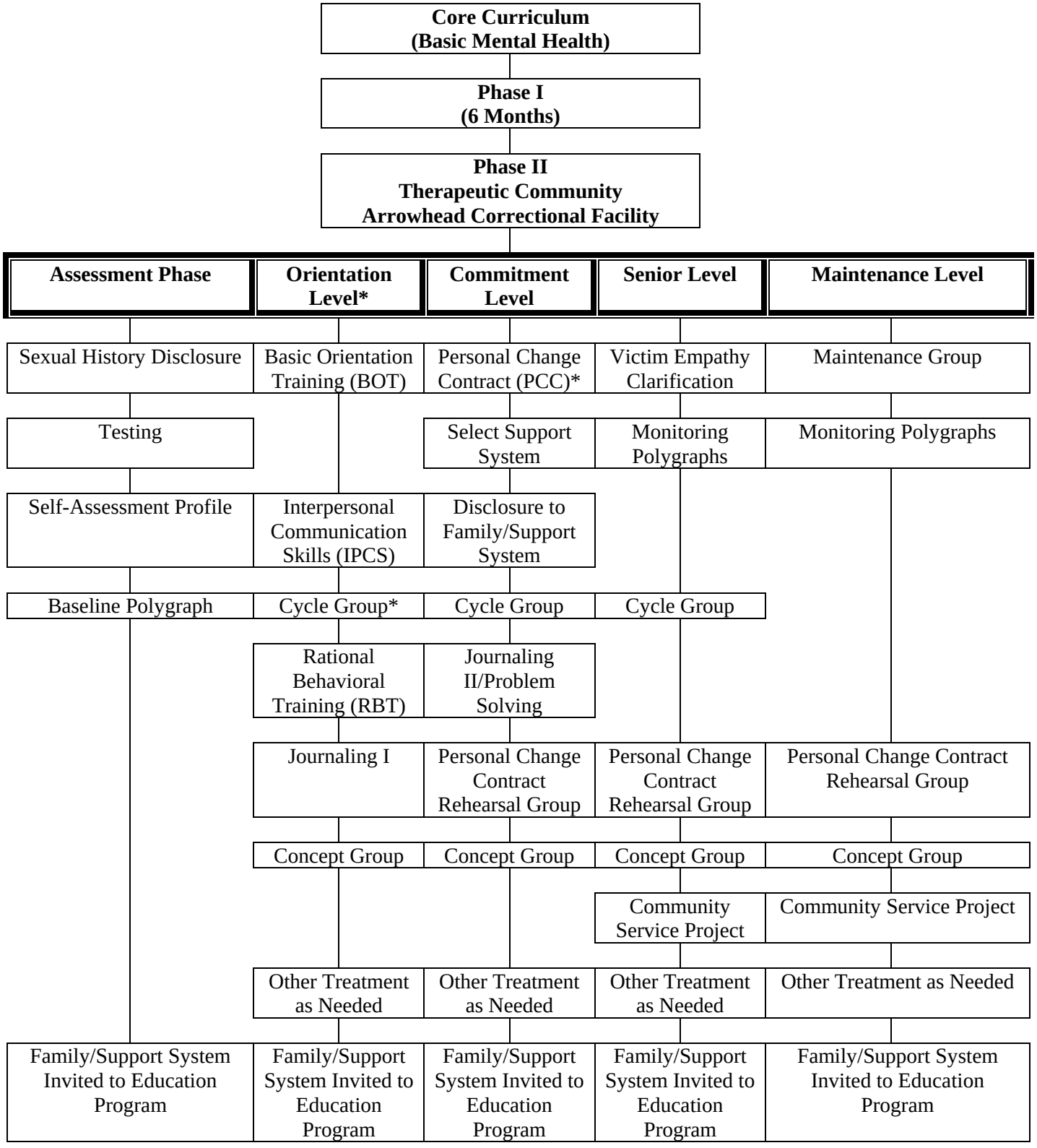
APPENDICES A – R

APPENDIX A:

THERAPEUTIC COMMUNITY SEX OFFENDER TREAMENT MONITORING PROGRAM TREATMENT LEVEL FLOWCHART

THERAPEUTIC COMMUNITY
SEX OFFENDER TREATMENT MONITORING PROGRAM
TREATMENT LEVEL FLOW CHART



APPENDIX B:

SEX OFFENDER TREATMENT PROGRAM
BLOCK SCHEDULE

SEX OFFENDER TREATMENT PROGRAM – **BLOCK SCHEDULE (May, June, July, Aug. 2002)** May 7, 2002

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:15-10:15 Concept Group – Michel, Elizabeth (TC Mod/Big Group Room)	**8:15-10:30 BOT Rich, Laura (Visiting Room – Split)**	**8:15-10:15 Concept Group – Rich, Elizabeth (TC Mod/Small Group Room B)**	**8:15-10:30 BOT Rich, Laura (Visiting Room – Split)**	
8:15-10:30 Anger Mgt – Laura, Monica (Programs Bldg.)	**8:15-10:30 Cycle Group Mike B. Christine (TC Mod/Large Group Room – Split)**	**8:30-10:30 Evaluations Group – Sandy, Dr. Vehar (S/O Conference Room)**	**8:15-10:30 (Programs Bldg)**	
8:30-10:30 Evaluations Group – Sandy, Dr. Vehar (S/O Conference Room)	**8:30-10:30 Evaluations Group – Sandy, Dr. Vehar (S/O Conference Room)**	**8:15-10:30 FCF Group - Gary**	**8:15-10:30 Cycle Group Mike B. Christine (TC Mod/Large Group Room – Split)**	
			8:30-10:30 Evaluations Group – Sandy, Dr. Vehar (S/O Conference Room)	
(PM)	**(PM)**	**(PM)**	**(PM)**	**(PM)**
1:00-3:00 BOT – Michel, Elizabeth (Unit B)	**1:00-3:00 PCC – Christine, Elizabeth (S/O Conference Room)**	**1:00-3:00 Journaling I Group - Sandy, Christine (S/O Conference Room)**	**1:00-3:00 PCC – Christine, Elizabeth (S/O Conference Room)**	
1:00-3:00 Cycle Group – Gary, Laura, Monica (TC Mod/Small Group Room A)	**1:00-3:00 Concept Group – Gary, Mike B. (ACC Visiting Room)**	**1:00-3:00 (TC Mod/Small Group Room A)**	**1:00-3:00 Journaling II Group - Sandy (S/O Group Room)**	
3:00-5:00 RBT – Gary, Sandy (S/O Conference Room)	**3:00-5:00 Convert Sensitization – Christine, Mike D. (S/O Conference Room)**	**1:00-3:00 BOT – Michel, Elizabeth (Unit B)**	**1:00-3:00 Concept Group – Gary, Monica, Dr. Vehar (Visiting Room-Split)**	
3:00-5:00 PCC- Michel, Rich (TC Mod/Large Group Room – Split)	**3:00-4:00 Rational Office – Laura (B Unit)**	**1:00-3:00 Cycle Group – Gary, Laura, Monica (TC Mod/Small Group Room A)**	**3:00-4:00 House Meeting – All Staff and TC S/O Inmates – ACC Visiting Room**	
3:00-5:00 Concept Group – Mike B, Christine (TC Mod/Large Group Room-Split)	**3:00-5:00 Crossover Group – Mike B., Shannon (TC Mods/Small Group Room A)**	**3:00-4:00 Rational Office – Mike B. (B Unit)**	Kitchen Group – Mike B., Shannon **a.m. or p.m. as needed**	
	3:00-5:00 Relapse Prevention – Rich, Elizabeth (S/O Conference Room)	**3:00-5:00 PCC- Michel, Rich (TC Mod/Small Group Room B)**		
		3:00-5:00 IPCS – Laura, Burl (TC Mod/Small Group A)		

APPENDIX C:

GROUP PROCESS MEASURE FORM

4/12/02

Group Process Measure

Group Name:_____ Therapist Name(s):_____
Group Size:_____ Location:_____ Date:_____

Group Time Began:_____
Group Time Ended:_____

Was the group rated (1-5)?
1 Yes
0 No

Administrative Skills

1. PHYSICAL SETTING ADEQUATE/COMFORTABLE
   optimal use of space, soft non-distracting light/ventilation, quiet
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

2. FACILITATOR ORGANIZED
   well organized, prepared, smooth beginning
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

3. ADDRESSED CLIENTS BY NAME
   used names regularly with correct pronunciation
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

4. MINIMIZED EXTERNAL DISRUPTIONS AND DISTRACTIONS
   disruptions/distractions managed well
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable (No distractions)

Instructional Skills

1. CLEAR, ARTICULATE AND EASILY HEARD
   consistently distinct, clear and audible
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

2. LANGUAGE SIMPLE, EASILY UNDERSTOOD
   consistently clear, difficult terms kept to minimum
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

3. DEFINED TERMS, CONCEPTS AND PRINCIPLES
   consistently provides clear definitions, examples used
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

4. ENCOURAGED QUESTIONS/FEEDBACK
   encouraged questions, answers in depth, assured understanding
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

5. HOMEWORK: REVIEWED COMPLETED &/OR EXPLAINED ASSIGNMENT
   always offered detailed explanation and or review, in-depth discussion
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

6. FOLLOW LESSON/CURRICULA PLAN
   follows plan, did not omit any important points
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

7. MADE EFFORT TO KNOW WHETHER THE CLASS UNDERSTOOD
   consistently made effort to be sure all members understood material
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

8. MAINTAINED CLIENTS INTEREST
   consistently held majority interest
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

9. MONOPOLIZATION OF THE DISCUSSION BY SELF OR OTHERS, DRAWS OUT QUIET CLIENTS
   usually did not monopolize discussion or allow others to do so, no one ignored
   0 No
   1 Somewhat
   2 Yes
   8 Not Applicable

10. PROVIDED OPPORTUNITY FOR CLIENTS TO PRACTICE MATERIAL LEARNED
ample opportunity to practice, consistently appropriate
0 No
1 Somewhat
2 Yes
8 Not Applicable

11. MEDIATED CONFLICTS OR DIFFERENCES OF OPINION
appropriately mediated successfully
0 No
1 Somewhat
2 Yes
8 Not Applicable

12. WRAP UP, CLOSURE
adequate closure
0 No
1 Somewhat
2 Yes
8 Not Applicable

Therapeutic Skills

1. RESTATED/REFLECTED
consistently restated/reflected, appropriate, complex and accurate
0 No
1 Somewhat
2 Yes
8 Not Applicable

