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# DEPARTMENT OF CORRECTIONS

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## OFFENDER TREATMENT PROGRAM PLAN

JANUARY 1987

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## DEPARTMENT OF CORRECTIONS

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## SEX OFFENDER TREATMENT PROGRAM PLAN

NCJRS

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ACQUISITIONS

January 1987

*Washington State Department of Corrections  
State of Washington*

## EXECUTIVE SUMMARY

Engrossed Substitute House Bill 1598 (1986) requires the Department of Corrections (DOC) to develop a treatment program for sex offenders in a correctional setting. The legislature directed that the program commence operations during the 1987-89 biennium and coexist with the current sex offender programs at Western and Eastern State Hospitals while those programs are phased out. The hospital programs will close by 1993 and at that time the DOC program will become the sole, state-sponsored, sex offender treatment program for convicted felons in Washington State.

The DOC plan focuses on selected offenders for participation in the Sex Offender Treatment Program (SOTP). The plan is specifically tailored to the legislative philosophy that has evolved from the Sentencing Reform Act of 1981. In developing the plan, the current and predicted treatment needs of sex offenders entering prison were identified. Existing programs were studied. The sentence structures of the target population were analyzed. Finally, a pilot program plan was designed, incorporating a set of objectives that emphasize offender management, public safety (security), relapse prevention, fiscal responsibility and measurement of program effectiveness.

The plan includes several components:

- o mandatory presentence investigations
- o assessment
- o an education program
- o an intensive residential program
- o work release
- o community custody
- o program evaluation

These are described separately for understanding and focus, however, the components are interdependent. The plan was developed to provide structured treatment for selected male sex offenders consistent with their SRA sentence length. A program for female sex offenders is presented as a step toward parity and a response to the emerging needs of women.

### Location

The treatment program will be presented in a medium security prison, the Twin Rivers Corrections Center (TRCC) near Monroe. This facility was the clear choice of the site evaluators. Portions of the program will take place away from TRCC. Before the offender enters the prison system, the community corrections staff will complete a comprehensive presentence investigation. The intake and assessment process will continue to be done for all DOC male admissions at the Reception Center of the Washington Corrections Center (WCC-R) and the work release segment will occur at the two Phase II and six of the Phase III work release facilities around the state.

### TRCC Education Program

After the initial intake and assessment of sex offenders at WCC-R, inmates meeting the amenability criteria will be sent to TRCC where they will immediately enter the education program. This six-month program has a capacity of 120 inmates and will serve two

groups: offenders with short sentences (12 months to EPRD) who will go directly to work release after completing the program and offenders with 24 months to their EPRD who will move into the intensive residential program after completing the education component. Offenders with over 24 months remaining to their EPRD will be classified through the normal DOC process until they reach the time range for program admission.

### Intensive Residential Program

The residential program has a capacity of 102 inmates and a duration of twelve months (18 months for the twenty developmentally disabled offenders included in the program). Combined with the education program and the work release program, the entire residential treatment design covers 24 months. The cognitive behavioral treatment model is employed. It represents the majority of treatment designs currently operating around the country within state correctional and mental health facilities.

### Work Release

During the final six months of their incarceration, program participants who meet classification requirements will be transferred to work release facilities to begin transition back into the community. During this time, program staff will assist sex offenders with relapse prevention and the transition to using community resources.

### Staffing

The basic plan without options will require 54 new positions within DOC. Most of these positions are for the treatment team. Four positions are for correctional officers added to assist with internal program security. Seven positions are at WCC-R, nine positions are at work release facilities, seven positions are in community corrections offices and 31 positions are at the treatment facility, TRCC.

### Options

Several policy options are considered, including a program for women and a period of community custody for all sex offenders.

### Evaluation and Reporting

The plan incorporates a tracking, reporting and evaluation system which would enable program managers and the Department to measure its effectiveness. Also emphasized in this system are accurate and useful reporting at each level of accountability, extensive monitoring of random samples of the sex offender population after their release into the community and contracting with an outside vendor to perform the evaluation.

### Cost

The projected cost of the DOC plan, without any of the options, will be about \$2.6 million during the 1987-89 biennium. This figure presupposes a gradual phase-in of staff and inmates which will reach full operation at the end of the biennium. The projected cost for the first biennium of full operation, 1989-91, will be about \$3.7 million. These are new costs only and do not include existing correctional staff at TRCC who will continue to function in their current capacities.

## TABLE OF CONTENTS

	<u>Page</u>
Executive Summary .....	i
List of Tables .....	iv
Chapter 1: Introduction .....	1
Chapter 2: Review of Sex Offender Treatment Issues and Programs .....	3
Chapter 3: Program Objectives .....	11
Chapter 4: Site Location and Security .....	13
Chapter 5: Program Description .....	17
Chapter 6: Program Staffing .....	29
Chapter 7: Program Options .....	35
Chapter 8: Tracking, Reporting and Evaluation .....	41
Chapter 9: Costs .....	47
Chapter 10: Option Costs .....	61
Appendix A: SOTP Site Evaluations .....	81
Appendix B: Women's SOTP .....	89
Appendix C: Acknowledgments .....	97
Glossary .....	103

## LIST OF TABLES

<u>Table</u>	<u>Description</u>	<u>Page</u>
5A	Time Frame of Regular Program Activities .....	16
5B	Flow of Inmate Sex Offenders .....	18
5C	Time Frame of Developmentally Disabled Program Activities .....	25
6A	SOTP Organizational Chart .....	30
6B	Comparative Staff Phase-In Schedules .....	32
6C	Staffing and Inmate Phase-In Schedule .....	34
7A	Projected Sex Offender Caseload for Community Custody .....	37
7B	SOTP Population Comparison: ESHB 1598 vs. SOTP Plan .....	40
9A	SOTP Budget Summary 1987-91 .....	48
10A	SOTP Budget Summary Including Options, 1987-93 .....	62
10B	Staff Phase-In for Community Custody Caseload .....	64
10C	Option 5 Budget Summary, 1985-93 .....	68
B-1	Organizational Chart for Women's Mental Health and Sex Offender Program .....	94

## CHAPTER 1: INTRODUCTION

In Engrossed Substitute House Bill (ESHB) 1598 the 1986 Legislature authorized the creation of a sex offender treatment program within the Department of Corrections (DOC). The stated objective of the legislation was "public safety."<sup>1</sup> Under that statute the existing sexual psychopathy programs operated by the Department of Social and Health Services (DSHS) at Eastern and Western State Hospitals will be phased out beginning June 30, 1987. Most sex offenders eligible for evaluation or treatment under the statute after June 30, 1987 will be committed to DOC.

ESHB 1598 also directed DOC to develop a plan for the administration of a sexual offender treatment program "in cooperation and consultation with the Mental Health Division of DSHS." The DOC plan is explained in this document.

### History of Sex Offender Laws

The first Washington statute pertaining to sexual psychopaths was enacted in 1949. Two years later it was replaced by the Sexual Psychopath Law (RCW 71.06). This law provided for commitment of convicted sex offenders to state hospitals for a ninety day evaluation to determine "sexual psychopathy."<sup>2</sup> If found to be a sexual psychopath, the offender was to receive treatment at the hospital until judged safe to be at large in the community. Specific treatment models for sexual psychopathy were not fully developed in the state hospitals until 1958 when Western State Hospital initiated a treatment plan for sex offenders. Over the years the program grew and received considerable national recognition.

No significant changes were made in the 1951 law until 1967. Then, the authority of state hospitals to transfer problematic or untreatable psychopaths was substantially clarified and expanded in two ways. First, the hospital superintendent was given the option of transferring a sexual psychopath who was a custodial risk at the hospital to a psychiatric unit within the Corrections Division after consent from the Director of Corrections.<sup>3</sup> Second, the hospital superintendent was given the authority to refer a sexual psychopath back to the committing court when it was determined that the offender was either unamenable to, or had obtained maximum benefit of, treatment. The court then assumed responsibility to release the offender, send him back to the hospital or transfer him to a correctional facility.

Another seventeen years passed before the next substantial modification of the sexual psychopath law was enacted. The passage of the Sentencing Reform Act of 1981 (SRA) substantially changed criminal law in Washington. However, the legislature did not incorporate sexual psychopaths into the 1981 Act pending further study of that law. Consequently, the law relating to sex offenders was not changed for three more years. As part of its implementation legislation for the SRA, the 1984 Legislature repealed the sexual psychopath statute for offenses occurring after June 30, 1984. The statute established to replace the law was RCW 9A.120. The new law removed the term "sexual psychopath" from subsequent sex offense terminology, gave sex offenders

<sup>1</sup> Engrossed Substitute House Bill (ESHB) 1598, Sec. 1 (1986).

<sup>2</sup> The statute defined "sexual psychopath" as "any person who is affected in the form of psychoneurosis or in a form of psychopathic personality, which form predisposes such person to the commission of sexual offenses in a degree constituting him a menace to the health or safety of others."

<sup>3</sup> At that time, Mental Health and Corrections were both in the Department of Institutions.

determinate sentences and ended parole. It also provided superior courts with the option of sentencing a male sex offender to serve his time at one of the state hospital sex offender programs. Only convicts with sentences between one and six years were eligible for admission to these programs. In late 1985 about 300 sex offenders were undergoing treatment at the two state hospital programs.

As the decade of the 1980's progressed, legislative dissatisfaction with the Sexual Psychopathy programs at the state mental hospitals increased. Concerns with program security and effectiveness were the primary objections of critics. Numerous options were considered before the legislature decided in 1986 to phase-out the mental hospital programs and replace them with a sex offender program in the Department of Corrections. The Legislature also decided to reestablish community custody for sex offenders in that statute but this provision was vetoed by the Governor. This DOC Plan recommends reconsideration of community custody for sex offenders.

While ESHB 1598 did not specify shortcomings in the existing programs, a Legislative Budget Committee (LBC) performance audit of the programs did identify many of the criticisms that have been leveled against those programs in recent years. For an assessment of the existing sexual psychopathy programs and more extensive background information about sex offender legislation and programs in Washington State, the reader is referred to the LBC audit.<sup>4</sup>

#### Development of the DOC Plan

The DOC enlisted the assistance of the University of Washington, School of Community Psychiatry, in its preliminary development of the DOC Sex Offender Treatment Program (SOTP). In April, the Department held its first major meeting with the broad spectrum of resource people and agencies that were to participate in the moulding of the DOC plan. Representatives attended from community clinics, Washington Advocates for the Mentally Ill, the DSHS Divisions of Mental Health, Developmental Disabilities and Juvenile Rehabilitation, legislative staff and the University of Washington. This and subsequent meetings enabled the Department to define issues more clearly, obtain excellent professional assistance and incorporate views from many diverse perspectives.

