

Reference: Cota, R. (2014, Fall). Containment model for sex offenders. *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, pp. 1, 4-6, 9. Available: www.ccoso.org.

Containment Model for Sex Offenders
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The Containment Model is considered a best practice when working with the sex offender population. This approach utilizes professionals from the fields of specialized mental health treatment, certified post-conviction polygraphers, and specially trained community supervision officers (Probation/Parole). These professionals work together to “contain” the offender’s behavior while in the community (CSOM, n.d.). Community supervision officers utilize a wide range of tools (e.g., hand cuffs, impact weapons, firearms, radios, computers), in performing their duties. The Containment Model is simply another tool the supervision officer uses to assess the risk an offender poses and develop a plan to mitigate that risk. This is accomplished by frequent communication with the treatment provider and polygrapher, and by always keeping a victim centered approach (English, 2004; English, Chadwick, Pullen, & Jones, 2006). The purpose of this article is to present practical ways the supervision officer can utilize the different aspects of the Containment Model, and show how the supervision officer, as the case manager, is the most vital component of this approach.

Supervision and Treatment

Penal Code Section 290.09 mandates all registered sex offenders currently being supervised by Probation or Parole, or Post Release Community Supervision, be supervised using the Containment Model, beginning July 1, 2012. According to this Penal Code Section, supervision officers must complete a Static 99R, and a Facts of Offense Sheet, and submit these documents to the California Department of Justice (DOJ) for inclusion on the Megan’s Law website. The supervision officer must coordinate with the treatment provider and verify the provider has completed the Dynamic Risk Assessment Tool (STABLE/ACUTE-2007) and the future violence risk assessment (LS-CMI) and submitted them to the DOJ. The supervision officer and treatment provider must meet a minimum of once a month to discuss case dynamics and risk for each sex offender on their caseload. Unfortunately, “risk” is defined by behavior, not solely by a classification or number (English et. al., 1996). Simply committing an offense requiring registration does not necessarily mean the offender poses an increased risk to the community. Conversely, through legal rulings like “Hofsheier” or, often shocking plea bargains, a true sex offender may not be required to register, yet poses a significant risk to the community.

The first thing a supervision officer must do is determine what type of offender is sitting across the desk from them. Reviewing the police report, criminal history, previous assessments, and the pre-sentence investigation report will provide valuable information (English, 2004). A review of the imposed sentence and probation conditions can also help gauge the Court’s interpretation of events. Soliciting a formal assessment such as an Able Assessment for Sexual Interest (AASI-2), or a more in depth assessment using the Plethysmograph can provide support for and validate hunches or suspicions, giving the officer information needed to direct an at risk offender into treatment or increase supervision, regardless of their requirement to register or not. The psychologist conducting the assessment is a valuable source of additional information in determining the level of risk, and subsequent level of supervision required.

Law enforcement officers often have a negative view of treatment. Supervision officers at some point will have drug offenders on their caseload and experience the frustration of dealing with the constant relapse and arrest associated with addiction. This has been described as “doing life on the installment plan (Petersalia, 2006, p. xii)” and can cause even the most optimistic supervision officer to become jaded.

Pessimism towards treatment understandably carries over when an officer begins supervising sex offenders. In reality, if an offender complies with treatment, it can work. For example, the treatment of diabetes is an illustration. Diabetes is the seventh leading cause of death in the United States. It is a lifelong disease with no cure, yet is completely controllable through exercise, diet, and medication. When a person follows the treatment regimen, the diabetes is under control (PubMed, 2013). Sexual offending is also a lifelong behavioral disorder with no cure. The risk of re-offending can be reduced within the community through treatment (SARATSO, 2011).

Structured sex offender treatment programs are now being utilized in 39 states. The majority of states use Cognitive Behavioral Therapy (CBT), with a focus on relapse prevention (Wenger, 2000). CBT utilizes three concepts: recognize, avoid, and cope. The offender is taught how to recognize situations and thoughts that may lead to reoffending based on their past habits, patterns, and fantasies. Strategies are developed to help the offender avoid situations which place them at risk (Carroll, 1998). A treatment group is utilized to facilitate an atmosphere of positive peer interaction. Those new to the group learn from discussions and admissions of those who are further along in treatment. The therapist assists the offender to identify triggers and other circumstances that led to or facilitated the offense. Once these risk factors are identified, be it drug or alcohol use, depression, stress, pedophilia, fetishes, etc., the treatment provider should notify the supervision officer. The supervision officer then looks for these triggers or high risk behaviors at the home, and in office interviews.