2. CLARIFIED
clarifies when necessary, accurate/complete
0 No
1 Somewhat
2 Yes
8 Not Applicable

3. SUMMARIZED
regularly summarized, complex and accurate
0 No
1 Somewhat
2 Yes
8 Not Applicable

4. PROBED/QUESTIONED
consistently used accurate probing questions
0 No
1 Somewhat
2 Yes
8 Not Applicable

5. QUESTION STYLE
majority of questions were open
0 No
1 Somewhat
2 Yes
8 Not Applicable

6. CHALLENGED (Thoughts/Behaviors)
consistently challenged appropriately with no hostility or sarcasm
0 No
1 Somewhat
2 Yes
8 Not Applicable

7. IDENTIFIED/REFLECTED FEELINGS
consistently and accurately identified and reflected feelings
0 No
1 Somewhat
2 Yes
8 Not Applicable

8. PROVIDED FEEDBACK TO INDIVIDUALS AND GROUP
consistently provides accurate feedback to both individuals and group
0 No
1 Somewhat
2 Yes
8 Not Applicable

9. ADVISED
consistently appropriate, accurate timing, not overdone
0 No
1 Somewhat
2 Yes
8 Not Applicable

10. INTERVENTION (Changed Directions)
consistently used appropriate and well timed interventions
0 No
1 Somewhat
2 Yes
8 Not Applicable

11. NONVERBAL BEHAVIORS
consistently appropriate recognition and feedback, in-depth
0 No
1 Somewhat
2 Yes
8 Not Applicable

12. MODEL BEHAVIOR
consistently appropriate behavior and dress
0 No
1 Somewhat
2 Yes
8 Not Applicable

13. RESPECT
treats clients with consideration and respect
0 No
1 Somewhat
2 Yes
8 Not Applicable

4/12/02

14. GROUP COMMONALITIES USED IN GROUP PROCESS
consistently demonstrated use of commonalities, good in-depth group process
0 No
1 Somewhat
2 Yes
8 Not Applicable

15. FACILITATION
excellent skills demonstrated, group ran smoothly
0 No
1 Somewhat
2 Yes
8 Not Applicable

16. HUMOR
consistently appropriate, makes point without racism, sexism, embarrassment
0 No
1 Somewhat
2 Yes
8 Not Applicable

17. BOUNDARIES
consistently maintained appropriate boundaries
0 No
1 Somewhat
2 Yes
8 Not Applicable

18. AUTHENTIC, GENUINE, SINCERE
consistently showed genuine concern, compassion, easily maintained balance
0 No
1 Somewhat
2 Yes
8 Not Applicable

19. STRESSED CLIENT RESPONSIBILITY
consistently stresses client responsibility for making change
0 No
1 Somewhat
2 Yes
8 Not Applicable

20. EMPATHY
consistently demonstrates understanding and willingness to hear client's feelings, nonjudgmental
0 No
1 Somewhat
2 Yes
8 Not Applicable

21. ACCEPT
always shows appropriate acceptance, patience, tolerance
0 No
1 Somewhat
2 Yes
8 Not Applicable

22. POSITIVE SELF-REGARD
finds something positive in what the client has stated, even in a difficult situation
0 No
1 Somewhat
2 Yes
8 Not Applicable

23. SUPPORT SELF-EFFICACY
consistent support for self-efficacy of coping skills, positive, non-cheerleading
0 No
1 Somewhat
2 Yes
8 Not Applicable

24. ATTENDING BEHAVIOR
always listened carefully to each one, understood and responded appropriately
0 No
1 Somewhat
2 Yes
8 Not Applicable

Administrative Total = _____ _____%

Instructional Total = _____ _____%

Therapeutic Total = _____ _____%

Overall Total = _____ _____%

APPENDIX D:

SOTMP STAFF INTERVIEW GUIDE

TC INTERVIEW GUIDE

SOTMP STAFF:
HOW HAVE SERVICES CHANGED OVER TIME?

General and the TC?

- How long have you been working at the TC?
- How long have you been working with sex offenders?
- What types of training with sex offenders did you have before coming to TC?
- Where did the idea for the TC come from?
- Primary goal of TC?
- Do the goals/philosophy of the TC fit with the goals/ philosophy of DOC?
- Do you feel the TC is supported by DOC? Why? Why not?
- Do you think DOC "policies/rules" impact service delivery/program implementation of the TC?
- Does the TC have an advisory board? What types of people are on the board?
- What are the TC acceptance criteria?
- Phase I is in different institutions; how does/doesn't this impact the TC?
    - (If not covered, does Phase I held here differ from other Phase I programs? Does this have an impact on the TC program?)

Service Delivery

- What is your role in service delivery?
- What types of assessments are done in:
    - Phase I?
    - Phase II?
    - Before termination?
    - If not mentioned -- What types of risk assessments are done in
    - Phase I?
    - Phase II?
    - Before termination?
- How ***are services matched with individual client*** needs/risk level?
- How are ***other offender issues*** addressed (e.g. drug and alcohol treatment)
- Have the ***types of services delivered*** changed over time?
    - How do these impact the program?
- How has ***delivery of services changed*** over time?
    - How do these impact the program?
- How are changes in ***treatment content*** determined?
    - How do these impact the program?
- How has the ***use of the polygraph*** changed over time?
    - How has this impacted the program
- Barriers encountered in implementing the TC program? ***Problems/barriers to delivery*** of services?
    - How do these impact the program?
- What would improve the program?
- Have the Standards and Guidelines for the Treatment and Supervision of Sex Offenders impacted services at the TC? How?

Staff

- Are you involved in selecting staff for the program? How?
- What do you/the program look for when hiring staff?
  - (If not mentioned--Do hiring practices (e.g., State) impact program implementation?)
    - Experience with sex offenders? How long?
- What percent of the service providers currently on staff have worked with sex offenders prior to coming to the TC?
- Are there problems hiring staff? What?
- Have the ***types of staff you hire*** changed over time? How?
- What does staff turnover look like?
- What impact does staff turnover have on quality of services?
- How do you manage staff turnover?

Training

- Are you involved in training staff? How?
- Type of training therapists receive:
  - on sex offenders?
  - on TC?
  - on delivery of services (e.g., groups) according to TC approach/philosophy
- How are new therapists trained to handle (more than learn about, e.g., manage manipulation) the sex offender population?
- Do staff have adequate background, training, and preparation for their assignments?
- How are staff matched to assignments? (e.g., which therapists conduct which groups?)
- How are new/inexperienced therapists brought into the program? (Hit the ground running/preparation?)
  - What types of support do they receive?
  - How about support for other staff?
- Ways that you handle secondary trauma?
  - Are they effective/helpful to staff?
- Does working at the TC impact your personal sense of safety?
  - At work? (How)
  - Outside Work (How)
- Are other staff (non-therapists) integrated into the 24-7 approach of the TC? How?
  - If not, do you think this is really a 24-7 TC?

Quality Control:

- Other quality assurance procedures?
  - Regular assessments of staff clinical skills?
  - Clinical supervision?
- Are groups designed to be delivered in a certain way, e.g., psycho-educational or other methods?
  - Is this up to the therapist?
  - If up to therapist, how do you ensure that material delivered in ways is substantially the same?
- If multiple groups are being offered on the same topic, e.g., BOT, are their any differences in who goes to which group?

Groups:

- How do offenders "drop into" BOT?
  - ❖ Do they need to meet criteria before starting the group?
  - ❖ How do they "catch up"?
- Who decides which offenders are placed in different BOT groups? On what basis is decision made?
- What happens if offenders are not moving through a group at the same pace, e.g, some are doing better than others?
  - ❖ How are these individual differences handled?
  - ❖ How does this impact how offenders progress through treatment.
  - ❖ How to you ensure that difficult concepts are understood by offenders with varying educational, intelligence levels?
- How do they get to all the RFG's? How do they choose which ones to address (ie. in Concept Group)?
- Do you still do the Victim Empathy Project or has it been replaced with the Victim Impact Group? Do they do both? If replaced, why?
- Are groups cancelled or changed often? For what reasons?

Extra:

- When did you go to a matrix form of management?
  - ❖ How does that impact implementing the TC?
- Thoughts about general population living at the TC?
- The mix of Drug/Alcohol and SO offenders?
- Do offender work schedules impact treatment? How?
- How do you feel about offender's leaving the program when you know they are not ready?
  - ❖ Does this impact the way you provide services?
- How does transition to the community work?
- Why do you think offenders Succeed?
- What do you consider to be measures of program success?
- Why do you think offenders Fail?
- What, if anything, are the best things about the program?
- Is there anything else?
- Who else should answer these questions?

APPENDIX E:

DOC ADMINISTRATION INTERVIEW GUIDE

TC INTERVIEW GUIDE

DOC ADMINISTRATION:
HOW DOES THE TC FIT INTO THE OVERALL GOALS AND VALUES OF THE CORRECTIONAL INSTITUTION, AND HAS ITS VALUE CHANGED OVER TIME?

- What is the general philosophy of DOC?

- Does the TC program fit with the DOC institutional philosophy? (How? How not?)
  If there are areas of conflict:
  - What types of problems does this cause in implementing/supporting the TC?
- How are they managed?

- What do you see as the primary goal of the TC?

- Do administrators value the TC program? (Why?)
  - Has this changed over time?

- What are the barriers to implementing the TC?

- Are you familiar with the Sex Offender Management Board (SOMB) Standards and Guidelines for the Treatment and Supervision of Sex Offenders?
  - If so, How are these integrated into the SOTMP or TC Programs?

- How could the TC be improved?

- What are the best things about the TC?

- Does the Matrix Management structure affect the TC?
  - If so, How?

- Anything else you would like to tell us?

- Anyone else you would like us to talk too?

APPENDIX F:

COMMUNITY CORRECTION STAFF INTERVIEW GUIDE

TC INTERVIEW GUIDE

COMMUNITY CORRECTION STAFF:

TC vs Non-TC:

- How many sex offenders from the TC have you received since the TC's beginning? Currently?
- How many sex offenders do you have that have not had any previous sex offender treatment?
- How many sex offenders do you have that have had sex offender treatment (non-TC)?
- What are the differences among these three groups (no S.O. treatment, some S.O. treatment, TC)?

Entrance Process:

- What is the process of getting sex offenders from the TC? Or in general?
- What are some barriers to this process?

TC and Community Corrections Relationship:

- What kind of information do you get from the TC? Do you get a copy of the Personal Change Contract (PCC)?
- Type of cooperation level exists between the TC and your Community Correction?
- Are the TC tools integrated into their community living?

Standards and Guidelines:

- Do you follow the SOMB's Standards and Guidelines?
- How do you deal with the No Contact with Children? Are other offenders living at the Community Correction allowed to have visits there? How do you deal with that with sex offenders living there?
- Do you communicate with a sex offender's therapist and polygraph examiner?
- Do you monitor the type of jobs these sex offenders get?