Later, a Sex Offender Study Group was formed and divided into several committees to research and make recommendations for specific components of the treatment program. Committee reports were revised as the recommendations of each committee became clear and a budget group was formed to develop program cost projections. DOC's Mental Health Planning Coordinator (MHPC) worked with each committee to assure an integrated set of reports that could be synthesized into one unified model. A final draft of the plan was prepared by the Department and was submitted to the Secretary of DOC who approved the Plan and directed that it be submitted to the legislature.

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<sup>4</sup> Krell, Robert. "Performance Audit of Sex Offender Programs at Western and Eastern State Hospitals," Legislative Budget Committee, December, 1985.



## CHAPTER 2: REVIEW OF SEX OFFENDER TREATMENT ISSUES AND PROGRAMS

The Department of Corrections recently asked the Division of Community Psychiatry at the University of Washington to screen and review the literature about sex offender treatment. The volume of that literature is massive, including hundreds of books, periodicals and reports. The UW effort at reviewing and summarizing the literature was outstanding. They provided a summary review of the issues and programs current in sex offender treatment literature in a report prepared by Eric Trupin, Ph.D., Chairman, and Mark L. Elliot, M.A., of the Division of Community Psychiatry. The Trupin and Elliot report is presented here in a slightly edited form.

### Salient Treatment Issues

1. According to Brecher (1978), the most frequently implemented treatment modalities used in sex offender programs he reviewed include:
  - a. self-help groups (like A.A)
  - b. interpersonal communication and other skills
  - c. "therapeutic community model"
  - d. social group learning
  - e. psychoeducational programs (i.e. self-control, social skills, etc.)
  - f. an eclectic combination
2. In a later study Greer and Stuart (1983) purport that the "state of the art" in treatment programs for sex offenders involve four areas:
  - a. physiological assessment of sexual arousal patterns
  - b. behavior therapies to decrease deviant sexual arousal
  - c. cognitive and cognitive-behavioral therapy
  - d. multi-modal programs based on the individual offender's deficits
3. Marshall, Earls, Segal and Drake (1983) indicate two major areas of focus for treatment of sex offenders which involves changing two areas of sexual arousal and social incompetence.
  - a. They suggest the use of the following to decrease deviant sexual arousal and increase appropriate arousal:
    - aversion therapy
    - covert sensitization
    - "satiation" therapy
    - orgasmic reconditioning
  - b. They feel that addressing social incompetence is essential, requiring changes in the following:
    - interpersonal skills
    - conversational skills
    - sexual skills
    - relationship skills
    - personal management skills
4. Annis (1982) describes a wide range of intervention techniques deemed helpful in treating sex offenders. These range from psychodynamic therapy (not often

described as a treatment modality) and behavioral therapy to psychoeducational programs. This treatment approach is designed to focus on specific and individualized offender goals. The major concerns that are addressed include:

- a. decrease drug/alcohol abuse
  - b. increase appropriate social norms adherence
  - c. increase social skills
  - d. increase personal adjustment
  - e. decrease deviant sexual arousal
  - f. increase appropriate sexual arousal
5. Abel, et al (1978) describe a program that is quite behavioral and cognitive-behavioral. They focus on decreasing deviant sexual arousal and increasing appropriate sexual arousal with the addition of sex dysfunction therapy, assertiveness skills and increased heterosocial skills.
  6. Quinsey (1977) reviewed literature for what he thinks are the two major areas being employed to treat sex offenders. They are:
    - a. group therapy -- this is the most widely used form of treatment but the author is quite skeptical about its efficacy.
    - b. behavior therapy -- consisting of two areas: aversion therapy and social skills training.
  7. The newest and most innovative program description for treating sex offenders has been designed by Pithers, et al (1983). This treatment model is based on the Relapse Prevention Paradigm developed by Marlatt. Its basic focus is to teach offenders about the early warning cues for re-offending and coping strategies to decrease the probability of re-offense. (The new California program is based on this theory. See the following section on selected treatment programs for a more detailed outline of this program concept.)
  8. Longo (1985) added the importance of implementing treatment designed to address the issues of criminality. He feels that sex offenders are becoming more and more complex in their sexual and nonsexual criminal offenses with an increase in multi-offense histories.
  9. Marques (1984), in her development of the California program for treating sex offenders, compiled the most comprehensive list of problems common among sex offenders. She emphasized those that most need to be addressed with treatment, including:
    - a. anger mismanagement
    - b. deficient social skills
    - c. deviant sexual arousal patterns
    - d. distorted values and beliefs about self, others and life
    - e. excessive anxiety
    - f. excessive needs for excitement, power and/or control
    - g. feelings of worthlessness
    - h. impaired family and other social relationships
    - i. inability to delay gratification or control impulses
    - j. lack of regard for others
    - k. poor stress management and coping skills
    - l. sexual dysfunction

m. tenuous masculine identity

Selected Treatment Programs

Much of the literature describing sex offender programs across the country is outdated and unhelpful. The information presented below was developed through the following sources:

1. Visits to programs (1985-86)
2. Literature updates presented at the 1986 National Institute of Mental Health (NIMH) Conference on Treatment of Sex Offenders.
3. Literature presented in the Prison Research Education Action Project (PREAP) report on sex offender programs.

As an overview of sex offender treatment, Honey Knopp of PREAP presented a variety of statistics at the 1986 NIMH conference about the 270 programs currently treating adult sex offenders. The statistics are based on responses from a majority of the programs and include the following:

- \* 91% use group therapy as the main treatment modality
- \* 90% use individual therapy of some kind
- \* 80% include families (other 20 percent are mostly prisons)
- \* 63% use behavioral treatment techniques--mainly covert sensitization, masturbation satiation and cognitive rehearsal
- \* 47% treat DD/low functioning sex offenders
- \* 42% use "thinking errors" model
- \* 35% use aversive conditioning (mostly olfactory)
- \* 31% use the penile plethysmograph
- \* 18% use Depo-Provera

There are numerous quality programs for adult sex offender treatment. Those described here are particularly informative about various treatment models. They are by no means the only good programs available for review.

1. Atascadero State Hospital Sex Offender Program, California

This is a voluntary inpatient treatment facility which describes a three-phase model based on the relapse prevention paradigm.

Phase 1: Assessment (approximately 2 months)

- a. analysis of high risk situations
- b. behavioral lab sessions to normalize sexual arousal and functioning
- c. identify antecedents to sex offenses
- d. results of the assessment are used to develop individualized treatment

Phase 2: Intensive Treatment (approximately 22 months). Offenders spend at least 20 hours/week in these treatment models:

- a. individual counseling and/or psychotherapy sessions
- b. behavioral lab sessions to normalize sexual arousal and functioning
- c. a smorgasbord of structured groups (based on deficits)

- |                                  |                                |
|----------------------------------|--------------------------------|
| 1. orientation groups            | 12. depression management      |
| 2. sex education                 | 13. social skills              |
| 3. core relapse prevention       | 14. heterosocial skills        |
| 4. relaxation training           | 15. assertiveness training     |
| 5. human sexuality               | 16. victimization              |
| 6. overt behavioral conditioning | 17. intense relapse prevention |
| 7. assisted covert conditioning  | 18. substance abuse            |
| 8. stress inoculation            | 19. cognitive restructuring    |
| 9. stress management             | 20. rehabilitation activities  |
| 10. manger management            | 21. leisure activities         |
| 11. anxiety management           |                                |

## 2. University of Minnesota Medical School, Family Medicine

This program is an outpatient treatment facility but is included because of the extensive number of treatment interventions used.

- a. Social skills:
  - 1. role play with videotape and group feedback
  - 2. assertiveness training
  - 3. training for hetero/homo social skills
- b. Psychodynamic:
  - 1. explore and review traumatic aspects of patient's history
  - 2. increase understanding of antecedent conflicts prior to offense
- c. Behavior Modification
  - 1. relaxation therapy
  - 2. thought stopping
  - 3. individual patient and family homework
  - 4. modeling (via staff and other patients)
  - 5. reinforcement, not punishment or aversive conditioning
  - 6. stress management
- d. Cognitive Restructuring - rational emotive therapy (RET)
- e. Structural and Strategic Family Therapy
  - 1. family meetings with family of origin only (2-4 per month)
  - 2. use double-binding and paradoxical techniques
- f. Hormonal Treatment - Depo-Provera used infrequently
- g. Sex Education
  - 1. psychoeducational
  - 2. Sexual Attitude Reassessment (SAR)
  - 3. individual and couple work (e.g., sex therapy)

## 3. South Florida Mental Health Program, Tampa

This program is primarily a research project designed to distinguish the effectiveness of traditional behavioral treatment approaches with psychotherapy and is designed to answer a number of questions regarding the efficacy of different treatment modalities.

- a. Baseline assessment (6 weeks)
  - 1. behavioral assessment of arousal with penile plethysmograph
  - 2. administration of traditional psychological tests
- b. Phase 1: Basic Treatment (20 weeks) - based on assessment
  - 1. specific behavioral therapy to decrease deviant sexual arousal and the teaching of rational emotive therapy, or
  - 2. short-term psychotherapy
- c. Assessment 1 (2 weeks) - physiological assessment and psychological evaluation with tests
- d. Phase 2 (18 weeks) - three week segments to teach impulse control, anger management and relapse prevention, or interpersonal psychotherapy with emphasis on decreasing symptoms and increasing interpersonal functioning.
- e. Assessment 2 (2 weeks)
- f. Phase 3 (up to 52 weeks)
  - 1. expand relapse prevention skills for different situations, or
  - 2. interpersonal psychotherapy
- g. Follow-up

4. Oregon State Hospital Sex Offender Program, Salem

This is a voluntary program that includes components for high functioning and low functioning offenders. The components are run somewhat independently. The following general observations were made while visiting the program:

- a. Excellent use of a supervisory model with effective top-down supervision from unit director to therapy supervisors to aid staff. Aid staff are active in the treatment process.
- b. Training of staff is a priority. In-service training seminars are common. Time and money are made available for attending outside conferences.
- c. Program is under the aegis of the Department of Corrections making transfer between the programs quick and effective. For instance, a man can be returned to the prison for a cooling out period and then returned without problems.
- d. Relationship with the surrounding community is described as quite good due to meetings and workshops for community members.
- e. Relationship with law enforcement, legal and legislative bodies is described as quite good and protects the program from being disbanded. This results from inviting these agencies for workshops and also making services available to them on the outside.
- f. A wide range of sex offender types, including very aggressive rapists, are admitted into the program.

