School

Since the late 1970s, the supervision and management of individuals who have sexually offended has required the collaboration of treatment providers, including psychologist, counselors, social workers, and psychiatrists, with the criminal justice system. While collaboration may be easier when for treatment providers working with offenders who are incarcerated or committed to a psychiatric facility, the most common level of supervision where collaboration occurs is during community supervision, such as probation and parole. Although this general model of collaborative treatment and supervision has persisted through changes in practice and policy for around 40 years, the dynamics of these collaborations have rarely been intensively researched

Recently, two large research projects have included goals to address this deficit in the literature. First, the SOTIPS Replication Study (Miner et al., 2019) examined the working relationships between therapist and probation officers in two, major metropolitan areas in the United States while also researching the efficacy of SOTIPS, a dynamic risk assessment tool. Interviews were conducted at two time points, five years apart. Second, a multi-phase study, Barriers and Facilitators to Offender Re-entry in Rural Communities, initially examined the professional experiences of treatment providers and criminal justice professionals. This study included significant attention to the examination of collaborative experiences. These two qualitative projects together feature some of the most detailed research on the collaborative relationships forensic treatment providers and probation and parole officers.

This symposium presents the summary qualitative findings of both research projects' collaborative experience studies. First, Dr. Newstrom will discuss the experiences of treatment providers and probation officers specifically involved in the management of individuals convicted of sexual offenses.. Themes included positive aspects of this working relationship (e.g., mutually valuing each other's roles; timely reports) and barriers of collaboration (e.g., lack of case resources; conflict with goals of therapy and supervision). Second, Dr. Lasher will discuss how these combined qualitative findings compare to the best practice standards of interprofessional practice in traditional healthcare. Traditional healthcare research has extensively examined collaborative relationships, and offers several suggestions for improved collaboration in forensic mental health settings. Overall, symposium attendees will achieve a better understanding of the state of interprofessional

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collaboration in forensic mental health and learn potential strategies to improve collaboration in their own practice.

Financial Interest:

Michael P. Lasher provides paid consulting and training for the Sex Offender Treatment and Intervention Progress Scale (SOTIPS), discussed in Dr. Newstrom presentation. Nicholas Newstrom has no commercial interest represented in this symposium.

Probation Officer and Sex Offender Therapists: An Examination of Working Relationships

Nicholas Newstrom, PhD, LMFT
University of Minnesota Medical School

Contemporary sex offender supervision models focus on reducing recidivism through collaboration between probation officers and therapists providing sex offender treatment. This paper is a qualitative description of the working relationships between probation officers and therapists from two major metropolitan areas in the U.S. done at two time points, five years apart. Two focus groups were conducted at each site, one consisting of probation officers supervising adults convicted of sexual crimes (using the containment model) and the other consisting of therapist providing sex offender treatment. Themes from the first interviews described positive aspects of the relationship such as mutually valuing each other roles and the importance of regular, accurate, and timely communication. Several themes were associated with negative relationships, such as poor communication, conflict between the goal of therapy and supervision, a lack of resources, and difficulty with policy concerning the implementation of the containment model. Follow-up focus groups were conducted five years later with some of the same probation officers and therapists participating. Results from this round of focus groups confirmed findings from year one. Additional barriers to collaboration that were identified by probation officers and therapists included probation officer/therapist turnover, and struggles with a high caseload numbers. This paper will conclude with a discussion about how the results of these interviews can help inform sex offender supervision and treatment strategies.

Learning Goals:

- Audience members will identify two positive themes related to the working relationships between therapists and probation officers.
- Audience members will be able to identify two barriers to collaboration between therapists and probation officers.

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- Audience members will be able to contrast the working relationships between therapists and probation officers working with individuals who commit sexual abuse and therapist professionals who work in the healthcare system.

References

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Doing Better, Together: Forensic Interprofessional Relationships and Best Practice in Healthcare

Michael P. Lasher, PhD
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The current prevailing approach to community management of offenders involves probation and parole officers (i.e., community supervision professionals) partnering with other community professionals, such as psychologists, social workers, and other mental health providers to address offenders' needs. Each type of professional draws from a unique field with goals, values, and theoretical orientations, which do not necessarily overlap. Outside of a few select studies, the interprofessional relationships between mental health providers and community supervision professionals are rarely study in empirical literature. This is true both of sexual offense specialists and general forensic mental health programs as a whole.

Thirty-three mental health professionals and four community supervision professionals were interviewed during a study of barriers to offenders' community re-entry. Through a qualitative analysis of these interviews, major themes related to interprofessional communication and collaboration were identified (five mental health themes, four

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community supervision themes) that illustrate the beliefs, experiences, strengths, and weaknesses of these relationships based on professional experience. These findings were contrasted against the four best practice principles of the Interprofessional Healthcare Collaborative (IPEC): Values and Ethics, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork. Despite the inherent differences between mainstream healthcare and forensic mental health practices, those surveyed for this study endorsed many of the elements of the IPEC principles. This presentation will discuss how interprofessional forensic mental health practice does in fact meet many of these best practice principles, and will highlight what elements of the IPEC principles were not discussed during the interviews and could reasonably be integrated into forensic mental health collaborations.

Learning Goals:

- Describe the major themes identified in research on interprofessional relationships in the Barriers to Re-Entry Study and SOTIPS Replication Study
- Describe the details of the four IPEC principles
- Learn what aspects of the IPEC principles were not endorsed in this study, which could reasonably be integrated into collaborative forensic mental health practice

References

- Lasher, M. P. & Stinson, J. D. (2018). "Built on respect and good honest communication:" A study of mental health providers' partnerships with community supervision. *Administration and Policy in Mental Health and Mental Health Services Research*.
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Michael P. Lasher, PhD is a clinical psychologist practicing in the Not Guilty By Reason of Insanity program at Eastern State Hospital in Williamsburg, VA. In addition to Virginia, he has worked in forensic mental health, primarily with individuals who sexually offend, in Michigan, Pennsylvania, Tennessee, and Vermont. He is also involved in research, including the study of measuring treatment progress, interprofessional relationships, and sex offender risk assessment methods. He is the co-author of the SOTIPS and VASOR-2 risk assessment instruments, and has provided training on these instruments in several jurisdictions in the United States.

Nicholas Newstrom, PhD, LMFT is the current Michael E. Metz Postdoctoral fellow at the Program in Human Sexuality/Center for Sexual Health, Department of Family Medicine & Community Health, University of Minnesota Medical School. As part of his appointment, he currently conducts risk assessments and sees individuals and couples who are experiencing sexual problems. His research interests include how men and women communicate and interpret signals for sexual consent. Nicholas is currently working on a number of grant mechanisms exploring these behaviors.