Training/Staff:

- Types of training staff receive to deal with sex offenders?
- Things that would help staff deal with sex offenders better?

Extras:

- Would anything improve their transition out into the community?
- Anything else?

APPENDIX G:

TC THERAPIST QUESTIONNAIRE

QUESTIONNAIRE FOR THERAPISTS IN TC

Q1. How long have you worked at the TC? Years____ Months____

Q2. Did you work with sex offenders prior to coming to the SOTMP?

0 **No (Skip to Q3.)**

1 Yes, How long? Years__ __Months__ __

2a. Did you work at the Freemont facility first? (please circle response)

1 Yes, How long? Years__ __ Months__ __

0 No **(skip to 2d.)**

2b. Did you receive training on sex offenders while working at Freemont? (please cirle)

1 Yes

0 No

2c. Did you receive training on elements of the TC beyond Phase I while working at Freemont? (please circle)

1 Yes

0 No

2d. Have you worked with sex offenders in other facilities (other than Freemont, either in or outside of DOC)?

1 Yes, were these __juvenile and/or __adult sex offenders? What types of facilities?

0 No

Q3. Did you receive an initial training about the TC and sex offender treatment when you started work at the TC?

0 No - **has this been a problem? (Please answer yes or no and skip to Q5.)**

0 No, **why not?**

1 Yes , **why?**

1 Yes **-how many hours of training did you receive in this *initial* training? __ __ (*Please choose the answer that best describes when you received this initial training*.)**

0 I had my training before starting at the TC (i.e., the training was scheduled before your start date)

1 The initial training I received was while working at Freemont

2 In the first two weeks after starting

3 In the first month after starting

4 In the first 3 months after starting

5 In the first 6 months after starting

6 In the first year after starting

7 It was at least a year after I started

Q4. Was the initial training you received:

	(1=yes,0=no,2=somewhat)	What would have been better?
Timely?		
Adequate to get you started in this job?		

Q5. What other types of training have you received to work with sex offenders? (Check all that apply:)

	Received no training about sex offenders **prior** to working with them
	Received training on working with sex offenders while in school obtaining my degree
	Attended workshop(s)/conferences/seminars on working with sex offenders **prior** to working with them
	Received on the job training to work with sex offenders
	Attended workshops/conferences/seminars on working with sex offenders **since** I started working with them
	Other:

Q6. Have training opportunities (*other than the initial training*) provided by the TC been

	1=yes, 0=no, 2=sometimes	What would be better?
Timely?		
Adequate?		

Q7. Would training/additional training in any of the following areas be useful to you now?

(check all that would be useful)

__Job Impact
__Victim Impact
__Group Therapy
__New research on sex offenders
__Treatment teams
__More on sex offender treatment
__Co-therapist issues
__Treating sex offenders in denial
__Therapist/Sex offender interaction
__Research on outcomes of sex offender treatment
__Other:_____
__Other:_____
__Other:_____

Q8. *Other than training*, **what types of support/supervision did you get when you started? Do you get now?**

	Types of support	Support adequate? (1=yes, 0=no, 2=somewhat)	What would be better?
When you started at the TC?			
Now?			

THE NEXT FEW QUESTIONS ARE ABOUT HOW THE TC WORKS?

Q9. Thinking about the groups you cover, about how many were cancelled in the last month? (You may want to refer to the Block Schedule?)

Q10. For what reasons are groups cancelled?

Q11. Are there any positives or negatives to GP and D/A offenders living with SO offenders?

Positives, if any?	
Negatives, if any?	

Q12. Are community transition services for TC sex offenders adequate?

1 Yes
0 No (what would be better?)

Q13. What is the biggest reason offenders:

	Biggest reason:
Succeed in the TC?	
Fail in the TC?	
Succeed in the community?	
Fail in the community?	

Q14. Do you think the "Block Schedule" of organizing groups is:

1 Effective
0 Not effective (what would be better?)

Q15. Do you think your work is supported and does this level of support impact your work?

Do you receive support from:	Level of Support: 1=great 2=some 3=not at all	This support impacts my work: 1=very much 2=to some extent 3=not at all	How does support/lack of support impact the work you do?
DOC			
ACC			
SOTMP			
Other TC staff			

Q16. What are the barriers to implementing the TC program?

Q17. What impacts your job the most?
Positively, if anything?
Negatively, if anything?

Q18. Is there anything that would help you do a better job or improve the program?

Q19. What, if anything, would increase your level of commitment to the TC?

Q20. What is the best thing about the TC?

Q21. What is the worst thing about the TC?

APPENDIX H:

DATA COLLECTION INSTRUMENT

SOTMP THERAPEUTIC COMMUNITY
DATA COLLECTION FORM

LAST NAME _____ FIRST NAME _____MI _____

DOB: MO_ _ DAY _ _ YEAR _ _ _ _ DOC #_____ SS# _ _ _ - _ _ - _ _ _ _

DCJ ID # _____ DATE _____ OUR INITIALS_____

Offenses Charged:

												# CNTS	FEL CLASS

5 = Attempt
6 = Conspiracy
7 = Accessory/Solicitation

Offense: _____

Offenses Convicted:

DATE OF CONVICTION/SENTENCING DATE:
MO __ __DAY__ __YR__ __ __ __

												# CNTS	FEL CLASS

5 = Attempt
6 = Conspiracy
7 = Accessory/Solicitation

Offense: _____

Q1. DOES THE FILE CONTAIN A TREATMENT PLAN?

0 No
1 Yes

1a. If Yes, is the treatment plan individualized?

0 No
1 Yes,
2 Somewhat

Q2. DOES THE FILE CONTAIN A PERSONAL CHANGE CONTRACT?

0 No
1 Yes
If Yes, fill out the back.

NAME_____ DOC#_____

MONTH_____ YEAR_____

Evaluation Form for Personal Change

	1	2	3	4	5	Score
Knows victim pool and grooming behavior	Describes less information than is in the diagnostic summary under sex history	Describes only what is in the diagnostic summary under sex history	Describes what is documented but outlines specifics of the behavior	Describes additional offense behaviors than what aknown from the diagnostic summary	Passed sex history polygraph	1._____
Coping skills to interrupt cycle	Some coping skills identified. Will maintain them in high risk situations	Has identified one realistic coping skill for each section of cycle	Has identified two realistic coping skills in at least two sections of the cycle	Has identified 3 or more realistic coping skills in at least 2 sections of the cycle	Has identified 3 or more realistic coping skills in each section of the cycle	2._____
Plan for positive living	Plan puts him in high risk situations	Plan keeps him out of high risk situations but is unbalanced. Too much time in one area such as work	Plan is balanced but does not address a variety of positive options	Plan is balanced and addresses a variety of positive options	Plan is balanced but has no free time activities from morning to night	3._____
Identification of community support systems	Cannot identify a community support person	Identify support person who is involved in high risk behavior or is in denial of the inmate's problems	Can identify one stable support person who is not in denial of the inmate's problem areas	Can identify 2 stable support persons	Can identify 3 or more stable support persons/support system	4._____
Proposed parole conditions	No proposed parole conditions	Proposed conditions do not address high risk behavior	Has 1 proposed condition that addresses high risk behaviors	Has 2 proposed conditions that address high risk behaviors	Has 3 or more conditions that address high risk behaviors	5._____
Recognizes when to ask for help in cycle	Does not have any plans to ask for help	Has 1 place in his plan where he/she asks for help	Has 2 places in his plan where he/she asks for help	Has 3 places in his plan where he/ she asks for help	Has 4 or more places where he/she asks for help	6._____

APPENDIX I:

TC CONTRACT

THE CROSSROAD TO FREEDOM HOUSE
Therapeutic Community at Arrowhead Correctional Center
P.O. Box 300
Canon City, Colorado 81215-0300

TC CONTRACT

Having been granted the privilege of this treatment opportunity by my acceptance into The CrossRoad To Freedom House Therapeutic Community Program, I the undersigned client agree to the following terms and conditions:

1. That I will abide by all rules and regulations established by the DOC and the TC, including the following Cardinal and Basic Rules:

Cardinal Rules

A) No use of drugs or alcohol.
B) No violence or threats of violence.
C) No stealing.
D) No sexual acting out.
E) No violating confidentiality.

Basic Rules

A) No COPD violations.
B) Acceptance of authority.
C) Maintain acceptable personal appearance.
D) Be punctual for all appointments and assignments.
E) Be respectful of others and display good manners at all times.
F) No physical horseplaying.

2. I understand the TC program to be highly structured and confrontive. I also understand that the therapeutic techniques of intense group therapy will be employed as an approach to solving my behavior problems. I understand that the following are aspects of the program:

    A) Most individuals who enter The CrossRoad To Freedom House have low frustration tolerance and poor impulse control related to their problematic behavior and/or chemical usage. Consequently, the structure of the environment in the TC is somewhat frustrating and often uncomfortable for the typical resident. This structure is designed to help you with these problems.

    B) Since my family or support system will be important in my recovery process, I will be expected to inform them of my past offenses and problems and include them in my re1apse prevention planning. My primary therapist will be involved with this process. I will be expected to share my relapse cycle and personal change contract with my parole

officer, family (support system), and/or community corrections center. You will be expected to invite family and/or community support persons to support education meetings. If you do not have a support person in the community, you shall work with your primary therapist to identify, at a minimum, one individual who can provide support to implement your relapse prevention plan/personal change contract when you are released.

C) I will be required to take psychological or other tests, which may include drug and alcohol screening, plethysmograph or the Abel Assessment, and polygraph examinations.

D) All reading materials and pictures must be approved by staff. Certain reading materials or music with pornographic or violent content, or any material related to my deviant behavior will not be allowed in the TC.

E) Because acknowledging and ridding myself of the secret lifestyle I have led is important to my recovery, my incoming/outgoing mail (with the exception of legal mail) will be opened and may be read.

F) I will not be allowed to choose my roommate. Any roommate assignment can be changed by staff at any time.

G) Areas that will be discussed in group include: my behavior (in group, the community, at work, etc.) information on my behavior from correctional records (PSIR, disciplinary reports, chronological notes, performance plans etc.) and homework and reading assignments (including daily thoughts/interactions journal).

H) I will be held responsible for informing my primary therapist of all visits/visitors I receive and any significant life changes/events that may occur while I am a resident of The CrossRoad To Freedom House.

I) The TC treatment team includes relevant work supervisors, instructors, and correctional staff.

J) I understand that while I am involved in the treatment program at The CrossRoad To Freedom House, I will be treated with respect and dignity concerning confidentiality. I understand that I will provide the same respect and dignity to the other participants in the TC. I understand that it is a direct violation of the treatment contract for me to discuss the identity of other participants or any other information relating to personal issues of those also involved in the program. I understand that I am free to discuss the program in general and our treatment topics, as long as I do not identify other participants or their issues.