Lower Functioning Program characteristics and description:

- a. IQ is usually below 85 with a mean of 78.
- b. Approximately 20 different classes (e.g., grooming, sex education, anger management, dating skills, assertiveness training, health care and training in activities of daily living) are conducted.
- c. Treatment is done in a self-help group format but a therapist attends and/or runs the groups which contain less than 12 men.
- d. Staff are developing a self-paced learning lab.
- e. Staff use "learning fairs" where one topic is the focus during the week. The ward is transformed (i.e., bulletin boards, walls, etc.) to accommodate the focus.
- f. All illiterate and learning disability offenders are assigned a buddy that can read and write.
- g. Logs of daily activities/thought/fantasies are kept depending on the nature of the presenting problems (i.e., deviant fantasies/arousal, etc.). If an offender cannot read or write then his "buddy" writes entries for him and he copies it at a later time.
- h. Cognitive restructuring and RET are used.
- i. Criminality and "criminal" self-talk are strongly emphasized.
- j. A "feedback system" that models respectful communication is employed, not confrontational approaches.
- k. A behavioral lab (penile plethysmograph) is used for assessment of deviant arousal. Arousal is assessed with audio tapes, slides and video tapes. However, the lab is more frequently used to increase appropriate arousal.
- l. Aversive conditioning is used, mostly ammonia with some shock.
- m. Depo-provera is not frequently used.
- n. Emphasis is placed on learning to identify the antecedents of deviant arousal.
- o. Staff work on high risk situations in a vivo manner (i.e., taking offenders to the mall) with goal of processing reactions before, during and after.
- p. Emphasis is placed on stress management and coping strategies.
- q. Covert sensitization is not widely used due to cognitive deficits.
- r. Strong emphasis is placed on dating skills and sexuality. Partners are brought in.
- s. Masturbation frequency is not controlled. The goal is open discussion with a focus on appropriate, not deviant, sexual feelings.
- t. Alcoholics Anonymous meetings are held on the unit with members from the surrounding community.

- u. Conjugal visits are permitted if staff approve.
- v. The hospital chaplain is called on to discuss religious conflicts and questions.
- w. Good "after care" and follow up are provided, similar to item "h," below.

Higher Functioning Program characteristics and description:

- a. The lower and higher functioning programs are similar in many ways. One exception is the need for basic reading and writing training in the higher program.
- b. The behavioral lab receives more emphasis. A series of slides and tapes specific to the offense pattern are developed to assess decreased arousal.
- c. Use of appropriate sexual stimuli (videos and slides) is emphasized.
- d. Virtually everyone receives aversive conditioning with ammonia or shock.
- e. Victim empathy techniques are used, including face to face confrontations with victims.
- f. Thought stopping and "reporting out" to a group member are used when deviant arousal arises.
- g. Six months before parole (and official release from the program) the offender goes on work release.
- h. During the "after care" phase the offender returns to the program twice weekly for 18 months then once per month for the duration of parole.
- i. Offenders receive brief plethysmograph assessments monthly.

5. Connecticut Correctional Institution Sex Offender Program

This is a voluntary program housed in a correctional facility but determinate sentencing has decreased program interest. Several interesting treatment ideas are practiced including:

- a. The use of numerous professional (including interns) and community volunteers in the treatment programs. Offenders are used as peer counselors but under supervision.
- b. Sending information to all sex offenders in the system, telling them about the program. If interest is not shown then the inmates are approached by staff and other sex offenders in the program and encouraged to participate.
- c. No exclusionary criteria for entrance into the program with the exception of severe psychiatric problems.
- d. Programs are offered in semesters from October to May.
- e. Group treatment based on the guided self-help and mutual aid concepts is the major mode of treatment (each group session lasts about two hours with an average participation of four hours per week).

- f. There are nine specific group programs:
  - 1. sex education
  - 2. anger management
  - 3. understanding sexual assault
  - 4. interpersonal relationships
  - 5. victim personalization
  - 6. parents anonymous
  - 7. group therapy
  - 8. personal victimization
  - 9. combating sexual assault
- g. Other nongroup-oriented interventions include:
  - 1. using biofeedback for stress
  - 2. autobiography writing
  - 3. individual treatment during crisis
  - 4. graduation marathon group
- h. After care treatment is not well developed due to financial complications and is presented as a significant deficit in the program.

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### CHAPTER 3: PROGRAM OBJECTIVES

The Sex Offender Treatment Program Plan is NOT proposed or designed as a panacea for sexually deviant behavior. It does propose to treat a limited number of carefully selected sex offenders who have been committed to the Department for their previous criminal behavior. The objectives of this Plan attempt to incorporate concerns about the current system that have been raised by the legislature and others while staying within the limits of DOC's purpose and abilities. The objectives are:

1. Security
2. Integration of Clinical Treatment Within a Corrections Environment
3. Reduction in Future Sexually Deviant Behavior by Treated Inmates
4. Expansion of Access to Treatment
5. Fiscal and Program Accountability
6. Program Evaluation
7. Public Information

The first four of these objectives focus on program services while the latter three deal more with program accountability matters. Together, the objectives serve as a blueprint for a responsive, quality program that will satisfy many of the concerns about sex offender treatment in Washington State. The focus of each objective is discussed briefly here.

#### 1. Security

The major emphasis of the security objective of the SOTP is to provide an environment that ensures public safety during treatment. This has been one of the major concerns about the existing sex offender treatment programs at the state mental hospitals. Moving the program to a medium security prison within DOC will be a major step toward satisfying this objective. A further focus on security will occur at the end of the institutional treatment period when the DOC classification unit and the SOTP treatment team will join forces to determine readiness for release to a Phase III work release facility. Phase III custodial supervision approximates that currently found in the sex offender programs at the state hospitals.

#### 2. Integration of Clinical Treatment Within a Corrections Environment

This objective will require the cooperation of custody and treatment staff. The clinical program will operate within the standardized parameters of inmate classification and inmate discipline. Favorable treatment recommendations and positive inmate response to treatment will not override the authority of the classification process to manage inmate assignments within corrections and to protect the orderly operation of the institution.

#### 3. Reduction in Future Sexually Deviant Behavior by Treated Inmates

In general, sexual reoffense data is very soft and inconclusive. Differences in the length of studies in years after release and in the definition of reoffending used in a particular jurisdiction result in wide fluctuations in the sexual reoffense rates reported across the country. Sex offender treatment programs clearly show improvement in post-release behavior but the rates of improvement, like the rates of reoffending, vary widely.

This disturbs DOC and makes accurate reoffense reporting a part of this objective. The most respected treatment programs in the country, several of which are described in the previous chapter, report reoffense rates for untreated sex offenders ranging from 31-88 percent and for treated sex offenders ranging from 5-30 percent. The goal of the DOC program for participants in residential treatment is to reduce reoffending for sex crimes to less than 20 percent during the first five years after release.

4. Expansion of Access to Treatment

This objective recognizes the failure of previous sex offender legislation to address the needs of the female and developmentally disabled offender. It is anticipated that women will continue to make up a very small portion of the total sex offender population and that women sex offenders will continue to comprise a very small portion of the overall female inmate population. For these reasons female sex offender treatment has not been incorporated into the basic SOTP plan but is presented as a program option.

Developmentally disabled sex offenders do not comprise a large portion of the total sex offender population, either. However, their numbers are many times greater than female sex offenders. And unlike women, sex offenders make up over 50 percent of the total developmentally disabled inmate population. Consequently, a special program element has been included in the residential program for the developmentally disabled.

5. Fiscal and Program Accountability

This program objective assumes that time and cost resources are limited. Fiscal accountability includes assurances that each dollar spent serves a useful, productive purpose. Program accountability focuses on the effectiveness of program operations. Together, these accountability areas will require sound fiscal management, careful budget control and close monitoring of program effectiveness.

6. Program Evaluation

The evaluation objective will require pre- and post-treatment standards in order to measure inmate performance in terms of skills acquisition and behavior change. It will provide not only internal program milestones but comparisons with similar groups of untreated offenders as well. Although the plan does not recommend deliberate identification of control groups characteristic of a research study, it is anticipated that comparable groups will evolve over time as the admission rate will exceed the treatment resource. The ultimate criterion for both treated and untreated sex offenders will continue to be sexual reoffending.

7. Public Information

It is important that information about SOTP operations, inmate characteristics and internal successes be made available to groups outside of the program and the Department. This is especially true for the legislature which ultimately determines what the program will be, who it will serve and what financial resources will be devoted to it. To assist in answering these questions, an objective of the SOTP is to report regularly to the legislature and the public on internal measures of program effectiveness (i.e., completion and drop-out rates, escapes, etc.), demographic data about who is being treated, program costs and significant changes that are made in treatment design.

## CHAPTER 4: SITE LOCATION AND SECURITY

A preliminary survey of correctional facilities began in February of 1986 and culminated in October by designating the Twin Rivers Corrections Center at Monroe as the preferred site for the SOTP. The Washington Corrections Center, Training Center (WCC-T), at Shelton was selected as the alternate choice.

A suitability assessment was conducted for all major institutions within DOC. Each facility was reviewed for its desirability in several areas. These included:

1. ability to segregate program activities
2. proximity to resources
3. program and office space availability
4. nature of existing inmate population
5. relocation requirements to satisfy housing needs of the treatment program
6. program security

Several institutions were found to be unsuitable by nearly every measure. Those included: McNeil Island, Clallam Bay and two units at the Penitentiary: the Medium Security Complex and Unit 5. See Appendix A for the site evaluation reports on major institutions. One minimum security facility (Pine Lodge) was considered but was not formally evaluated because of security limitations. The other major institutions were eliminated from consideration for the following reasons:

### Washington Corrections Center/Reception Center

As the receiving unit for all male felons, the Reception Center is chronically overcrowded. There are no reasonable alternatives for this function, thus making it highly impractical to vacate an area for any new program. In addition, there is virtually no acceptable program space associated with this operation. Because it is the receiving unit for all male felons, however, it is the most sensible and reasonable site to conduct the intake assessment of sex offenders. To that extent, the Reception Center will be utilized for SOTP purposes.

### Washington State Reformatory

The Reformatory is currently 103 percent above capacity with a court imposed population ceiling. The physical structure is inadequate to provide segregation of treatment, housing and/or programs such as the SOTP. The Reformatory also serves a necessary confinement function for the entire Monroe command. There are no readily available alternative housing options for inmates confined within the walls of the Reformatory, thus making it impractical to vacate an area for a specialized program such as this.