In the traditional therapeutic model there are strict confidentiality guidelines that limit the sharing of information. Since frequent communication is needed (and mandated) treatment providers should have the offenders sign waivers allowing the sharing of specific and detailed accounts of concerns, progress, attitudes, and behaviors. Similarly, in the typical therapeutic relationship the therapist is limited to what the offender has admitted in the treatment sessions. Over weeks and months the therapist must learn what behaviors led to the offense, and hope that the offender is being truthful. Using the Containment Model, the supervision officer and therapist have a way to verify thoughts and behaviors disclosed in treatment and unveil hidden behaviors—the polygraph.

Polygraph

The purpose of the polygraph is to increase disclosure of problem behaviors, deter high risk behavior through the certainty that the behavior will be discovered, and detect problem behavior that may lead to reoffending (CASOMB, 2011). A sex history polygraph can reveal behaviors, thoughts, and fantasies not previously known to the treatment provider. If they are not known, the therapist and supervision officer will not be looking for them, and a plan to stop or avoid these behaviors cannot be developed. A maintenance polygraph once every 4 to 6 months may uncover behaviors, or attitudes that have gone undetected and therefore have not been addressed. Stopping these behaviors or fantasies before a new offense occurs is critical. By simply knowing they will be subject to a polygraph, offenders may avoid high risk behaviors to prevent consequences.

At each step, the polygraph provides information that can help both the treatment provider and supervision officer, proactively, prevent reoffending. The polygrapher is an integral part of the Containment Team, but is, unfortunately, often forgotten. The supervision officer has all of the available information about the offender's past behavior. The treatment provider has insight into attitudes and fantasies not detailed in an arrest report. This information needs to be communicated to the polygrapher so the appropriate questions can be formulated to attain the desired information. Everyone benefits when the probationer passes the polygraph exam. However, if an offender fails the exam, what can be surmised? Somewhere in those answers it is likely that the offender either omitted or lied about something important. If it is so important that they risk consequences for lying about it, then the response by the treatment provider and supervision officer must be of equal weight. If the behavior discovered is a risk

(e.g., viewing pornography, going to a park, being around minors, drug use) then the officer needs to directly observe the behavior (find the violation) and take the offender into custody. If the polygraph reveals the offender is fantasizing or contemplating a new offense, the thoughts need to be addressed through increased treatment so they do not become action. Either way the goal is the same: stop the high risk behavior or fantasy before there is a new victim.

According to Kokish (2003) accuracy rates for polygraph results can vary from 50% to 100% depending on many different variables, thus raising questions about whether the polygraph is always valid and reliable. Variables affecting accuracy may involve the offender, such as medications being taken, or may relate to the polygrapher in regards to the accurate interpretation of results. However, the accuracy of the polygraph should have no bearing on supervision. The supervision officer addresses the polygraph with the offender “as if” the exam is 100% accurate. Any other approach allows the offender to make up excuses for why they failed the exam. The interactions between the supervision officer and the offender then become focused on the polygraph test itself, and not about the deceptive or high risk behavior. The point is not to engage in a debate with the offender about whether the report is accurate.

Victim Centered Approach

No member of the Containment Team, from the supervision officer, treatment provider, or polygrapher, to the Court, District Attorney, Defense Council, even the offender, wants a new victim. This would signal a breakdown in the entire system, which is summarized in the motto “No More Victims” (CSOT, 2003). A victim centered approach is the most important part of the Containment Model. It is also the most difficult for supervision officers to implement.

Only by focusing on a victim centered approach can the supervision officer maintain his or her perspective and function in a professional manner. I clarify this with the idea of “What not Why.” In practice I ask myself, “What did they do, and how do I prevent it from happening again?” If the officer focuses on the offender’s motivation and views it as sick, disgusting, or perverted, the result is a personal dislike. This makes objective supervision impossible. Maintaining the detachment of “what not why” is critical. Asking “what not why” also helps shatter many cognitive distortions and excuses the offenders use. “What did you do?” eliminates the arguments of “I thought she was 18” or “I was drunk”, which are motivations not a behavior. Focusing on the “what not the why” allows the officer to continually bring the conversation back to behavior, and not entertain excuses or rationalizations.

The field supervision officer should contact the victim (or family) on a regular basis. Supervision officers have at their disposal community resources that can provide needed support to the victims of past abuse. Following through with the enforcement of restitution may help the victim receive the funds needed to pay for their treatment. Addressing concerns about where the offender is living, if he or she is on GPS, or if the offender is soon to be released from custody are all ways the supervision officer can support the victim.