2. I understand that I will be expected to contribute significant effort to the TC and that I will display a willingness to work towards assertive, not aggressive, communication with residents and staff I will talk about my own thoughts, feelings and experiences and will be willing to be questioned about them. I will respect other residents' rights to talk about their thoughts, feelings and experiences. I will not threaten or ridicule others, nor will I use sexual or racial slurs. I also understand that due to the sensitive nature of sexual issues, I have an obligation to be considerate of others in their presentation of sexual issues. I recognize that this is a difficult process and that, as a member of the treatment process, I have an obligation to show respect and support for others when discussing sensitive sexual matters.

I also understand that I will be expected to:

A) Perform all work and treatment assignments given to me by the treatment program staff.

B) Attend all groups, sessions, lectures/seminars and program activities as prescribed by treatment program staff.

C) My conduct is to be appropriate and positive, both within the treatment program complex and the institution at large (visiting room, hallways, yard, etc.).

D) Assist the treatment program staff in developing my individualized treatment plan, and follow that plan.

E) I will be expected to make my treatment in the TC a priority in my life. The treatment schedule is intensive, other education and treatment programs may need to be postponed during the orientation and commitment phase of treatment.

F) I will be required to work in TC assigned work areas and/or attend vocational classes as part of treatment.

4. I understand that I will not receive any preferential treatment or extraordinary privileges for any reason.

5. I understand that while participating in The CrossRoad To Freedom House my behavior, attitude, motivation and clinical treatment needs are subject to continual assessment. Consequently, staff may determine at any time that my continuation in the treatment program is not appropriate. I agree to abide by the recommendations made by the program staff.

A) I understand that this Therapeutic Community treatment program is a recommended treatment program for me and will remain a recommended treatment program throughout my incarceration.

B) I understand that I can be suspended or terminated from the Treatment Community based upon the consensus of treatment staff that I have failed to make sufficient and sustained progress towards my treatment goals.

C) I understand that my failure to attend all assigned program groups, sessions, and activities (other than absences excused in advance by treatment staff) may result in my termination from the TC program.

D) I understand that I can be terminated from the program for violation of Cardinal TC rules. Breaking other Basic TC rules or other contract violations may also lead to my termination based on the clinical discretion of the treatment team.

E) I understand that if I am convicted of a Class I COPD violation, I will be terminated immediately. Class II or III COPD violations may result in termination at the discretion of staff.

F) I understand that if I am suspended from any component of the TC Program, I will be placed on Suspension Status. A team meeting will be scheduled to make a final decision regarding my program status.

G) I realize that if I am terminated or withdraw from this program, it will be documented in the working and departmental files and the information will, be available to the parole board. I also realize that I may be subject to reclassification as a result of my termination/withdrawal, as well as possibly lose other privileges as deemed necessary.

6. If I wish to withdraw from the TC, I will be expected to inform the staff in writing and discuss my decision with staff and residents as directed by my primary therapist.

IN ADDITION, SEX OFFENDERS WHO PARTICIPATE IN THE TC PROGRAM WILL BE EXPECTED TO COMPLY WITH THE FOLLOWING CONDITIONS:

1. You will have no contact with any victims of your sexually aggressive behavior unless approved in advance and in writing by the Sex Offender Treatment and Monitoring Program (SOTMP) Team. Contact includes physical, visual, written, and telephone contact. You also will not directly or indirectly encourage anyone else to have contact with any of your victims. If you wish to be considered for an exception, you must submit a written request to your primary therapist explaining the reasons you are requesting contact with your victim, nor will you have contact with victim groups without the treatment teams consent. Your primary therapist

will staff your request with the SOTMP Team.

2. You will never use the last names of your victims or anyone related to your victims during any group discussions (victims are entitled to confidentiality).

3. You will cooperate with any requests from your victims to obtain your status regarding any sexually transmitted diseases including HIV.

4. The State of Colorado **Sex Offender Management Board** (SOMB) has written statewide standards that state in part, **"sex offenders should have no contact with children, including their own children, unless approved in advance and in writing by the prison treatment provider"** (part 3.511B). While in SOTMP you will comply with this restriction of your contact with children. This standard is designed to protect children. The SOMB also establishes provisions for what offenders need to accomplish in treatment before any contact between offenders and children can be approved by treatment providers. A copy of these requirements is available from your therapists. (SOMB is a legislatively created body who has the authority and responsibility to write statewide standards for providers of sex offense specific treatment. Treatment providers are obligated to abide by these statewide standards and DOC is required by law to employ only those providers who adhere to them.)

5. SOMB State Standards state, "Sex Offenders shall not date or befriend anyone who has children under the age of 18 unless approved in advance and in writing by the prison treatment provider, (part 3.511C)." If you currently have a romantic or other personal relationship with an adult who has children, you will need to develop a safety plan that must be approved by your therapists. Your safety plan may include discontinuing the relationship. If you are currently visiting with or are having other contact with children you will need to stop. You will need to work with your therapists to write a letter to the child's guardian explaining this change. This letter will be shared with your primary therapist and perhaps your peers. After you receive feedback, you will give the letter and a stamped addressed envelope to the therapist who will mail it out The therapist will include with your letter information which will help the people you have been having contact with to understand the basis for the no contact policy. On rare occasion a single exception to the no contact provision of our contract may be approved based on specific therapeutic needs of the child. Exceptions must be staffed by your primary therapists with the SOTMP Director or designee.

6. You shall not access or loiter near children in the visiting room or participate in any volunteer activity that involves contact with children except under circumstances approved in advance and in writing by the

SOTMP Team. If you wish to be considered for an exception, you must submit a written request to your primary therapist and explain the reason for your request. Your primary therapist will staff your request with the SOTMP Program Director or designee.

7. You shall not have any material related to your sexual abuse cycle, or any pornography/sexually explicit materials in your possession, nor will you look at any pornographic/sexually explicit materials at any time. You will not watch sexually provocative television shows nor listen to music or watch other television shows that support your sexual abuse cycle. This includes visual, auditory, telephonic, or electronic media, and computer programs or services that support your sexual abuse cycle. You shall not patronize or visit any place where such material or entertainment is available. You shall not utilize "900" or adult telephone numbers or any other sex-related telephone numbers or make sexually provocative phone calls.

8. Other special conditions related to your sexual abuse cycle may be imposed by the SOTMP Team. This may include restricting you from high-risk situations and limiting your access to potential victims.

9. You will comply with any DOC or State requirements for blood testing, registration and sexually transmitted diseases.

10. You will not be abusive or excessively controlling in any way towards members of your family, group members, or others. You will also make every effort not to manipulate people as a way to avoid dealing with your problems or to avoid taking responsibility for your actions.

11. If you are involved in, or in the past have been involved in, any type of mental health treatment by someone outside the Department of Corrections, you will need to sign a Release of Information Form so that we can communicate with that therapist about your treatment in this program as well as to find out what you have been working on.

12. You will inform your therapist of any significant events in your life such as deaths, parole plans, changes in relationships, marital status, DOC infractions, court actions, dependency and neglect petitions, compliance with medical treatment, etc.

13. You shall comply with recommended medications when it has been determined, after evaluation from a DOC psychiatrist or physician, that a specific medication may enhance your ability to benefit from treatment and/or reduce your risk of re-offense.

14. You shall develop a relapse prevention plan (Personal Change Contract) which will be shared with your parole officer, approved treatment provider, family (support system), and/or community corrections center.

15. If you are a candidate for parole, you shall submit your parole plans to your primary therapist for review and approval 60 days prior to your parole hearing.

16. If you have discretionary parole which can result in a discharge of your sentence while incarcerated, you shall actively seek and accept parole.

17. The SOTMP believes that sex offenders can be more safely returned to the community if they transition back into the community with supervision, treatment, and support. We believe community corrections placements and parole can provide these transition components. In order to receive a positive recommendation for community corrections placements and parole, you must meet the following:

    a. You must be actively participating in phase II and applying what you are learning.

    b. You must have completed non-deceptive polygraph assessments on your deviant sexual history. If you have taken a recent monitoring polygraphs exam, it must also be non-deceptive.

    c. You must have completed a comprehensive Personal Change Contract which is approved by the SOTMP Team.

    d. You must have, at a minimum, one identified support person who has attended family/support education and has reviewed and received a copy of your Personal Change Contract.

    e. You must be practicing relapse prevention with no institutional acting out behaviors within the last year.

    f. You must be able to be supervised in the community without presenting an undue risk to public safety.

    g. You must be compliant with any DOC psychiatric recommendations for medication which may enhance your ability to benefit from treatment and/or reduce your risk of re-offense.

19. If you will be discharging your sentence, you shall submit a discharge plan to your primary therapist 6 months prior to your discharge date.

RESPONSIBILITIES OF THE THERAPIST

As a resident of the TC, I understand that my input is important and valued; however, in all matters the final responsibility for and authority over the Therapeutic Community belongs to the staff.

The treatment team will be responsible for:

1. Keeping confidentiality within the following guidelines:

    A) Information will be given to the correctional/support system. This includes: case managers, parole officers, the Parole Board, community correction centers, and other professionals who become responsible for providing for your mental health treatment. The information may include: attendance, level of participation, motivation, deviant sexual history, relapse prevention information, polygraph results, personal change contract, problem areas, treatment plan and summary, or general progress, and will not require your additional written consent Even after you complete or are terminated from this program, this information on your past participation and your current treatment status may be released.

    B) The behavior of sex offenders is extremely dangerous and severely traumatic to victims. As a result, we believe that offenders should waive their rights to confidentiality and agree to allow victims, victims' immediate families, and victims' guardians to have information regarding your status in sex offender treatment and the quality of your participation. Without your additional consent, the program will release this information to these individuals if they specifically request the information.

    C) Treatment staff may make more specific notes on my progress in the TC files. The TC files are only seen by the treatment team or my current group therapist.

    D) Group therapists who are a not SOTMP staff will have access to my TC file only while they are the therapist of my group.

    E) Any information regarding situations that could result in injury to myself or others (including security issues, escapes, etc.) cannot be kept confidential.

    F) Therapists are legally required to report any child abuse. Any specific information indicating prior or current child abuse will be reported to the Department of Social Services.

G) Treatment staff will never give information to inmates outside the TC program or to the general public without your additional written consent.

H) Videotapes are confidential and will not be released or shown to anyone who is not on the treatment team without your additional written consent.

I) Issues regarding group that are discussed outside of group (whether between group members or between a group member and the therapists) shall be brought up in the next group session.