### Intensive Management Units

The intensive management units (IMU's) at the Correction Center and the Penitentiary are not appropriate. These are maximum security units which lack the necessary program and office space for a treatment program. They currently serve a critical function for managing violent offenders in the Division of Prisons. To vacate these units in an attempt to create a different program does not appear cost-effective or in the best interests of the Division of Prisons.

### Purdy Corrections Center for Women

Any programs for women would have to be conducted at Purdy and would have to be operated in conjunction with existing programs.

### County Jail Units (Clallam County/Spokane County)

These two units were eliminated because of the nature of the contract with the two counties. The contracts right now are so restrictive that it is difficult to house general population inmates. A specialized treatment program would simply be unworkable.

### Special Offender Center

The Special Offender Center is already designed for another segment of the population requiring special treatment. There is no other resource in the system to meet the needs of inmates currently housed at SOC.

By eliminating the facilities discussed above and those that are analyzed in Appendix A, only two major institutions remain as feasible choices: Twin Rivers and WCC-T. Since the site selection committee recommended Twin Rivers very strongly over WCC-T, the site modification section below discusses only Twin Rivers.

### Site Modifications for the SOTP

Regardless of which institution is selected for the operation of the treatment program, some modifications of the facility will be required. The selection of Twin Rivers Corrections Center (TRCC) by the site selection committee was based in large part on the compatibility of existing TRCC facilities with the housing, program and office space needs of the SOTP. As appropriate as TRCC may be to the needs of the program, however, there are still two significant alterations of the facility that will be necessary in order to satisfactorily house the SOTP:

1. Convert 23 cells in one of the four housing units to offices for residential program staff and activity rooms for residential program treatment.
2. Add 720 square feet of space for classrooms and office space for education program operations.

Each housing unit at Twin Rivers has a rated capacity of 125 inmates with one inmate per cell. By double-bunking in some cells, emergency capacity on each unit is 137 or 138. To accommodate the needs of treatment staff for on site offices, 17 cells will need to be converted to staff offices in the unit selected to house the residential program. Another six cells will be required for penile plethysmograph laboratories and other program treatment needs. This cell conversion will reduce the rated capacity on the unit to 102. Emergency capacity will be 115 with thirteen double-bunked cells. This adjustment would reduce the emergency capacity at Twin Rivers from 550 to 527 and the rated capacity from 500 to 477. It is not anticipated, however, that double-bunking will be required in the foreseeable future.

The additional classroom and office space for the education program will be in the form of a new building at TRCC to be acquired under a lease/purchase contract. The 720 square feet will provide space for staff offices and classrooms. The recommended way to acquire this space is through a lease/purchase of a 12' X 60' portable unit.

## Security

By conducting the treatment program at a major institution with a medium security designation, security will not be an issue. The design and construction of all the major institutions, including Twin Rivers, focuses on security as a top priority. "Walkaways" simply do not occur and escapes are extremely rare. Since the program has been designed to retain the entire custody staff on the unit, there will be no reduction in staffing for any security purposes.

TABLE 5A: TIME FRAME OF REGULAR PROGRAM ACTIVITIES\*

INTAKE MONTH →		FULL CONFINEMENT																		PARTIAL OR FULL CONFINEMENT						
		EDUCATION PROGRAM						INTENSIVE RESIDENTIAL												WORK RELEASE TRANSITION						
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
ASSESSMENT & SCREENING	Individual Pattern Identification							Individual Pattern Development Intervention Techniques												Pattern Monitoring Pattern Interventions						
	Social Skills Anger Management Stress Management Human Sexuality Parenting Skills							Social Skills Problem Solving Values Clarification Thinking Errors												Skills Monitoring Community Resources Crisis Counseling						
								Victim Empathy												Volunteer and Support Group Resources						
								Substance Abuse												Resource Identification						
								Aversion Therapies												Intervention Monitoring						
		Work						Structured Work Activities												Work Resources						
		Own Victimization						Own Victimization												Transition Plan Implementation						
		Physical Conditioning						Physical Conditioning																		
								Community Transition Plan																		

\* Short-term offenders will complete Education and Work Release elements only.

## CHAPTER 5: PROGRAM DESCRIPTION

### Overview

The program consists of two models: residential and educational. The residential model requires 24 months of inmate participation and requires participants to reside in a specific unit at TRCC. The education model is a day program which requires that the inmate be housed at TRCC, but not on any particular unit within the institution. Each model employs a set of criteria to determine eligibility for that program.

A range of treatment techniques are used in the models, including:

- group therapy
- therapeutic community
- individual counseling
- behavioral reconditioning
- cognitive-behavioral conditioning
- covert sensitization
- skill learning through educational modules

Collectively, these techniques comprise the psycho-therapeutic, educational and behavioral interactions employed in the majority of contemporary sex offender programs.

The techniques listed are employed with varying degrees of intensity depending on which model the inmate is currently involved in and the phase within that model. Each model begins with a six-month education component and ends with a six-month work release component. The residential program adds a twelve-month intensive treatment component between these two. Table 5A shows the time frame for these activities as they occur in the regular program. A separate table is provided later in this chapter to show activity time frames of the special program for developmentally disabled sex offenders.

The sections that follow each describe a specific program component: assessment, the education program, the intensive residential program, the program for the developmentally disabled and the work release transition program. A final section is included explaining the projections of inmate eligibility and a plan for maintaining program participation levels at capacity if the projections of numbers of amenable inmates prove to be inaccurately low.

Table 5B shows the flow of inmates through the entire Sex Offender Treatment Program. It also shows the goals and amenability criteria for each of the three program components.

### Assessment

Assessment begins in the community with a presentence investigation conducted by a Community Corrections Officer (CCO). It will occur prior to the inmate's arrival at WCC-R and will be a more detailed presentence investigation than has been completed in the past. The data collected by the CCO, including an interview and investigation, will provide the basis for subsequent psychological assessment in the prison setting. The focus will be on sexual behavior and deviant pattern assessment.

A male sex offender's in-person assessment will occur at the Washington Corrections Center, Reception Center (WCC-R) just as it does for all offenders upon admission to the prison system. The sex offender assessment will be completed within eight weeks of the

TABLE 5B: FLOW OF INMATE SEX OFFENDERS

EVALUATION CRITERIA

1. RCW 9.94A.120 (7) (B)
2. CONVICTION OF SEXUAL OFFENSE

EDUCATION AMENABILITY CRITERIA

1. PROGRAM AVAILABILITY OF 6 MONTHS
2. CONVICTION OF SEXUAL OFFENSE OR REFERRAL
3. REQUEST FOR TREATMENT
4. COMPLETION OF SEXUAL DEVIANCY EVALUATION

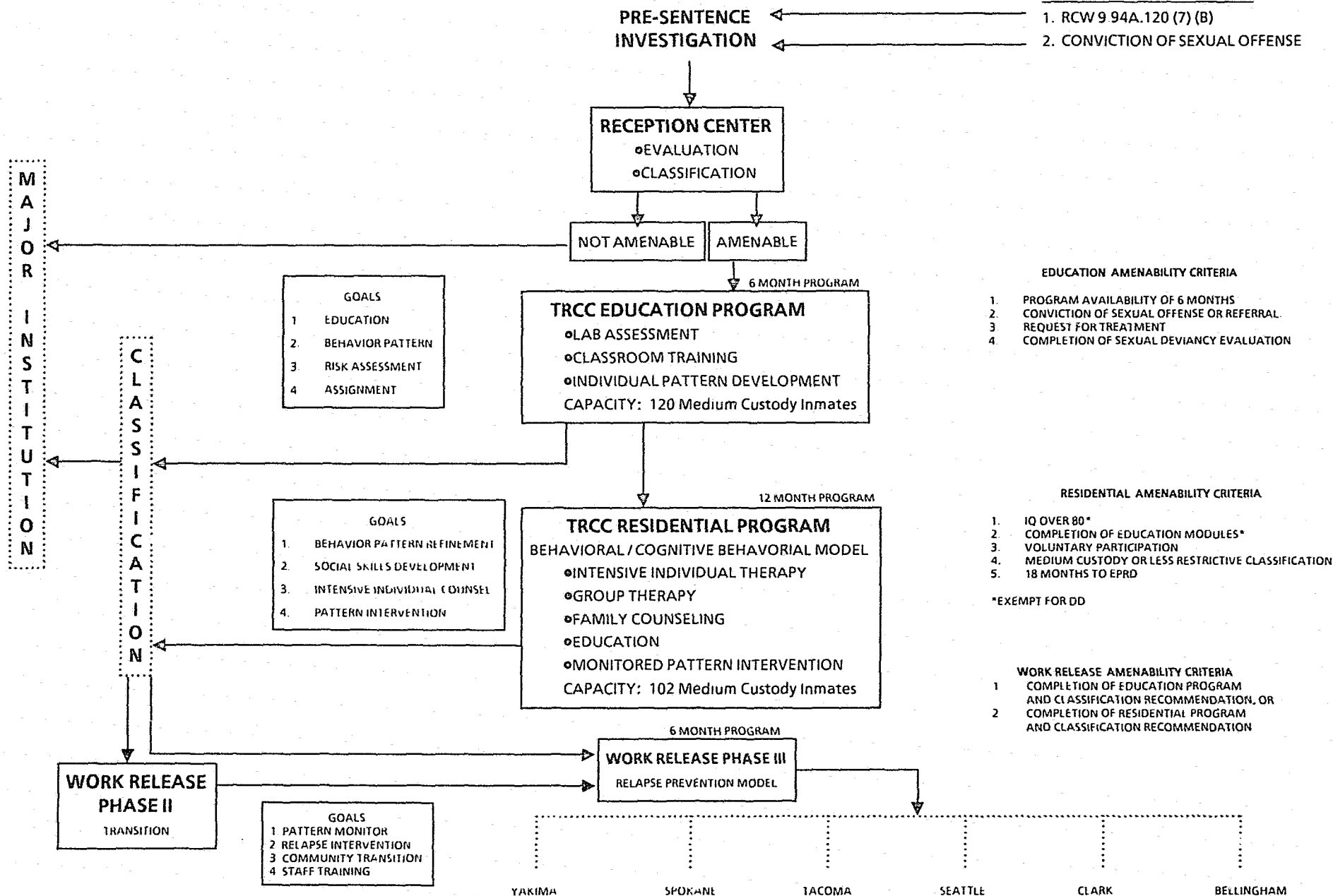
RESIDENTIAL AMENABILITY CRITERIA

1. IQ OVER 80\*
2. COMPLETION OF EDUCATION MODULES\*
3. VOLUNTARY PARTICIPATION
4. MEDIUM CUSTODY OR LESS RESTRICTIVE CLASSIFICATION
5. 18 MONTHS TO EPRD

\*EXEMPT FOR DD

WORK RELEASE AMENABILITY CRITERIA

1. COMPLETION OF EDUCATION PROGRAM AND CLASSIFICATION RECOMMENDATION, OR
2. COMPLETION OF RESIDENTIAL PROGRAM AND CLASSIFICATION RECOMMENDATION





inmate's arrival there. Inmates evaluated for this program will include all those committed to DOC for sex crimes committed after June 30, 1987 and those committed under the provisions of RCW 9.94A.120(7)(b) for crimes occurring after the same date.

