msota Montana Sex Offender Treatment Association

The Law and Justice Interim Committee, Amy Regier, Chair
Information prepared for the July 14, 2026 meeting.

1. History of the Montana Sex Offender Treatment Association (MSOTA)

- **Establishment and Affiliation:** Founded in **1986**, as a non-profit organization composed of various professionals who work directly with sex offenders. MSOTA's purpose is to promote the highest standards in the evaluation and treatment of sex offenders. MSOTA shares some statewide membership with the Association for the Treatment of Sexual Abusers (ATSA), however they are separate entities.
- **Standardization of Practice:** Created the first uniform clinical guidelines and ethical codes in Montana, moving the state away from fragmented, inconsistent treatment practices.
- **Legislative and Policy Leadership:** Historically served as a vital advisory body to the Montana Legislature, the Department of Corrections, and the Judiciary, particularly in implementing the Sexual or Violent Offender Registration Act and defining the qualifications for "designated sex offender treatment providers."
- **The Containment Model:** Pioneered the integration of the "containment model" in Montana, collaborating with probation/parole and polygraph examiners to ensure seamless community supervision and clinical accountability.

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2. Current State of Sex Offender Treatment and Evaluation

- **Evidence-Based Paradigm:** Modern treatment practice has transitioned entirely away from punitive or unstructured talk therapy. It is governed by the **Risk-Need-Responsivity (RNR) model** and Cognitive-Behavioral Therapy (CBT).
- **Objective Risk Assessment:** Evaluations no longer rely on subjective clinical intuition. Instead, they utilize validated, actuarial risk assessment instruments (e.g., Static-99R) to mathematically calculate recidivism probability.
- **Targeting Dynamic Risk:** Treatment and supervision teams focuses on "dynamic risk factors", or changeable psychological deficits such as sexual deviance, emotional dysregulation, and intimacy deficits, which directly drive offending behavior.
- **Systemic Collaboration:** Effective management relies on coordination between disparate systems, determined on an individual basis, including the supervising probation/parole officer, treatment team, community members involved in a client's rehabilitation.

3. Where MSOTA Members Practice

- **MSOTA Credentialed Practices are established in the following communities:**
    - Great Falls, Butte, Whitefish, Havre, Bozeman, Kallispell, Billings, Missoula, Helena, Wolf Point, Lame Deer, Crow Agency, and Miles City.
    - Credentialed members also practice in Montana Correctional Facilities as well as coordinating treatment and supervision with Prerelease Centers across the state.
- **MSOTA Clinicians partner with a wide variety of agencies across the state, including:**
    - Montana Department of Corrections Community Supervision
    - Montana Department of Corrections
    - Montana Parole Board
    - DPHHS (DDSP, CFS)
    - Youth Court, including Youth in Need of Intervention cases, Juvenile Delinquency cases, informal Youth Court Services interventions.
    - We receive referrals from other clinical practitioners for Youth with problematic sexual behaviors.

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4. Critical Facts Regarding Risk and Recidivism

- **Distribution of Risk Levels:** The vast majority of individuals convicted of sexual offenses do not fall into the "high-risk" category.
    - *Low Risk:* Comprises approximately **50% to 60%** of the offender population.
    - *Moderate Risk:* Comprises approximately **25% to 30%** of the population.
    - *High Risk:* Comprises only **10% to 15%** of the population.
- **Recidivism Rates by Risk Levels:** Actual sexual recidivism rates are significantly lower than public perception suggests, particularly for lower-risk levels:
    - *Low-Risk Group:* 5-year sexual recidivism rates are typically **under 3% to 5%**.
    - *Moderate-Risk Group:* 5-year sexual recidivism rates range from **6% to 12%**.
    - *High-Risk Group:* 5-year sexual recidivism rates range from **15% to 25%** (without intervention).
- **The Power of Treatment (The "Harris" Effect):**
    - Meta-analytic research (notably led by researchers Hanson and Harris) demonstrates that **successful completion of specialized, evidence-based treatment reduces sexual recidivism rates by approximately one-half (50%)** compared to untreated offenders.
- **The Critical Ingredient—Trained, Licensed Clinicians:**
    - Treatment is only effective when delivered by **specially trained, licensed mental health professionals** who possess specific expertise in forensic evaluation.
    - Utilizing untrained generalist clinicians, or relying solely on correctional staff without specialized clinical licensure, fails to reduce recidivism and can statistically *increase* risk by failing to target the correct criminogenic needs.