J) The goal of this program is "No more victims". In an effort to prevent further victimization, information regarding your criminal patterns of behavior will be released to law enforcement. If you are suspected of committing a crime, treatment information may be shared with law enforcement officials for the purpose of providing public safety.

K) As the goal of the program is "No more victims", in an attempt to contribute to the advancement of knowledge about sex offenders and sex offense treatment, information which does not identify specific TC residents may be used for program evaluation and research.

2. Treatment staff are responsible for monitoring TC residents to make sure they are following the treatment contract and terminating those residents who fail to progress in treatment. Treatment staff has final responsibility for making any and all decisions regarding the Community. I understand that staff will discuss and verify my behavior with correctional staff. The staff will write a final evaluation of my participation in the Community that will include their treatment recommendations.

Acknowledgment

I have been informed and acknowledge that I have no rights of confidentiality regarding my treatment within The CrossRoad to Freedom House Therapeutic Community. I have been informed that whatever I tell the Treatment Team (the Treatment Team includes relevant work supervisors, instructors, and correctional staff) is not privileged or private within the Therapeutic Community. This includes all information about me and my past behavior as evidenced by my institutional file and other available sources. All resident information is Therapeutic Community information.

Staff agrees to keep confidentiality within the guidelines outlined and limited by this contract as stated in Responsibilities of the Therapists parts A through K. In

making this decision, I understand that if any such right of confidentiality or privilege of privacy exist or, subsequent to execution of this waiver, are held to exist by statute or rule of law, I hereby waive any and all such rights as they apply to my treatment at The CrossRoad to Freedom House Therapeutic Community.

I have been recommended for participation in The CrossRoad to Freedom House Therapeutic Community Treatment Program. Although there are certain privileges associated with participation in recommended programs, I understand that participation is voluntary and that I have the right to refuse treatment I understand that the privileges associated with participation in recommended programs can include progressive moves, awarding of earned time, and additional privileges such as canteen, use of appliances, participation in recreational programs.

I have read, understand, and agree to all of the above. The CrossRoad To Freedom House program has been thoroughly and completely explained to me and any and all questions pertaining to the program have been answered to my complete satisfaction.

_____ _____

Inmate Signature and DOC# Date

_____ _____

DOC witness Date

Rev. 10-1-99

APPENDIX J:

PERSONAL CHANGE CONTRACT

Colorado Department of Corrections
Sex Offender Treatment and Monitoring Program
Personal Change Contract

Name:_____ DOC#:_____ Date:_____

A Personal Change Contract is a plan to address a wide variety of areas and issues for you in your recovery; it is like a road map for your life. A Contract should be flexible enough to be changed, updated and amended as you learn more about yourself and how you relate to the world around you. You will want your contract to reflect your new understanding as it grows. The Contract should include your plans for change, not only in prison but in the community as well. This Contract should serve as your guide for implementing and maintaining positive changes in your life. This is a document that you should use for the rest of your life, whether you are under supervision or have discharged your sentence. The Contract should also help your support system understand and assist you in your change efforts.

Preparing this document will take time, thought and effort. It will be important to review this document with others as you write it, including your support system, so they may help you with its development.

I. Describe Your Values As Part of Your Relapse Prevention
After identifying your personal and cultural values, write out specific ways you will demonstrate that you are incorporating these values into your life.

A. Personal values I will develop to make my life meaningful:
Describe the values you will develop to make your life meaningful and support your change efforts. Your values will be a guide to your thoughts and behavior whether you are living in prison or in the community. The values should help you contribute to society-instead of being self-serving. An example of a self-serving value would be: My goal is to make as much money as possible, get married and have children. Examples of meaningful values would be: My life will have value by caring about other people; My life will have value by contributing to the prevention of sexual abuse. These values are not dependent on achievement and can be carried out whether you are in prison or in the community. Write out specific ways you plan to incorporate these values into your life. For example: When I notice a TC member is distressed or isolating, I will ask him how I can help.

B. Cultural values that support my change efforts:
Describe cultural values (religion, family, heritage, political, etc.) that support your change efforts. Some examples of cultural values would be: Treat others as you would like others to treat you; Human life is sacred; Respect and care for your family. Write out specific ways you plan to

incorporate these values into your life. For example: I will support my child's care giver financially without having contact with my child so he/she will be safe; I will support the care giver's parenting decisions without interfering or becoming intrusive.

II. Describe Your Sexual Offenses

In this section, describe the details of all the different sexual crimes you have committed, including the following areas:

A. Sex and age range of your victims.
For example: boys ages 6 through 9 and females ages 17 through 37.

B. Specific sexual acts, including exactly what you did to your victims.
For example: fondle, perform oral sex, masturbate, anal intercourse, forced intercourse, etc.

C. Assault process, including how you planned and set up your offense, the methods you used to groom people, exactly how you committed your sexual offenses, your thoughts, feelings, and actions. Brief examples: I became friends with the victim's parents and started helping them with projects; I followed a woman I saw on the street and after several nights of observing her patterns, I broke into her home and raped her at knife point; I would trick or bribe children by. . ., and then I would tell the kids to cooperate or they would get hurt, etc.

III. Describe Your Deviant Cycle

Detail the phases of your deviant cycle by describing the thoughts, feeling and behaviors (camera checkable) of each phase. Be sure to include changes in social life, work, school, home, sleep patterns, appetite, appearance, finances, alcohol and drug use, driving, and cultural and spiritual values.

A. Core Beliefs:
List your distorted core beliefs about self, women, men, sex, children, family, and the world.

B. Pretend-Normal Phase:
For example:
Thoughts — "I need to look good for my boss, wife, etc.". "I need to look good for my work supervisor and case manager." "If I look responsible they will never believe it about me." "I will go to a place of worship every week."
Feelings — fear, confident, self-pity, in control.
Behaviors — I buy flowers for my wife. I work overtime doing extra projects for my boss. I have a nicely manicured lawn. I don't drink. I only put RFG's in on myself. I don't violate any COPD rules. I compliment the unit officer. I agree with anything the therapist says.

C. Build-up Phase:

For example:

Thoughts — "I think everyone is mistreating me." "Women don't like me." "My case manager is lazy and won't help me." "Inmates talk about me behind my back."

Feelings — depressed, lonely, angry.

Behaviors — I turn down social invitations. I start looking at pornography. I get quiet, scowl at people, drive around looking at young women, and start drinking. I spend all my free time in my cell. I get into arguments with my roommate. I don't shave. I eat more food.

D. Acting Out Phase:

For example:

Thoughts — "I want someone else to feel the pain I feel." "I care about this child and he cares about me." "He disrespected me and deserves to be hurt." Feelings — powerful, excited, aroused, angry.

Behaviors — I rape my wife. I sexually abuse my 13 year-old neighbor. I rape my roommate.

E. Justification Phase:

For example:

Thoughts — "I didn't really hurt anyone." 'I was just teaching him about sex." "I will never do this again."

Feelings — shame, fear, regret.

Behaviors — I isolate from others. I avoid eye contact with people I care about. I call in sick at work. I change my appearance. I only sleep four hours a night.

IV. Describe Tactics/Manipulations/Abuse of Your Support System

Describe the various ways you have abused or manipulated your family, members of your support system and other relationships in your life. For example: I make my mother feel guilty when she questions my behavior. I hit my wife when she questions my actions. I get my family to think other people are picking on me and then they get angry with the other people instead of me. I convince my family that victim lied and I am not really a sex offender. Include any risk factors you have identified in your Support System Risk Factors Assignment.

V. Safety Plan

A. External Interventions

1. Environmental Restrictions

As a sex offender who will continue to struggle with urges, you will need to set up a containment system to successfully manage your risk to reoffend so you will have NO MORE VICTIMS. Your parole officer, therapist, polygraph examiner, and support system will be part of your containment system. You need to think of restrictions that your support system can help you integrate into your lifestyle to decrease your risk. These restrictions will apply to work, social situations, recreation, and housing. For example: If you should not be around children, your contract

should state: I will arrange a specific time to call my wife so my children will not answer the phone; I will sit in the visiting room with my back to the pop machine. I will not go to parties where children will be present. If you are an alcoholic, your contract should state: I will take antabuse; I will not use alcohol and I will not go to bars.

2. Notifications

You will need to inform significant individuals (i.e., boss, minister, potential partners or others you may have a relationship with) in your life that you are a sex offender and will always struggle with urges. You will work on managing your risk with the help of your support system . In order to allow these individuals to help you, you will need to talk to these people and request their support in your treatment. Identify the individuals to whom you will disclose information about yourself, sex offending history and cycle. Describe how you will give them permission to confront you and report you when they think you are engaging in high-risk behaviors or close to acting out. For example, if I am going to participate in a social activity with someone I met at work, I will tell them that I am a sex offender and I cannot be around children. I will answer any questions they may have. I will ask whether they are still comfortable going to the activity with me. I will ask whether they have children and plan how I will avoid contact with their children and other children during the activity. I will also inform my therapist and support system so I can talk about the disclosure and how it went.

B. Internal Interventions

Internal interventions should include cognitive, emotional, and behavioral interventions. Examples include: When I recognize I am using victim stance, I will complete an RSA and call a person in my support system to ask for help with victim stance; When I have a deviant urge, I will use covert sensitization and call my support system to ask for help; I will keep a daily journal and review the journal frequently to look for criminal thinking errors and have my therapist review the journal regularly; When I notice I am withdrawing and depressed, I will call my therapist and support system or submit an RFG; If I reoffend, I will call the police and report my crime.

1. Personal Strengths

What have you learned about yourself that will help you live a healthy life? For example: I have developed honest friendships at the TC and I will be able to establish similar relationships when I am in the community; I have participated in the TC and I have made a commitment to change; Although treatment has been challenging, I have continued to persevere; I enjoy playing the guitar and I can spend time relaxing while playing music; I enjoy baseball and can play on a recreational team to socialize with peers; I have completed a horticulture vocational training program and can work in a greenhouse.

2. Positive Self-Enhancing Activities (Balanced Lifestyle)

Describe how you will spend your time, including: social, family, spiritual, treatment, support groups, recreation, education, work, and community service. Describe a typical week, and then add those events in which you will participate on a monthly basis and on a yearly basis. Describe your balanced lifestyle now and how you want it to look when you are released. Describe how will you monitor your compliance with this plan.

VI. Circle of Support and Accountability

A. Professional

The professionals listed below make up the containment model. Describe how each of these professionals may facilitate accountability and what their role is in your support system.