In conducting the intake assessment, SOTP staff at WCC-R will utilize the expanded presentence investigation report, crime and criminal investigation reports, a standardized psychological test battery and a clinical interview with the inmate.

These measures will constitute the initial assessment to determine compulsivity of sexually deviant behavior, willingness to voluntarily participate in the treatment program, mitigating factors such as neurological impairment, developmental disorder or mental illness, remaining time structure for program availability and the degree of recognition or identification by the offender of an offense pattern which involves sexually deviant behavior.

Minimum amenability criteria will include all of the following:

1. remaining program availability of at least nine months (24 months for the residential program)
2. conviction of a sexual offense or referral under RCW 9.94A.120(7)(b)
3. a request for treatment by the offender
4. an assessment of compulsive, sexually deviant behavior

SOTP staff at WCC-R will be heavily reliant upon computerized test scoring to expedite the assessment process and ensure maximum inmate contact time with clinical staff. Upon the completion of the initial assessment, the clinical report will identify whether the offender meets the minimum amenability criteria and recommend assignment to the appropriate component of the treatment program. A copy of the clinical report and the clinical recommendation will be forwarded to the DOC classification committee at WCC-R. This committee will then assign the inmate on the basis of all clinical and classification materials.

There are four possible assessment results:

1. Inmate amenable, direct program entry - In this instance, the inmate would be sent immediately to TRCC to begin participation in the education program.
2. Inmate amenable, program full - When the program at TRCC is full, the inmate will be placed on a waiting list until space is available for his entry into the program. However, if the inmate's wait is so long that his sentence structure is no longer compatible with program participation, the inmate will not be allowed to enter the program. (Note: Current projections of inmates amenable to treatment during the next six years do not anticipate the need for any waiting lists until at least 1990).
3. Inmate amenable, sentence length too long - For inmates with sentences that do not coincide with the sentence structure requirements of the program, admission will be postponed until their remaining length of stay coincides with the parameters of the program: 9-12 months remaining for the education program and 21-24 months remaining for the residential program.

4. Inmate Unamenable - These inmates will be processed through DOC classification just the same as non-sex offenders. Their program will not include involvement in the treatment program unless conditions of time structure, willingness to participate, space availability and other amenability criteria were met at a later date. It is anticipated that about one-half of all sex offenders will fall into this category.

#### The Education Program

Clinical treatment interventions begin in the education program which will be housed in a portable building to be located near the residential unit at TRCC. This program component interacts with the assessment, residential and work release components. Major objectives include the provision of ongoing educational modules to participating inmates, assessment of inmate skill deficiencies and identification of inmate deviant arousal and crime patterns. This program is designed to accommodate a maximum population of 120 inmates who have been referred by the reception center and approved by the DOC classification team. This program will include two groups of inmates: those with remaining sentences of about three years (including one year of earnable early release time) who are targeted for admission to the residential program at a later date and those with sentences of 14 to 18 months (including up to six months of earnable early release time) who are targeted for transfer to work release after completion of the six month education program.

The education program will not interfere with other inmate programming such as work assignments and other institutional education programs. It will consist of a variety of education modules including anger management, stress anxiety management, parenting skills and human sexuality skills. The modules vary in frequency and duration. Classes of one hour per day, three days per week for a period of six to ten weeks will be typical for each module. Specific module assignments will be determined on the basis of individualized needs and the skills assessment. Each module will identify inmate performance objectives and rate inmate performance in terms of pre- and post-course measures. The number of modules offered within the program at any one time will vary depending on the needs of the inmate population. Currently, topics have been identified for seventeen modules which are expected to be offered in the program.

The penile plethysmograph (PPG) will be utilized in the program as an assessment device to obtain an objective measure of deviant and non-deviant sexual arousal. Each participating inmate will be required to undergo this assessment. The results will be used to develop an individual behavioral treatment plan. This procedure will occur over a two week period at the beginning of the inmate's stay in the education program. The plethysmograph testing and assessment is an essential element of the crime pattern identification process which will form the basis of future treatment interventions for each inmate as well as the behavioral "relapse" indicators. Further assessment and evaluation of deviant offense behavior and risk indicators will establish important cues for staff detection of inmate relapse patterns. It will also assist in recognizing the need for behavioral interventions for the inmate.

The minimum standard to determine positive completion of the education program will be:

1. Inmate understanding of his offense-specific patterns insofar as the behavior can be identified by program staff; and
2. Inmate knowledge of specific interventions for his offense-specific patterns and the ability to initiate those interventions.

Additional course work and positive programming are seen as requisites for inmates with time structures appropriate for participation in the residential program.

The final, major focus of the education program will be the assessment of inmate skill deficiencies. This will assist in the allocation of management resources when the inmate enters work release and in recognizing risk to the community after release. The information gathered will consider inmate time structure and performance within the program in order to recommend dispositions which may include: assignment to another institution, continued treatment in the residential program, assignment to the waiting list for the residential program or direct assignment to Phase II or III work release programs. All recommendations will be considered during the usual inmate classification process.

In terms of unique program functions, the education component responds to the need to provide at least minimal treatment for inmates with insufficient time structure to complete an intensive, residential program. Additionally, it provides a format for actual inmate program involvement which will enable better classification screening for subsequent inmate assignments.

### Residential Program

For those offenders who have successfully completed the education program and who still have approximately 18 months remaining to their earliest possible release date (EPRD), an intensive residential treatment program will be available. The major objectives of this program component include reducing deviant arousal and replacing it with appropriate arousal, intensified skill development and behavioral interventions of offense patterns.

The residential program is designed to accommodate a total of 102 male offenders: 82 medium custody sex offenders ("Regular") and 20 developmentally disabled, medium custody sex offenders ("D.D."). The program will be located in one of the four residential units at TRCC. See Chapter 4 for a description of the physical plant modifications and other impacts at TRCC that will result from placing the program at this facility.

Two sets of admission requirements exist for the residential program, one for regular participants and another for the developmentally disabled. The requirements for admission to the regular residential program include all of the following:

1. An IQ of greater than 80
2. Custody classification of medium or less restrictive
3. Completion of education modules
4. Voluntary participation by the inmate
5. 16-19 months remaining to their EPRD

For admission to the D.D. program, the first and third requirements of the above list are waived. The D.D. program is described in the next section. The remainder of this section describes the regular residential program.

The treatment team for the regular residential program will consist of two identically structured staffing units. Each unit will be headed by a psychologist who will supervise three Correctional Mental Health Counselors (CMHC) and three Counselor Aides. One counselor and aide will be assigned to each treatment group of 13 or 14 men and will stay with that group for their entire twelve month stay in the residential program. Thus, the staffing ratio for each group is 1:7. However, the professional (counselor) staffing ratio is 1:14. Treatment procedures will include:

1. **Assessment:** Each inmate will receive a systematic behavioral assessment in the PPG Lab both when he enters and when he leaves. The assessment will consist of audio tape and slide presentation of test material. The assessment typically takes four to six one-hour sessions with no more than one session every two days. Additional tests to monitor progress in improving arousal patterns will be administered at other stages in the program and when the inmate leaves the program.
2. **Psychotherapy:** Each inmate will spend three days per week, two hours per day, participating in group therapy directed by the mental health counselor. This treatment will focus on individual and interpersonal issues, coping skills and issues related to the offender's specific deviant sexual behavior. Each inmate will also receive one hour per week of individual therapy from his counselor which will include review of behavioral treatment, assigned work, adjustment issues and individual issues. Every third week, each inmate will have a one hour treatment session with his unit psychologist. This meeting will focus on psychological uncovering and development of more adaptive coping skills. Each week, the inmates will have the opportunity to participate in couple therapy. These sessions will last for two hours and will be run by a unit counselor or the unit psychologist. Finally, crisis therapy and intervention will be provided by staff in each living unit.
3. **Behavioral Interventions:** Each inmate will participate in three types of behavioral intervention. This will begin as soon as possible after the assessment process.
  - a. **Orgasmic Reconditioning:** Each inmate will have two scheduled, one hour sessions per week for this treatment technique. The weekly sessions will be on different days and will continue for a minimum of 20 weeks; possibly longer depending on the inmate's progress. Treatment will be supervised by the counselor aide and will take place in a designated area of the residential unit.
  - b. **Covert Sensitization:** Three half-hour sessions per week (on different days) will be scheduled for each inmate. Again, the counselor aide will supervise this treatment and it will last for about 20 weeks. However, if deviant fantasies continue or reoccur, this procedure may be continued throughout the residential program.
  - c. **PPG Lab Work:** Each offender will spend at least one hour per week in the PPG Lab viewing appropriate, erotic sexual material or deviant sexual material related to his specific offense characteristics. This activity will be monitored by program staff, utilizing the PPG to assist in measuring sexual arousal and the impact of treatment interventions.
4. **Treatment Modules:** Each inmate will participate in a series of specially designed treatment modules. Classes in each module will meet two days per week for two hours per day and will be designed to have a duration of from 10-15 weeks. Instructors for the modules will be the program therapists who will be trained prior to commencing module classes by experts in that module field. Inmates may participate in more than one module at the same time but must follow the module chronology of their individually designed treatment plan.

Each module will have two components: didactics (lectures) and group participation/discussion. Additional, outside work will be assigned at the conclusion of each class that must be completed prior to the next class of that module. To satisfactorily complete a module and proceed to the next module in the inmate's individual treatment plan, a specific level of proficiency must be demonstrated by the inmate. Seven modules will be mandatory with as many as ten others being available for specific inmate needs. Some of the modules will be taught in the education program and could be completed by residential program participants before admission to the residential program. The seven mandatory treatment modules are:

- a. cognitive restructuring/rational emotive therapy
- b. human sexuality/sex roles/sexuality skills
- c. anger management
- d. stress/anxiety management
- e. social/heterosocial skills training
- f. parenting skills
- g. relapse prevention

Other modules will include drug/alcohol treatment, religious counseling and several other need-specific subjects tailored to inmate treatment requirements.