A victim centered approach also focuses on increasing the offender’s empathy for the victim. The building of empathy is most easily illustrated by cases of child pornography. The offender constantly tries to absolve himself of guilt by saying “I didn’t touch anyone, they were only pictures.” However, in a recent article, Amy, the victim of a prolific child pornography offender, stated: “Every time I see a man I think, ‘Did HE see me?’” This happens all day, every day (dailylife.com, 2013). Focusing on the pain and hurt a victim experiences, challenges the offender’s cognitive distortions, and forces him or her to admit victims are real. Lasting change comes as a result of building victim empathy to prevent future re-offending. This desire to help past victims, and prevent new victims is a source of passion and drive for supervision officers and allows them to deal with sex offenders day in, day out, acting as insulation against the stress and strain of the subject matter of sexually graphic behavior.

Violations of Supervision Rules

The California Department of Corrections and Rehabilitation (CDCR, 2010) recommends that sex offender supervision officers have a reduced caseload of 20 offenders per officer. Fiscal realities and budget constraints result in caseloads much greater than this in many departments (St. John & Esquivel, *LA Times*, August 10, 2014). Every offender is at risk of reoffending. However, some are at higher risk than others. With caseloads higher than is recommended, officers must prioritize their supervision, based on perceived risk. Unfortunately, risk level changes daily or weekly based on the circumstances in each offender's life. Drug use, associates, GPS tracks to prohibited places, family conflict, employment struggles, and financial stress; all of these situations may point to increased risk.

Another significant risk factor for re-offending is not complying with treatment, and/or supervision rules (static99.org). The single most important way the supervision officer fulfills their role in the Containment Model is through the detection of violations of these rules. When a violation is discovered, it is very likely there are other high risk behaviors that have not been detected. This behavior needs to be addressed, proactively, before any reoffending occurs. The motivation for a proactive response is not punishment, or retribution. The arrest and subsequent incarceration is simply the officer hitting the "re-set" button on the offender's behavior. After a period of reflection in custody, the offender returns to the community and returns to treatment. At each step the officer protects the community, prevents a new victim, and keeps treatment in balance with supervision.

Perhaps the most important action a supervision officer can take is the surprise home visit and search. If an offender has time to hide their pornography, hide their internet use, or provide explanations for various items of concern in the home, the officer will have limited information with which to make decisions. Frequent, and unannounced searches of the residence, vehicle, rented storage space, and collateral addresses are essential. An officer should leave the offender's residence knowing they did everything possible to locate high risk behaviors, spending 30, 60, 120 minutes searching if needed. The results of these searches are then relayed to the treatment provider to help guide or alter treatment goals, and discussed with the polygrapher so pertinent questions can be formulated to elicit even more information. Violations of supervision rules are most likely going to be discovered on electronic media (e.g., smart phones, tablets, and computers). Therefore, supervision officers need special training in basic electronic searches. If an officer does not have this type of training, an effort should be made to find and attend this training as soon as possible. The officer should learn how to use widely available forensic tools like Field Search (it is free). The officer needs to know how to access the Internet history on cell phones and tablets, during routine home searches or office appointments. The officer should not get complacent and take the device to a lab where it may take days or weeks to be processed. If the offender is at risk, he or she may commit a new offense while waiting for the device to be processed. "I didn't know how" is a weak response when an offender being supervised in the community commits a new offense.

GPS is a powerful supervision tool. It helps the officer track the offender's whereabouts within the community. GPS only shows where the offender is, not what they are doing. The officer should check GPS tracks frequently, asking themselves "why did the offender go there?" The officer can even check Google Earth and see if there is a play yard at that particular restaurant, or if there is an arcade inside that particular store.

Once an officer begins supervising a case, his or her name is attached to the case, permanently. When supervision ends, the officer needs to have done, and documented, everything possible with the offender to prevent a subsequent offense. After the published reports on the Garrido and Gardner cases, the need for this documentation is obvious. Years after they were supervising the case, everything those agents did, or did not do, was scrutinized by the public, the media, and their administration. A recent article in the

Orange County Register (Schwebke & Emery, 2014) criticized the decision a Probation Officer made in 1971. That officer is no longer alive, yet the decisions he made were second guessed and criticized. It could happen to any officer, years after the officer had the case.

Conclusion

Supervision officers now have tools and training that were unheard of a few years ago. Properly utilizing the Containment Model to assess and supervise offenders not only works, but has been documented as the best practice in reducing reoffending (Pimentel and Muller, 2010). This approach allows the officer to do what we all entered this field to do: protect the community and help those who need it, while preventing future victimization, both while the offender is on active supervision, and in the future.

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