1. Parole officer
2. Therapist
3. Polygraph examiner

B. Personal

1. List your identified support system.
2. Complete the following for each person:
    a. Fill out an Identified Support System assignment
    b. Invite the individual to a Support Education Meeting
    c. Confirm that this individual attended a meeting
    d. Complete the "Support Assessment Assignment" (If yes, attach it to the Contract),
    e. Attend a disclosure meeting with the individual.
3. Have a therapist review this information.

C. Work

1. List individuals from your current places of employment who you have included in your support system.
2. Describe what you have done to inform your current work supervisor that you are a sex offender and what your issues are.
3. List those individuals who will be in your support system at your job in the community. If you don't know where you will be working, describe a plan to inform your employer about your issues and to develop a support system at work.

D. Living Arrangement

1. Describe where you will be living. If you don't know where you will be living, describe the type of place that will be a safe living arrangement.
2. Describe how will you prevent high-risk situations in your living arrangement (e.g., contact with children).
3. If the people you are living with in the community are not attending the Support Education Meeting, explain why.

Signatures

Inmate name and DOC#	Date
Primary therapist	Date
PCC Group therapist	Date
PCC Group therapist	Date
TC Program Coordinator	Date

This material was adapted by Colorado Department of Corrections Sex Offender Treatment and Monitoring Program from Safer Society Series by Bays, Freeman-Longo, and Hildebran. October 2001

APPENDIX K:

RATIONAL SELF-ANALYSIS (RSA)

RATIONAL SELF-ANALYSIS

A FACTS AND EVENT	D_A CAMERA CHECK OF "A"	
B SELF-TALK 1.	D_B RATIONAL CHALLENGE 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	D_B RATIONAL ALTERNATIVE 1. _____
2.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	2. _____
3.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	3. _____
C FEELING BEHAVIOR	FIVE RULES OF RATIONAL 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	E EMOTIONAL GOAL BEHAVIORAL GOAL

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APPENDIX L:

REASONS FOR TERMINATION

TERMINATION REASONS

PORN:
- Possession of Pornography (2)
- Watching Nudity

THREATS/VIOLENCE:
- Aggressive, argumentative behaviors with staff (2)
- Threats of physical violence to another member of the program
- Threats of physical violence to staff member (2)
- Verbally assaultive to staff and TC inmates
- Displayed aggression and anger towards Polygraph Examiner
- Physical Violence

POLYGRAPHS:
- Instability to have a ND polygraph for the second time regarding questions about the Cardinal Rules
- Four Deceptive Baseline Polygraphs (2)
- Not providing sufficient information to warrant another polygraph
- Refusing to go to Deceptive Polygraph Group

PROBATION/NOTICE:
- Was on Probation and given a written assignment to complete and failed to complete the assignment on a timely basis
- Violating Conditions of Probation
- Failure to Comply with the "Notice" Conditions

FANTASIES/SEXUALLY ACTING OUT:
- Rape fantasies about Security Staff
- Fantasizing and masturbating to children, stranger and prior victims
- Accused and found guilty of sexual misconduct
- Violating Conditions of Probation
- Sexualize and stalk inmates in the TC
- Introduced a fantasy game to other TC members

MEDICAL:
- Chronic health condition aggravated by stress. It is better for his health to be in more structured environment, medium security
- Medically Unsuitable, changed to a M-4
- Not following Medical Treatment Plan

CONTACT:
- Contact with minors (including phone) (6)
- Contact with victim

WORK RELATED:

- Fired from job in greenhouse or kitchen (3)
- Stealing food from the kitchen
- Insubordination with Work Supervisor

DRUGS/ALCOHOL:

- Smoking marijuana
- Using tobacco
- Illegal ingestion of controlled substance prescribed to another inmate (2)

OTHERS:

- Would not sign TC Addendum to avoid contact with his daughter
- Parole prior to completion
- Being in an unauthorized area
- Did not complete Sex History Addendum
- In denial, resistant to treatment
- Inability to request help for involvement with possible sexually acting out and activities involving drugs
- Cheated on his Phase I Final Test, the information didn't come to light until after he entered the TC
- Trying to manipulate Case Manager
- Didn't qualify for Minimum-R facility
- Stealing
- Treatment doesn't align with his religious beliefs
- Manipulation of RFG: He was not following the therapeutic directions given on RFG's. He was making the RFG about legal issues rather than issues about sex offending and deviant behaviors and selection process of who and when you will receive treatment
- Bartering with another inmate
- Wrote inappropriate letter to staff member of a romantic/special friendship nature
- Talking and associating with GP (2)
- Breaking Confidentiality (3)
- Letters intercepted that made sexual overtures toward his adult stepdaughter. He was trying to establish a sexual relationship with her after his release

APPENDIX M:

SOTMP TC POLYGAPH DECISIONS GRID FORM

SOTMP TC POLYGRAPH DECISION GRID FORM – MARCH 2001

Use a new form for every polygraph exam

DOC#_____ Name _____ Polygraph Exam Date _____ Number of Polygraph Exam(s) (Circle)
1 2 3 4 5 6 7 8 9 10

Sex Offender Treatment Date Placed _____

Psychotropic Medications Prescribed _____

ADMISSIONS DURING EXAM

ADMISSIONS DURING POSTTEST | **NO ADMISSIONS**

	Admissions Prior to Pretest **1** Admissions in sexual history addendums prior to the pretest	**Admissions During Pretest** **2** Admissions during the pretest interview	**Admissions to Non-deception/Posttest** **3** Admissions during posttest with all responses non-deceptive or inconclusive	**Admissions to Deception/Posttest** **4** Admissions of related behavior during posttest	**No Admissions to Deception/Posttest** **5** No admissions/explanations not related to the behavior during posttest
PAST **Offenses & High Risk Behaviors** **A** Before placed at TC	Behavior(s) None	Behavior(s) None	Behavior(s) Low	Behavior(s) Moderate	Behavior(s) Moderate
Behavioral Lapses & Basic Rules Violations **B** After placed at TC	Behavior(s) Low	Behavior(s) Moderate	Behavior(s) Moderate	Behavior(s) High	Behavior(s) High
PRESENT **Cardinal Rules Violations** **C** After placed at TC	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) High\Severe
Offenses **(or refused exam)** **D** After placed at TC	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) Severe	Behavior(s) Severe

****IF SANCTIONING AT A DIFFERENT LEVEL THAN INDICATED ON GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE SECTION**

SANCTIONS OVERRIDE: Please circle and check only one **HIGHER** **LOWER**

_____First sexual history polygraph - Staff with team.
_____Multiple violations/deceptions to high-risk behaviors or offenses - Staff with team.
_____History of sadistic or lethal behavior/offenses – Staff with team.
_____Sabotage as determined by the polygrapher – Staff with team.
_____Other – Staff with team. Explain: _____

A. Sexual History Polygraph: Test following the standardized question schedule.
B. Maintenance Polygraph: Test on similar behavioral areas.
C. Specific Issue Polygraph: First, test on the most serious behavioral area of deception or inconclusive result. Second, test on all other areas of deception.

EXAM QUESTIONS:
Please circle only one result

Question 1:_____ **Nondeceptive \ Deceptive \ Inconclusive \ Sabotage**

_____

Question 2:_____ **Nondeceptive \ Deceptive \ Inconclusive \ Sabotage**

_____

Question 3:_____ **Nondeceptive \ Deceptive \ Inconclusive \ Sabotage**

_____

FOLLOW-UP QUESTIONS:

Question 1:_____

_____

Question 2:_____

_____

Question 3:_____

_____

POLYGRAPH RESULTS GUIDELINES: Please check the offender's current treatment, privilege, and sanction level for this exam.

Current Treatment Level: Basic Orientation Orientation Commitment Senior Maintenance

___None – Day Hall, Unit office game check-out (ONLY)

___General
- TC table game tournaments
- TC games
- Access to gym beyond the scheduled time
- Other:_____ (staff approved)

____Basic Orientation
- TC sport tournaments
- Music Library
- Music Program
- Hobby permit
- Other:_____ (staff approved)

____Orientation
- Enrichment classes
- Group pass
- Team sports outside of TC
- Other:_____ (staff approved)

____Commitment
- Bingo night
- Movie night
- Priority status for sports teams
- Garden Project
- Pizza party
- Other:_____ (staff approved)

____Senior
- Single cell or approved choice of cellmate
- Career development seminars
- Other:_____ (staff approved)

___Maintenance
- Choice of job
- Priority status for single cell
- Live outside of the unit
- Other:_____ (staff approved)

___**NO SANCTIONS EARNED**

___**LOW**
- ***Maintain current level of privileges***
- ***Complete Sexual History/TC Addendum assignment***

___**MODERATE – And - Refer to Probation Decision Tree**
- ***Lose current level of privileges, but maintain General privileges***
- ***One day loss of earned time***
- ***Placement with TC support team***
- ***Loss of eligibility for work bonus***
- ***Freeze or Regress to Commitment Level***
- ***Contact support network***
- ***TC community service***
- ***$3.00 polygraph exam co-pay for next exam***
- ***Complete Sexual History/TC Addendum assignment***

___**HIGH – And - Refer to Probation Decision Tree**
- ***Lose all privileges***
- ***Two days loss of earned time***
- ***GP ban***
- ***Freeze or Regress to Commitment Level***
- ***Placement with TC support team***
- ***Contact support network***
- ***TC community service***
- ***Loss of all appliances – secure and place under bed***
- ***$3.00 polygraph exam co-pay for next exam***
- ***Complete Sexual History/TC Addendum assignment***

___**SEVERE**
- ***Terminate for lack of treatment progress***
- ***No recommendation for transfer to FCF without admission of the specific behavior in question***

*****STRIKE-OUT SANCTIONS & PRIVILEGES THAT ARE NOT AVAILABLE*****

COMPLETE THE APPLICABLE PARTS:

Name of therapist/officer: _____

Name of polygraphist: _____

Date form completed: _____

The consequences for my performance on this polygraph have been reviewed with me and I understand what is expected of me.

Signature_____ **Date**_____

COLORADO DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT AND MONITORING PROGRAM

APPENDIX N:

STAFF ORIENTATION CHECKLIST

STAFF ORIENTATION CHECKLIST

This is a list in no apparent order of orientation items that need to be accomplished for new therapists with the SOTMP at ACC. If the therapist has been working for the team before coming to ACC not all of these items will apply. You and your supervisor should review the list, set time frames for items to be checked off and periodically look back to see if any items were missed. As part of the orientation you are asked to introduce yourself to many of our staff it is suggested that you be accompanied by one of the SOTMP team members.