In addition to the formal treatment modules, there will be a series of mini-programs available to inmates and their families. These programs will be condensed treatment modules, redesigned to focus on the family perspective.

#### 5. Daily Activities:

- a. Each inmate will be required to maintain a Fantasy and Behavior Log. This will include the frequency and descriptions of deviant fantasies, the frequency and descriptions of appropriate fantasies, inappropriate behavior, etc.
- b. Each inmate will be given a series of assignments that will be discussed in the treatment group and during individual therapy. Initially, the assignments will be submitted for staff review. Assignments will include at least a personal autobiography, a detailed deviant sexual history, a detailed appropriate sexual history, extensive detailing of offense characteristics and high risk situations, and a report pertaining to the effect of the sexual offense on the victim(s).

#### Program for the Developmentally Disabled

A special 20-bed unit in the residential program will be reserved for sex offenders who are developmentally disabled or neurologically impaired. This program will provide residential assessment, education and skills learning for a group of sex offenders who have been excluded from treatment previously. A 1985 study identified 155 developmentally disabled inmates in Washington prisons, 54 percent of whom had been convicted of sex crimes.

The objectives of the treatment program are equivalent to those described for the non-developmentally disabled inmate. The methodologies, however, will be geared to serve inmates mildly retarded (I.Q. 70 to 80) and the developmentally disabled (I.Q. 69 or below) who may or may not be literate. There are unique needs in providing services to an

offender who is developmentally disabled. These include differences in both style and rate of learning which require specifically trained staff, more individualized support and a more intense program structure. A staffing ratio of one CMHC/therapist for each five inmates is provided for the D.D. program. This counselor-to-inmate ratio will enable the program to address many of the unique needs of developmentally disabled sex offenders.

Each participant will have an individualized plan with measurable objectives. Upon completion of the residential program, participants will have established a relapse prevention plan and demonstrated evidence of an ability to break the chain of thoughts and behaviors that lead to high risk situations. Improved skills relevant to decision-making, anger control, problem-solving and interpersonal relationships are expected in addition to decreased deviant arousal patterns as measured by the plethysmograph.

Table 5C shows the time frame of activities for the developmentally disabled component of the residential program. A major difference between the organization of the residential model for the developmentally disabled and the regular residential program is that the D.D. population will not participate in the education program. Instead, they will spend an additional six months in the residential component. After their release, this population will be provided a twelve month, case management and advocacy program which is being designed and implemented by DSHS to assist the offenders in community re-entry.

#### Work Release

The final phase of the treatment program, designed for the last six months of an inmate's incarceration, will allow most offenders to complete treatment within a Phase II or Phase III work release facility. The program objectives will include monitoring of identified offense patterns of sex offenders, crisis and/or counseling interventions, transitional services and reintegration into the community by planning and managing the circumstances of re-entry. Offenders with original EPRD's of less than 21 months who have successfully completed the education program and offenders with longer EPRD's who have completed both the education and residential programs will be considered for direct assignment to Phase III work release facilities. The final placement decision will be made by the classification committee just as it is for all other inmates who are under consideration for work release assignments.

Each identified Phase III facility will have a transition coordinator (CMHC2) on site. This coordinator will provide relapse prevention follow-up, case consultation, facility and regional staff training, liaison with the Division of Prisons and resource coordination/development. It is at the Phase III facility that actual participation in community outpatient programs can begin under closely monitored circumstances. It must be emphasized that one transition coordinator per region will provide all the SOTP clinical resources in the work release system. Thus, the training and consulting function served by these positions will be critical in increasing the monitoring skills of those community corrections officers (CCO's) who will manage sex offenders in the normal course of their caseload responsibilities.

Additional services will be available on request to the offender. A CCO will be assigned to any offender who requests volunteer services. The CCO will provide guidance, as requested, to the offender on the entire range of transition needs. Examples include community adjustment, job finding/retention, problem identification/solving, and sentence status clarification.

TABLE 5C: TIME FRAME OF DEVELOPMENTALLY DISABLED PROGRAM ACTIVITIES

-25-

FULL CONFINEMENT INTENSIVE RESIDENTIAL																		FULL OR PARTIAL CONFINEMENT WORK RELEASE						POST-RELEASE CASE MANAGEMENT & ADVOCACY																												
A S S E S S M E N T & O R I E N T A T I O N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	8	9	10	11	12																
	Individual Pattern Identification						P R O G R E S S	Individualized Pattern Intervention						P R O G R E S S	Individualized Pattern Intervention						Continued Group Instruction & Individual Therapies as defined by individual needs						R E L E A S E	Community Advocate assist with reentry and relapse prevention model																								
																					Recruitment and Training of Advocates																															
	Social Skills Human Sexuality Conversation Skills							Social Skills Assertiveness Training Time Management & Appropriate Use Of							Social Skills Assertiveness Training Time Management & Appropriate Use Of						Follow-up Therapist assistance • use of advocate • relapse prevention plan							Weekly Outpatient therapy groups in relapse prevention model																								
	Anger Management						R E P O R T S	Problem Solving Skills						R E P O R T S	Problem Solving Skills						Appropriate use of leisure time							Appropriate use of leisure time (Community Advocate)																								
	Substance Abuse							Substance Abuse							Substance Abuse						Substance Abuse							Substance Abuse																								
	Victim Empathy Own Victimization							Victim Empathy							Victim Empathy						Typical Work Release Objectives																															
	Aversion Therapies							Aversion Therapies							Aversion Therapies													Advocate for receipt of community services SSI DDD C.M.H. Residential Employment																								
	Structured Daily Activities: work on wing, physical conditioning												Development of Community Transition Plan						Implementation of Community Plan																																	
													Identification of Community Resources						Structured Monitoring						Structured Monitoring																											

The CCO's will also assist with referrals to community service agencies for the following services (where available):

1. Treatment (sex offender, mental health, alcohol/drug)
2. Subsistence (financial aid, housing, food, clothing)
3. Personal/family counseling
4. Job training/placement
5. Educational assistance
6. Health Services
7. Legal Services
8. Transportation
9. Other similar services

The developmentally disabled sex offender will also have available the full range of services while in residence at the RAP/Lincoln Phase II/III facility. To accomplish this a Relapse Prevention mini-course will be added to the already existing programs there. Assistance will be provided on a shared basis from the transition coordinators at Tacoma Phase II and Progress Phase III work release facilities. These coordinators will assist the Developmental Disability Specialist already on staff in providing delivery of services to respond to the special needs of this group.

The utilization of multiple Phase III and both Phase II programs will provide transition experience for participating sex offenders prior to discharge. Offenders who have completed one or both of the treatment components will receive priority for these services. Other sex offenders who transition out of the system through work release will also have an opportunity to utilize these services but only on a space/time availability basis.

Identified sites for assignment of transition coordinators are the Geiger and Tacoma Phase II Work Release facilities and Yakima, Progress/RAP Lincoln, Pioneer, Clark and Bellingham Phase III Work Release facilities. This multiple site format was chosen with three specific benefits in mind. First, dispersion of programs would avoid the saturation of employment and treatment resource markets for offenders in any one area. Second, it would greatly enhance the likelihood of a sex offender being placed in a work release facility that is in close geographic proximity to his intended place of residence after release. Third, transition coordinators would be able to provide quality training to Division of Community Services staff throughout the state for relapse prevention and pattern monitoring of sex offender behavior.

#### Population Management Strategies

The treatment capacities for the various program elements were determined by a number of factors. Physical space at TRCC, projections of inmates amenable to treatment and general budgetary constraints were the most important. Since the allocation of space and program costs have been clearly defined for the plan, it will be important to keep the inmate treatment population at full capacity as much as possible.

While projections of the number of inmate participants were developed very carefully and attempted to incorporate all known variables, it is possible that the estimates will be inaccurate. If the inaccuracy is on the side of more eligible inmates than were projected, it simply means that a greater waiting list will exist and, perhaps, expansion of the program will have to be considered in the future. On the other hand, if the inaccuracy results in a reduced number of amenable offenders, then steps will have to be taken to fill the program from another source so that the resources allocated to SOTP are not wasted.



The OFM projections of sex offender admissions to and length of stay in DOC during FY88 to FY93 provided the foundation for establishing numbers of amenable inmates during the six year period. These admissions were apportioned to the residential and/or education programs according to their predicted length of stay. A phase-in of the first year admissions was developed to omit offenders whose crimes occurred before July 1, 1987. For fiscal years 1988-1990, an adjustment also was made to exclude admissions of offenders who are defined as new admissions but are actually revoked probationers from pre-SRA offenses. Parole violators were also excluded.

The critical question - and one which defies scientific prediction - is how many of the sex offenders admitted to DOC will be amenable to treatment and want treatment. The critical assumption made in this regard was that 50 percent of all sex offender admissions would meet all of the requirements for treatment. Thus if it is determined after program operations begin that only 30 percent of sex offender admissions are eligible for treatment, an alternate strategy will have to be employed to fill the program and maximize the investment return. Since the phase-in of program staff (see Table 6C) and the beginning of program operations are linked directly to these projections, the alternate strategy must be in place by the middle of FY88. That way, projection errors will be able to be compensated for even during the initial phase-in period.

There is really only one legitimate alternate strategy: admit qualified sex offenders to the program who committed their crimes before July 1, 1987. The other alternatives, compulsory admissions or admission of unamenable offenders, would simply compromise program effectiveness and the ability to meet program objectives.

Since the pool of sex offender inmates with pre-July 1, 1987 crime dates is much greater than the pool eligible under the statute, the Department will have to exercise extreme care in assuring that an equal opportunity for program participation be extended to all inmates. To accomplish this task, the following procedures will be implemented to fill vacancies in the SOTP that cannot be filled with sex offenders who committed their crimes after June 30, 1987:

- Step 1: All sex offenders admitted to DOC after August of 1987 will be evaluated for amenability to treatment. Those with crime dates before July 1, 1987 will be processed the same as any non-sex offender. Those who are found to be amenable to treatment except for their crime date will be placed on an alternate list that will include the time periods during which they would be eligible for each program (education and residential).
- Step 2. In November of 1987 a computer program will be run showing all sex offenders within the Division of Prisons with time structures that would qualify them for admission to the education program between February and August of 1988 or admission to the residential program in September, 1988.
- Step 3. During November and December (1987) inmates identified as eligible in Step 2 will be contacted about participating in the SOTP. The program will be explained to them and they will be asked if they are interested in participating. Those who express interest will be scheduled for amenability screening.
- Step 4. During January (1988) those still eligible after the Step 3 inquiry will be given amenability screening. The final determination of eligibility will be based on exactly the same amenability criteria as for regular program participants. Priority will be based on those with time structures most closely associated with projected SOTP admission needs. Those who are amenable will be placed on the alternate list.