ITEM	**DATE COMPLETED**

1. **Attend either the 2 day or week long CMC Orientation.**

2. **Obtain key tags. Get assigned a key ring.**

3. **Review TC Treatment Manual (volumes I and II).**

4. **Attend one of each TC SO group.**

5. **Visit the Greenhouse, Unit B, the Mods and the kitchen. Introduce yourself to all staff members.**

6. **Sit in on some D and A groups, including at least one game. Learn the D and A Structure.**

7. **Complete the 40 hour SOTMP Team training.**

8. **Learn who the SOTMP support and other professional team members are, such as the researcher, the program assistant, the office support personnel, and the family therapist.**

9. **Attend one State of Colorado Sex Offender Management Board Meeting.**

10. **Spend one day in the field with a RAM Parole Officer.**

11. **Complete a State of Colorado Sex Offender Management Board provider application.**

12. **Add your credentials to the posted Clients Rights forms.**

13. **Share a primary caseload with another staff person until cleared to be a Primary Therapist.**

14. **Introduce yourself in each group you attend. Give a brief statement of your professional experience.**

15. **Get opened up to the LAN and DCIS.**

16. **Attend the introductory DCIS training.**

DATE COMPLETED

17. **Obtain your group schedule assignment.**

18. **Attend the monthly SOTMP Team Meeting, generally the first Friday of the Month.**

19. **Visit FCF SOTMP. Introduce yourself and sit in on Phase I groups for a day.**

20. **Become oriented to being on call. Visit the Infirmary as part of assisting with an admit. Attend the CTCF On Call Training.**

21. **Register with the State of Colorado Grievance Board.**

22. **Attend a Parole Board Hearing for a SO at ACC.**

23. **Visit case Management. Meet the case Manager II and as many other case managers as possible.**

24. **Obtain a copy of the SOTh4P Therapist's Manual and the TC Orientation Packet. Review both thoroughly.**

25. **Find a copy of the MIS Manual and review briefly.**

26. **Introduce yourself to the ACC General Mental Health Staff.**

27. **Locate and review TC homework files.**

28. **Review Primary Therapist and the General SOTMP Therapist Responsibilities.**

APPENDIX O:

CARDINAL, BASIC AND HOUSE RULES

THE CROSSROAD TO FREEDOM
THERAPEUTIC COMMUNITY

CARDINAL RULES
No use of drugs or alcohol
No violence or threats of violence
No stealing
No sexually acting out
No violating confidentiality

BASIC RULES
No code of penal discipline violations
Acceptance of authority
Maintain acceptable personal appearance
Be punctual for all appointments and assignments
Be respectful of others and display good manners at all times
No physical horse playing

HOUSE RULES
No foul language.
Keep noise levels down.
No rude gestures or comments.
Display a positive attitude.
Take all room changes to all involved first.
Wear appropriate clothing in the hallways (footwear, shirt, pants, etc. No underwear).
No food taken from the chow hall, except allowable food.
No hats or non-prescription glasses are to be worn inside the buildings.
Clean up the bathrooms/showers after you use them.
Must be appropriately dressed when going to any unit office.
You are required to wear a large towel (non-state) with underwear or a robe or gym shorts when going to or from the showers.
No loitering or conversations are allowed in the foyers, phone areas, or in front of the therapists' offices.
Shower caps and do-rags are allowed to be worn only when going to and from the shower, with the exception of protecting a perm.

APPENDIX P:

ASSESSMENT DESCRIPTIONS

ASSESSMENT DESCRIPTIONS

PHASE I

Mental Health Sex Offense Specific Evaluation (if on Lifetime Supervision)	Purpose being "to document the instrument needs identified by the evaluation (even if resources are not available to address adequately the treatment needs of the sexually abusive offender; to provide a written clinical evaluation of an offender's risk for re-offending and current amenability for treatment; to guide and direct specific recommendations for the conditions of treatment and supervision of an offender; to provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and; to provide information that will help to identify offenders who should not be referred for community-based treatment" (SOMB, 1999). This is done through the examination of criminal justice and/or collateral information, structured clinical interviews, offense-specific and/or standardized psychological testing, medical examinations or referrals, and the testing of deviant arousal/interest through the use of plethysmograph or Abel Screen.
Millon Clinical Multiaxial Inventory-III (MCMI 3)	"is a self-report instrument designed to help the clinician assess DSM-IV related personality disorders and clinical syndromes" (Pearson Assessments). It has 28 different scales: 11 Clinical Personality Patterns, 3 Severe Personality Pathology, 7 Clinical Syndrome, 3 Severe Syndrome, 3 Modifying Indices, and 1 Validity Index.
Personality Assessment Inventory (PAI)	was "designed to provide information relevant to clinical diagnosis, treatment planning, and screening for psychopathology" (Morey, 1991). The PAI is probably the most widely used test of such type. It is a multi-scale, self-report inventory comprised of 344 items. The 344 items are all first person statements which respondents are asked to rate the degree to which the statements are true on a 4 point Likert Scale (4= false, 3 = slightly true, 2 = mainly true, 1 = very true). These items make up 22 nonoverlapping scales, including 11 clinical scales, 5 scales for assessing treatment related characteristics, 2 scales for assessing interpersonal style, and 4 scales for assessing response bias (Inconsistency, Infrequency, Negative Impression, Positive Impression). In addition, the following scales are broken down into subscales: Somatic Complaints (conversion, somatization, and health concerns), Anxiety (cognitive, affective, and physiological), Anxiety Related Disorders (obsessive-compulsive, phobias, traumatic stress), Depression (Cognitive, affective, and physiological), Mania (activity level, grandiosity, and irritability), Paranoia (hypervigilance, persecution, and resentment), Schizophrenia (psychotic experiences, social detachment, and thought disorder), Borderline Features (affective instability, identity problems, negative relationships, and self-harm), Antisocial (antisocial behaviors, egocentricity, stimulus-seeking), and Aggression (aggressive attitude, verbal aggression, and physical aggression).
Multiphasic Sex Inventory (MSI)	is used as a way to "measure the sexual characteristics of adult male sex offenders and can be used both to do a sex deviance evaluation and also to measure treatment progress" (Nichols and Molinder Assessments). This is a paper and pencil test with 300 true and false questions. There are 20 different scales and a brief Social History. The main scales include the validity and basic paraphilia scales of Child Molest, Rape, and Exhibitionism. The other scales assess other paraphelias like fetishes, voyeurism, bondage, sado-masochism, sexual knowledge, and treatment attitudes. It has been confirmed that consistency is high and there are high alpha coefficients for many of the scales.
Locust of Control (LOC)	(Rotter, 1966; Lefcourt, 1991) test assesses an inmate's view of control over his behavior and whether or not they believe that they are responsible for the reinforcements experienced. The test is self-report and consists of 29 forced choice items (23 question pairs, plus 6 filler questions). Each question pairs internal statements with external statements. One point is given for each external statement selected. Scores can range from 0 (most internal) to 23 (most external). The LOC measures the generalized expectancy that life's reinforcements are determined by luck or factors in the environment, or determined by one's self, thus lower scores indicate that the offender feels like he has more control. Internal consistency (alpha) ranges from .60 to .80. Externalizing inmates view their behavior as largely a function of others and not themselves.
Balance Inventory of Desirable Responding (BIDR)	(Paulhus, 1988; Lefcourt, 1991) is a test to assess deception. Its two scales include self-deceptive positivity (the tendency to give self-reports that are honest but positively biased) and impression management (deliberate self-presentation to an audience. The questionnaire is self-report and consists of 40 items responded to using a 7 point Likert scale (1 = not true to 7 = very true. The questionnaire produces two scale scores (self-deception and impression management). One point is given to extreme responses (6 or 7). High scores on self-deception identify subjects who tend to exaggerate claims of positive cognitive attributes (overconfidence in one's judgements and rationality) while high scores on impression management identify subjects who over report their performance of a wide variety of desirable behaviors and under report their performance on undesirable tasks. The internal consistency (alpha) is .68 to .80 for the self-deception scale and .75 to .86 for the impression management scale. The total BIDR scale score shows strong concurrent validity with the Marlow-Crowne Social Desirability Scale.

The Empathy for Women Test, Version II (EWT- 2)	assesses the ability to distinguish between sexually abusive and non-abusive interactions between men and women. The test provides 13 vignettes that are rated by the inmates. Some of the vignettes are abusive, some non-abusive, and most are ambiguous. For each vignette, the offender uses a 5 point scale (1 = not at all and 5 = very much) to rate how the woman feels across the following domains: (Does she feel) worried/afraid, happy/pleased, angry, disgusted, (Do you think that she) wanted to arouse, was interested in sex, was interested in being friends, feels she's better than, was teasing or playing, or was just being polite. The test measures the inmates perspective-taking ability by their ratings of how the woman would react in each vignette. Incorrect responses and missing values are identified as perspective-taking errors (determined from a small pilot sample of correct responses). Lower ratings are seen as more empathetic. On the pilot the mean number of errors was 23.1 (SD = 9.0) for nonoffending men and 38.6 (SD = 10.5) for sexual offenders. The suggested interpretation is 0-20 errors indicates excellent perspective-taking ability, 21-30 errors indicates the normal range, 31-35 errors is below average, and 36 + errors is poor perspective taking ability. The internal consistency (alpha) for this test was .82 for the total score.
The Child Empathy Test, Version II (CET-2)	is similar to the EWT – 2 in design. The CET - 2 contains 13 vignettes designed to assess the ability to distinguish between sexual abusive and non-abusive interactions. For each vignette the offender uses a 5 point scale (1 = not at all and 5 = very much) to rate how the child feels across the following domains: happy, angry, guilty, afraid, self-confident, joking, sexual, going along, friendship, and controlled. Incorrect responses are identified as perspective-taking errors. Respondents can make two types of errors: Deviant and Oversensitive. Both of these together form the number of total errors. A high number of total errors indicate a difficulty distinguishing between sexual abusive and non-abusive adult-child interactions. A high number of deviant errors indicate a perception of children as interested in the sexual attention of adults and a failure to appreciate children's distress. A high number of oversensitive error indicates a tendency to perceive distress when it is not there and to present oneself as hypersensitive to the negative consequences of adult-child contact.
Relationship Questionnaire (RQ)	(Hanson, 1992) addresses the ability to distinguish between abusive and non-abusive interactions between men and women. The test consists of 15 vignettes. Each vignette is followed by three questions: 1) How much do you think (male) was abused, pushed around, and/or taken advantage of? 2) How much do you think (female) was abused, pushed around, and/or taken advantage of? 3) Overall, do you think that (male's decision) was appropriate, justified, and/or correct (appropriate)? The offender answers each question using a 7-point Likert scale ranging from 1 (not at all) to 7 (extremely). Each question provides three scores for Male Abused, Female Abused, and Appropriateness. The three scores are broken down to overestimation of victimization (overly critical), underestimation of victimization (overly tolerant), and total score. For each question, responses outside of the correct range are considered to be errors. There is an interpretation sheet for the scoring. The number of errors that are within normal range are different for each section (male/female overestimate, male/female underestimate, and male/female total). The Appropriateness total score is 0-1 errors = excellent agreement with community standards of how men should treat women, 2-4 = average agreement, 5-15 = poor agreement with community standards.

PHASE II

Millon Clinical Multiaxial Inventory-III (MCMI 3)	"is a self-report instrument designed to help the clinician assess DSM-IV related personality disorders and clinical syndromes" (Pearson Assessments). It has 28 different scales: 11 Clinical Personality Patterns, 3 Severe Personality Pathology, 7 Clinical Syndrome, 3 Severe Syndrome, 3 Modifying Indices, and 1 Validity Index.
Personality Assessment Inventory (PAI)	was "designed to provide information relevant to clinical diagnosis, treatment planning, and screening for psychopathology" (Morey, 1991). The PAI is probably the most widely used test of such type. It is a multi-scale, self-report inventory comprised of 344 items. The 344 items are all first person statements which respondents are asked to rate the degree to which the statements are true on a 4 point Likert Scale (4= false, 3 = slightly true, 2 = mainly true, 1 = very true). These items make up 22 nonoverlapping scales, including 11 clinical scales, 5 scales for assessing treatment related characteristics, 2 scales for assessing interpersonal style, and 4 scales for assessing response bias (Inconsistency, Infrequency, Negative Impression, Positive Impression). In addition, the following scales are broken down into subscales: Somatic Complaints (conversion, somatization, and health concerns), Anxiety (cognitive, affective, and physiological), Anxiety Related Disorders (obsessive-compulsive, phobias, traumatic stress), Depression (Cognitive, affective, and physiological), Mania (activity level, grandiosity, and irritability), Paranoia (hypervigilance, persecution, and resentment), Schizophrenia (psychotic experiences, social detachment, and thought disorder), Borderline Features (affective instability, identity problems, negative relationships, and self-harm), Antisocial (antisocial behaviors, egocentricity, stimulus-seeking), and Aggression (aggressive attitude, verbal aggression, and physical aggression).

Mental Health Sex Offense Specific Evaluation (if not done in Phase 1)	Purpose being "to document the instrument needs identified by the evaluation (even if resources are not available to address adequately the treatment needs of the sexually abusive offender; to provide a written clinical evaluation of an offender's risk for re-offending and current amenability for treatment; to guide and direct specific recommendations for the conditions of treatment and supervision of an offender; to provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision, and; to provide information that will help to identify offenders who should not be referred for community-based treatment" (SOMB, 1999). This is done through the examination of criminal justice and/or collateral information, structured clinical interviews, offense-specific and/or standardized psychological testing, medical examinations or referrals, and the testing of deviant arousal/interest through the use of plethysmograph or Abel Screen.
Multiphasic Sex Inventory (MSI)	is used as a way to "measure the sexual characteristics of adult male sex offenders and can be used both to do a sex deviance evaluation and also to measure treatment progress" (Nichols and Molinder Assessments). This is a paper and pencil test with 300 true and false questions. There are 20 different scales and a brief Social History. The main scales include the validity and basic paraphilia scales of Child Molest, Rape, and Exhibitionism. The other scales assess other paraphilias like fetishes, voyeurism, bondage, sado-masochism, sexual knowledge, and treatment attitudes. It has been confirmed that consistency is high and there are high alpha coefficients for many of the scales.
Abel Screen	is used to evaluate sexual interest and arousal as well as designed to determine treatment needs and risk levels. It is a two-part test. The first part entails viewing 160 slides on a laptop and their response to it is based on visual reaction time. Each slide is shown twice. First, they become acquainted with the slide. Second, they have to rate their arousal on a scale of 1 (aroused) – 7 (disgusting). Through this they are able to calculate several scores: cognitive distortions, social desirability, danger registry, and accusations, arrests, and convictions. The second part requires them to fill out a self-report questionnaire with 21 sexual deviant behaviors. So in terms of reliability, validity and resistance to falsification the Abel is very impressive. It has an "alpha coefficient for visual reaction time ranging from 0.81 to 0.88" which results like these show a high degree of consistency (The Abel Assessment for Sexual Interest, 2001 page 10). . Plus the Abel is "capable of discriminating between non-child molesters and admitting child molesters. Resistance to falsification is demonstrated by its ability to discriminate between non-child molesters and child molesters who attempt to conceal or deny having molested a child" (The Abel Assessment for Sexual Interst, 2001 page 11).

APPENDIX Q:

CONVICTION CRIMES BY TREATMENT GROUPS

Table A: Crimes of Conviction for Sex Offenders
Discharged from Prison April 1, 1993 through July 30, 2002

Mittimus Crimes	No Treatment	Phase I	Phase 2	Total N
Murder	1.7%	0.2%	0.6%	45
Robbery	3.6%	3.5%	2.8%	117
Assault	22.8%	17.7%	13.8%	704
Sexual Assault	40.6%	80.3%	88.6%	1730
Rape	14.6%	26.5%	33.8%	614
Child Molestation	24.6%	51.1%	53.5%	1061
Incest	2.3%	4.9%	4.9%	100
Exhibitionism	0.1%	0.4%	0.0%	4
Burglary	9.5%	8.0%	5.5%	297
Theft	15.9%	7.8%	5.8%	455
Motor Vehicle Theft	3.4%	1.6%	1.2%	97
Drug	11.6%	3.5%	3.4%	317
Escape	8.5%	2.6%	2.2%	231
Other Crimes Against Children	0.4%	0.7%	1.5%	20
Other Non-Violent Crimes	25.6%	13.7%	11.1%	742
New Incarceration Crime Unknown	0.9%	0.2%	0.3%	25

Note: Percentage totals are greater than 100% as each case may have multiple conviction crimes.

APPENDIX R:

RECIDIVISM FOR SEX OFFENDERS EITHER DISCHARGED FROM PRISON OR PAROLE

Table A. Officially Recorded Recidivism for Sex Offenders Discharged from Prison April 1, 1993 – July 30, 2002

Overall Crimes		With new arrests	N	With New Court Filings	N	With New Incarc.	N	Total N
1 year out	**No Tx**	33.8%	506	17.0%	255	5.7%	86	1497
	Phase I	24.2%	89	13.0%	48	2.2%	8	368
	Phase II	16.0%	28	7.4%	13	1.7%	3	175
2 years out	**No Tx**	48.4%	612	28.0%	354	13.3%	168	1264
	Phase I	35.5%	117	21.2%	70	7.9%	26	330
	Phase II	30.7%	43	17.1%	24	4.3%	6	140
3 years out	**No Tx**	55.3%	607	35.2%	386	20.8%	228	1098
	Phase I	42.8%	127	27.6%	82	11.8%	35	297
	Phase II	34.5%	41	20.2%	24	10.1%	12	119
Violent Crimes								
1 year out	**No Tx**	14.3%	214	7.8%	117	1.2%	18	1497
	Phase I	7.9%	29	4.9%	18	0.3%	1	368
	Phase II	6.9%	12	4.0%	7	0.0%	0	175
2 years out	**No Tx**	21.7%	274	12.8%	162	4.0%	51	1264
	Phase I	13.6%	45	10.3%	34	1.5%	5	330
	Phase II	16.4%	23	8.6%	12	0.0%	0	140
3 years out	**No Tx**	26.2%	288	17.0%	187	6.7%	74	1098
	Phase I	16.8%	50	12.8%	38	3.0%	9	297
	Phase II	21.8%	26	13.4%	16	2.5%	3	119
Sex Crimes								
1 year out	**No Tx**	3.2%	48	2.1%	32	1.2%	18	1497
	Phase I	3.8%	14	4.9%	18	1.1%	4	368
	Phase II	2.3%	4	4.0%	7	0.6%	1	175
2 years out	**No Tx**	5.6%	71	4.0%	50	2.3%	29	1264
	Phase I	6.4%	21	8.2%	27	2.7%	9	330
	Phase II	6.4%	9	8.6%	12	2.1%	3	140
3 years out	**No Tx**	7.4%	81	5.4%	59	3.8%	42	1098
	Phase I	7.4%	22	9.4%	28	3.0%	9	297
	Phase II	6.7%	8	8.4%	10	5.0%	6	119

*** P<.05, ** P<.01, ***P<.001**

Table B. Officially Recorded Recidivism for Sex Offenders Discharged from Parole April 1, 1993 – July 30, 2002

Overall Crimes		With new arrests	N	With New Court Filings	N	With New Incarc.	N	Total N
1 year out	**No Tx**	23.1%	175	5.8%	44	0.3%	2	759
	Phase I	15.6%	21	4.4%	6	0.0%	0	135
	Phase II	6.4%	7	0.9%	1	0.0%	0	109
2 years out	**No Tx**	34.4%	225	14.0%	92	2.6%	17	655
	Phase I	26.7%	28	15.2%	16	2.9%	3	105
	Phase II	16.7%	13	6.4%	5	0.0%	0	78
3 years out	**No Tx**	42.0%	228	19.7%	107	6.1%	33	543
	Phase I	40.5%	34	26.2%	22	8.3%	7	84
	Phase II	21.0%	13	11.3%	7	1.6%	1	62
Violent Crimes								
1 year out	**No Tx**	8.4%	64	2.1%	16	0.0%	0	759
	Phase I	3.0%	4	2.2%	3	0.0%	0	135
	Phase II	0.9%	1	0.0%	0	0.0%	0	109
2 years out	**No Tx**	13.1%	86	5.6%	37	0.3%	2	655
	Phase I	8.6%	9	5.7%	6	1.0%	1	105
	Phase II	2.6%	2	2.6%	2	0.0%	0	78
3 years out	**No Tx**	18.4%	100	8.8%	48	0.7%	4	543
	Phase I	13.1%	11	9.5%	8	2.4%	2	84
	Phase II	9.7%	6	6.5%	4	1.6%	1	62
Sex Crimes								
1 year out	**No Tx**	0.5%	4	1.1%	8	0.0%	0	759
	Phase I	0.7%	1	0.0%	0	0.0%	0	135
	Phase II	1.8%	2	0.0%	0	0.0%	0	109
2 years out	**No Tx**	0.6%	4	2.4%	16	0.0%	0	655
	Phase I	3.8%	4	3.8%	4	1.9%	2	105
	Phase II	2.6%	2	3.8%	3	0.0%	0	78
3 years out	**No Tx**	0.9%	5	2.4%	13	0.6%	3	543
	Phase I	9.5%	8	8.3%	7	3.6%	3	84
	Phase II	3.2%	2	4.8%	3	1.6%	1	62

*** P<.05, ** P<.01, ***P<.001**