- Step 5. As the start date for the education program approaches, SOTP staff will determine how many sex offenders from the alternate list are needed to fill the first class of education program inmates, including those who may continue in the residential program starting in September. If any are needed, the DOC number of all inmates on the alternate list with the proper EPRD will be gathered and the number needed to fill the program will be randomly selected.
- Step 6. Similar procedures will be employed in future months for admissions to both programs until all inmates with pre-July 1, 1987 crime dates have been evaluated and, if eligible, placed on the alternate list. Then, as inmates from the alternate list are needed for either program, they will be randomly drawn from the eligible pool and those selected will be admitted to the SOTP under circumstances and conditions identical to those of the post-June 30, 1987 crime date population. Inmates on the alternate list who are not selected in the random drawings will continue on the list as long as their sentence structure coincides with what is needed for either of the SOTP components.

This alternate list process will accomplish two things. First, it will provide equal access to treatment to all sex offenders with crime dates before July 1, 1987. Second, it will provide a continuous supply of voluntary and amenable inmates for the SOTP during the program phase-in period if the supply with post June 30, 1987 crime dates is insufficient to keep the program operating at capacity.

## CHAPTER 6: PROGRAM STAFFING

There are three essential components to staffing a new program within an existing organizational structure: the organizational chart of the program, the time schedule for phasing in the personnel and integrating that personnel with the existing staff. For the Sex Offender Treatment Program, all three components have been incorporated.

### Staffing Organization

As the organizational chart (Table 6A) on the next page shows, there are three virtually independent levels of responsibility within the SOTP. One, located at WCC-R, is responsible for intake, initial testing and the first classification decision regarding amenability to treatment and program participation. The actual operational level of the program will be at TRCC where most of the staff and all inmate participants will be located during treatment. The third level is the work release component, administered by the Division of Community Services at both Phase II facilities and at one Phase III facility in each of the Department's six regions. Effective coordination of these disparate supervisory structures and cooperative teamwork among the divisions and facilities involved will be essential for the SOTP to succeed.

At the top of the treatment program organizational chart is the Correctional Administrator. This staff person will work closely with the Secretary's Office to keep program activities running smoothly and cooperation among the three chains of responsibility both positive and successful.

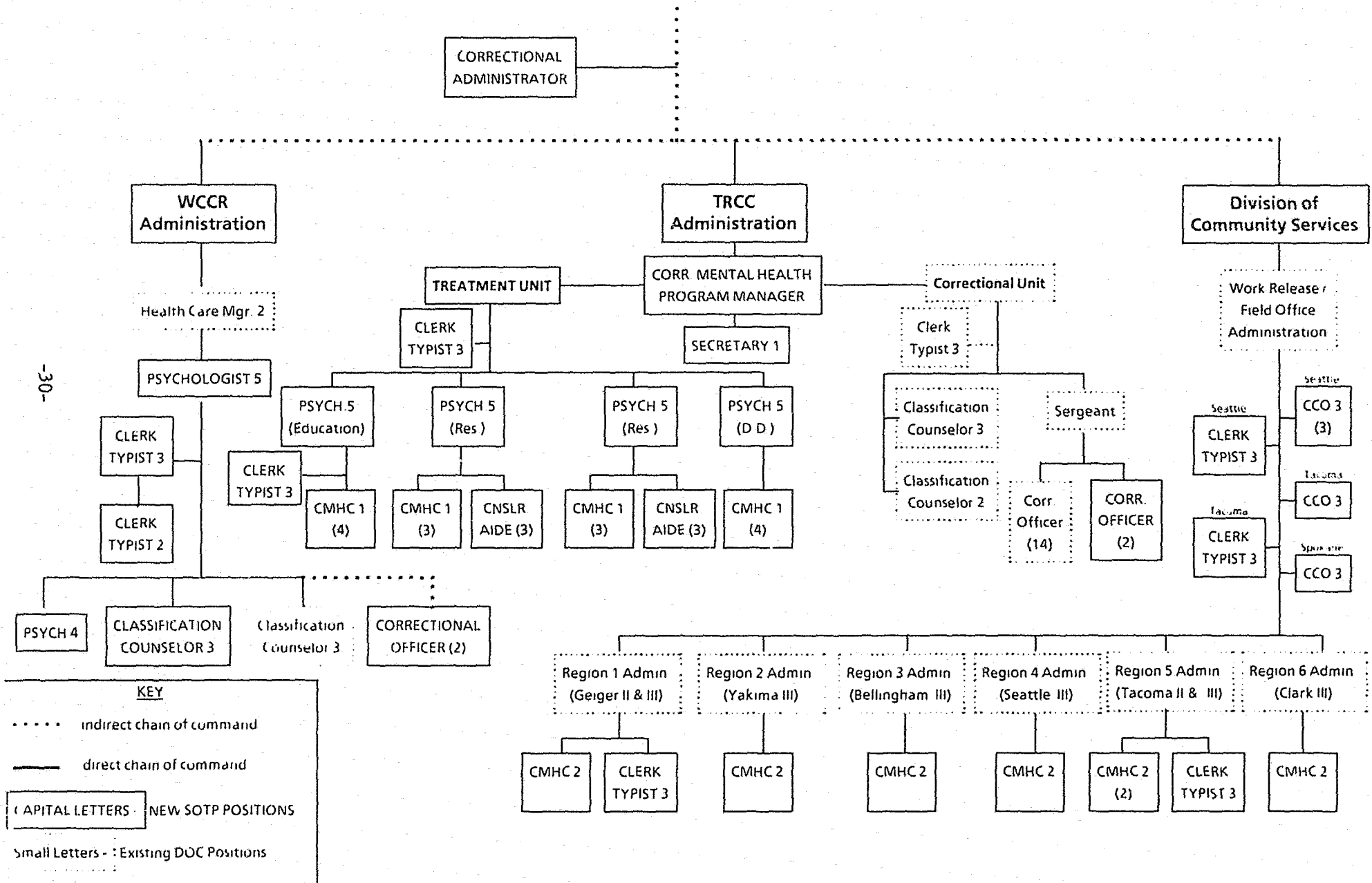
The initial program screening and assessment at the Reception Center will be directed by a Psychologist 5. This person will supervise all SOTP program staff at the Reception Center except for two correctional officers who will be attached to the SOTP but supervised within the organizational structure of the institution's custody staff. Positions supervised by the Psychologist 5 will include two clerk typists, two classification counselors (one existing position and one new position) and one Psychologist 4. Thus, a total of seven new staff positions attributable to the SOTP will be housed at WCC-R and responsible for the initial screening and assessment of all sex offenders committed to DOC. The Psychologist 5 will be supervised by a Health Care Manager 2 who currently directs much of the intake process at the Reception Center and reports directly to the superintendent of that institution.

A separately located and supervised group who will have assessment responsibilities will be five Community Corrections Officers (CCO) and two clerk typists. The CCO's will be located in the Seattle (3), Tacoma and Spokane field offices of the Division of Community Services. One clerk typist will be located in a Seattle field office and one in Tacoma. The CCO's will conduct the pre-sentence investigations which will be a mandatory and crucial part of the assessment process. Their supervision will be from within the existing division organizational structure.

The entire SOTP treatment staff at TRCC will be new. It will be headed by a Correctional Mental Health Program Manager (CMHPM) who will work under an associate superintendent at that facility. In addition to a secretary and clerk typist, four professional, clinical staff will work directly under the CMHPM. The four clinical positions, all Psychologist 5's, will be the operational heads of the treatment programs. One position will direct the education program and supervise a staff of four correctional mental health counselors (CMHC) and a clerk typist. Another psychologist will direct the developmentally disabled component of the residential program. That person will also supervise four CMHC's.

TABLE 6A: SEX OFFENDER TREATMENT PROGRAM ORGANIZATIONAL CHART

DOC HEADQUARTERS ADMINISTRATION



The regular residential program will be divided into two identical units, designed to treat 41 inmates each. A psychologist will direct each of these units, supervising three CMHC's and three counselor aides. The clerical positions attached to the office of the program manager will provide clerical support to the entire program. The one clerk typist attached to the education program will be used exclusively by that program to handle its heavy recordkeeping volume.

The entire correctional staff on the SOTP residential unit will also be supervised by the CMHPM. This will include two classification counselors, a clerk typist, a correctional sergeant and 16 correctional officers. A correctional unit supervisor (CUS), who currently supervises this correctional staff, will be replaced by the CMHPM. Only two of the correctional officers will be new to the custody staff. All other custody positions at TRCC are part of the institution's existing custodial staff. There will be no change in the organizational structure or duties of this unit. They will continue to function in their usual capacity of maintaining institutional security, disciplinary procedures and inmate classification.

Staffing at the work release facilities will include a CMHC 2 and Clerk Typist 3 at each of the Phase II facilities and a CMHC 2 at one Phase III facility in each geographic region of the Division of Community Services. The exception will be Region I where the CMHC assigned to Geiger, Phase II, will also fill the Phase III responsibilities. Thus, a total of seven CMHC 2's will be added to work release staffing for the SOTP. Like the CCO's in the assessment area, these positions will be supervised through the normal work release organizational structure within Community Services.

#### Staff Workload

The 24-month treatment program is designed to promote a high degree of interrelated inmate services and cross-function continuity among all three treatment components. Due to the system emphasis on treatment, comparisons of staffing to inmate ratios among components can be misleading. The specific activities and goals of the component must be recognized in the analysis, too.

For example, the screening and assessment function at the Washington Corrections Center is staffed by two evaluators (the two psychologists), two classification counselors, two correctional officers and two clerk typists. This group is expected to conduct all of the initial screening and evaluation for approximately 400 inmates during FY88 and a minimum of 600 inmates for each successive fiscal year.

The education component will provide education modules, physiological assessments for at least 158 sex offenders annually and the initial treatment interventions for a minimum of 82 inmates each year who will go on to the residential program.

The residential program will provide the most intensive treatment for skill-learning and deviant sexual pattern intervention. This component will utilize the work accomplished by staff during assessment and in the education program as a baseline for treatment within the residential setting. The residential unit is where the most intensive ratio of staff to inmates will be concentrated.

Each CMHC 1, whose credentials will include at least a Bachelor's Degree and one year of group therapy supervisory experience, will work with an assigned caseload of 13 to 14 inmates to identify individualized treatment plans, homework assignments, deviant arousal patterns and interventions. The counselor will also oversee the inmates' continued participation in the education modules as part of their overall skill-learning program.

(CURRENT RCW VS. SOTP PLAN)

[illegible]

KEY

X Staff start dates based on existing RCW language

**O** Staff start dates based on amended RCW language and SOTP Plan

Each counselor will be assisted by an aide who will help with the review of fantasy and behavior logs, homework assignments and inmate application of intervention techniques.

Each group of three Correctional Mental Health Counselors and three Counselor Aides will be supervised by a licensed psychologist. This supervision will help ensure treatment uniformity and clinically sound programming. There will be no inmate-directed or self-directed programming. Other responsibilities of the supervising psychologist will include internal program evaluation, in-service training of staff and assuring that staff are properly qualified to perform various technical, clinical activities. The latter is known as "credentialing" within the treatment community.

The proposed program staffing ratio of one therapist (CMHC 1) to five developmentally disabled participants represents a reduction of therapist-to-inmate levels from what is practiced in similar programs in other states. The need for close supervision and direct contact by a single clinician is discussed in the program description (Chapter 5) for developmentally disabled offenders and is considered essential for this group.

#### Phase-In of Staff

To maintain efficient program operations, staffing must be based on projected program participation. In the case of the SOTP, inmate eligibility will be determined by the statutory wording of who is eligible for the program. Currently the statute says that all admissions to DOC after July 1, 1987 are eligible. The Department and others, however, are now working to refine the law during the 1987 legislative session to limit admissions to sex offenders who committed their crimes on or after July 1, 1987.

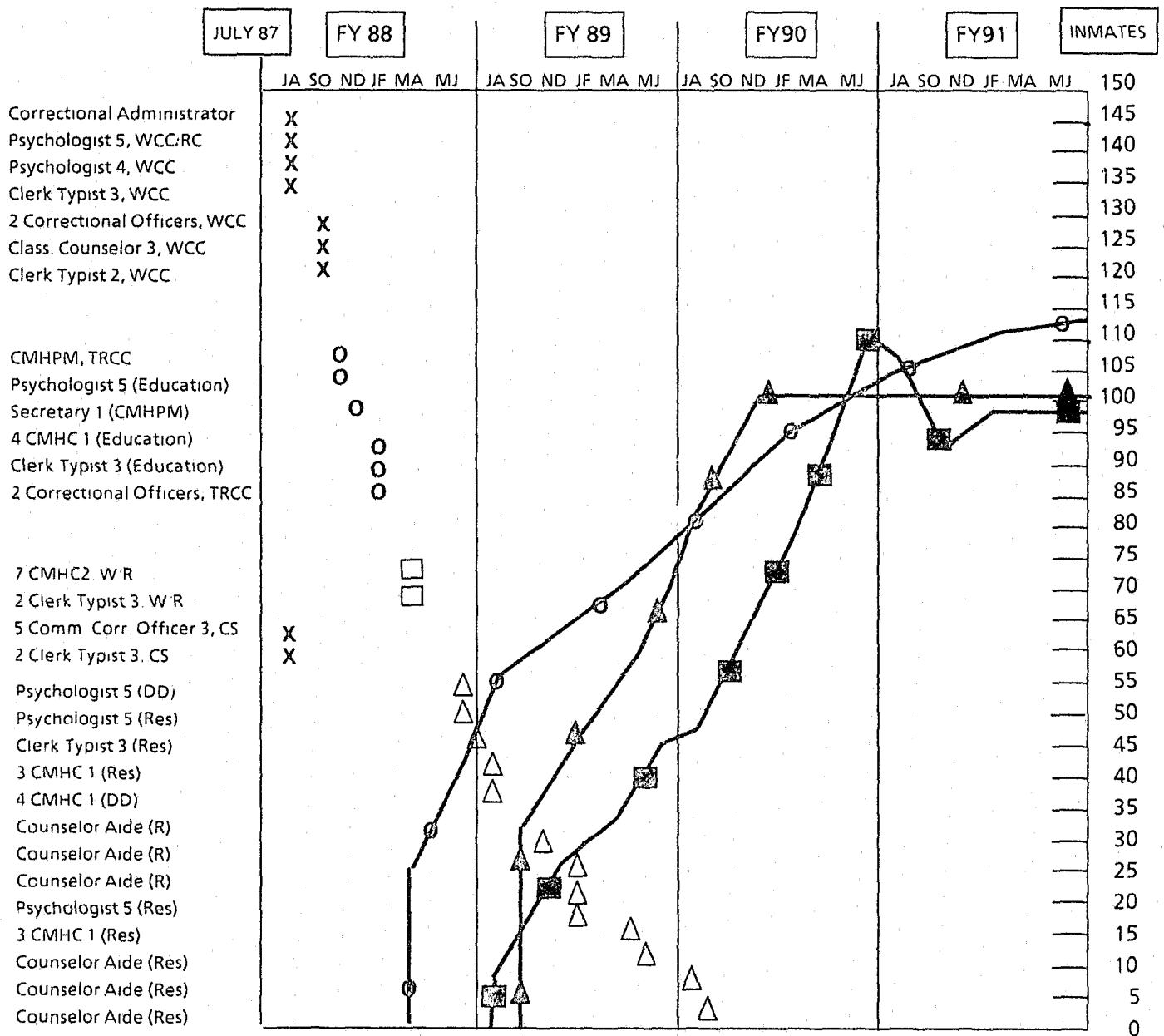
For this reason two staff phase-in plans have been developed, one based on inmate participation projections for each eligibility definition. Because the current statutory language has raised legal objections both inside and outside of the Department, the latter definition has been adopted for the SOTP Plan. The difference between the two is significant and is discussed several times in the plan. Both schedules are shown in Table 6B for comparison purposes only. The discussion in this section will deal only with the phase-in schedule for the program description as it is presented throughout the plan. The phase-in based on the existing statutory language is discussed in Chapter 7: Program Options.

Since virtually no inmates who are eligible for the SOTP will be available to enter the program during the first half of FY88, program operations will just begin their phase-in during that period. The dates which are the focal point of phasing-in program staff are the beginning of the education program, February 1, 1988, and the start of the residential program, September 1, 1988. The beginning date of work for each staff position is based on these program start dates and the projected increase in program participants during the next two years as program capacity is approached. Refer to Table 6C for the inmate participation projections of each program and the projected numbers of newly eligible inmates during each month of the next five fiscal years.

#### Departmental Integration

Several divisions of DOC will be involved in the routine operations of the Sex Offender Treatment Program. Two, Prisons and Community Services, will have significant staffing increases. Thus, the key to department integration for the SOTP is cooperation among all the divisions and subdivisions that play key roles in providing program service. This cooperation will be assured by department administration placing the highest priority on the matter and by all affected divisions within DOC maintaining open channels of communication throughout the phase-in and operations processes.

TABLE 6C: STAFFING AND INMATE PHASE - IN SCHEDULE



- X ADMISSION/EVALUATION
- O — EDUCATION PROGRAM
- — WORK/TRAINING RELEASE
- △ — RESIDENTIAL PROGRAM



## Chapter 7: Program Options

In addition to the basic Sex Offender Treatment Program described in Chapter 5, there are several program options that must be addressed. These include:

1. Adding a period of community custody for sex offenders.
2. Adding a treatment program for female sex offenders.
3. Converting the section of the residential program for developmentally disabled sex offenders to regular sex offenders.
4. Limiting SOTP admissions to statutory referrals under RCW 9.94A.120(7)(b).
5. Retaining the eligibility criteria of the current statute.

These program options are described below. References are made to additional documentation which appears in the appendix.

### Option 1: Add A Period of Community Custody for All Sex Offenders

The Sentencing Reform Act of 1981 (SRA) and its subsequent implementing legislation abolished most community custody in Washington State. With few exceptions, sex offenders were included in this reform. Parole and lengthy probation were eliminated. Sex offenders, who committed crimes after June 30, 1984, became exempt from virtually all community custody once they were released from prison.

Few professionals in the field of sex offender clinical treatment favored this system. The strong consensus of this group continues to be that sex offenders are very likely to retain their criminal patterns of sexual deviancy throughout their lives. Consequently, the effective treatment models are greatly enhanced by supervised reentry into the community. A new pilot program such as the SOTP would particularly benefit from supervision after release, both as a measure and an enhancement of program effectiveness.

In 1986 the legislature returned to this way of thinking just two years after removing community custody from sentencing options in most sex offender cases. The vehicle for renewing community custody was a provision of ESHB 1598 which reestablished two years of community custody for sex offenders. The provision attempted to follow a common pattern across the country, albeit one not limited to sex offenders, of reinstating community custody in jurisdictions where it had been abolished. As is pointed out in Chapter 1, however, this section of ESHB 1598 was vetoed.

Persuasive arguments advocating reinstatement of community custody for sex offenders were made by many individuals and groups who participated in the development of this treatment plan. The Work Release/Community Program committee, one of four committees formed by DOC to assist in the development of the plan, wrote an extensive report recommending the reinstatement of community custody. That report provided the basis for this option. A major resource of the committee in compiling its report was "Post-Release Supervision. . . An Idea Worth Revisiting" by William C. Collins. Collins' work was a discussion paper from the Washington Corrections Association (WCA) convention in November, 1986. Collins is the former Senior Assistant Attorney General for DOC. He prepared the paper in his capacity as chairman of the WCA Legislative Committee. It makes a strong case for reinstating community custody and is recommended to anyone with a particular interest in this subject.

### Description of the Community Custody Option

There are no changes that must be made in the program description (Chapter 5) in order to implement community custody. What this option proposes is an addition to that plan which would provide community custody after release from prison for all sex offenders who committed their crimes on or after July 1, 1987 and who received a prison sentence. The length of that custody would be the amount of earned, early release time that the inmate had credited to his sentence while in prison up to a maximum of one year. Thus, a sex offender who had received a short sentence and earned six months of early release time would be placed on community custody status for six months after his release. On the other hand, a sex offender with a very long sentence who earned three years of early release time would be placed on community custody status for just one year, the maximum allowable under this proposal.

If adopted, this option would provide benefits to all groups involved. Sex offenders would receive additional assistance in their transition from prison to the community. Program participants would have a built-in extension of their access to program treatment to assist them in their community adjustment. The public would have an extra measure of protection against reoffending by sex criminals because community custody would promote offender participation in post-release treatment. Finally, the SOTP would benefit from the adoption of this option because it would provide a period of post-treatment follow-up, otherwise unavailable, to monitor program participants and control group members after their release. Data gathering during this period would be very helpful in measuring program effectiveness because it would allow the use of a variety of outcome measures not available in the anticipated evaluation design.

Numerous other advantages would accrue from this option's adoption. Included among these are:

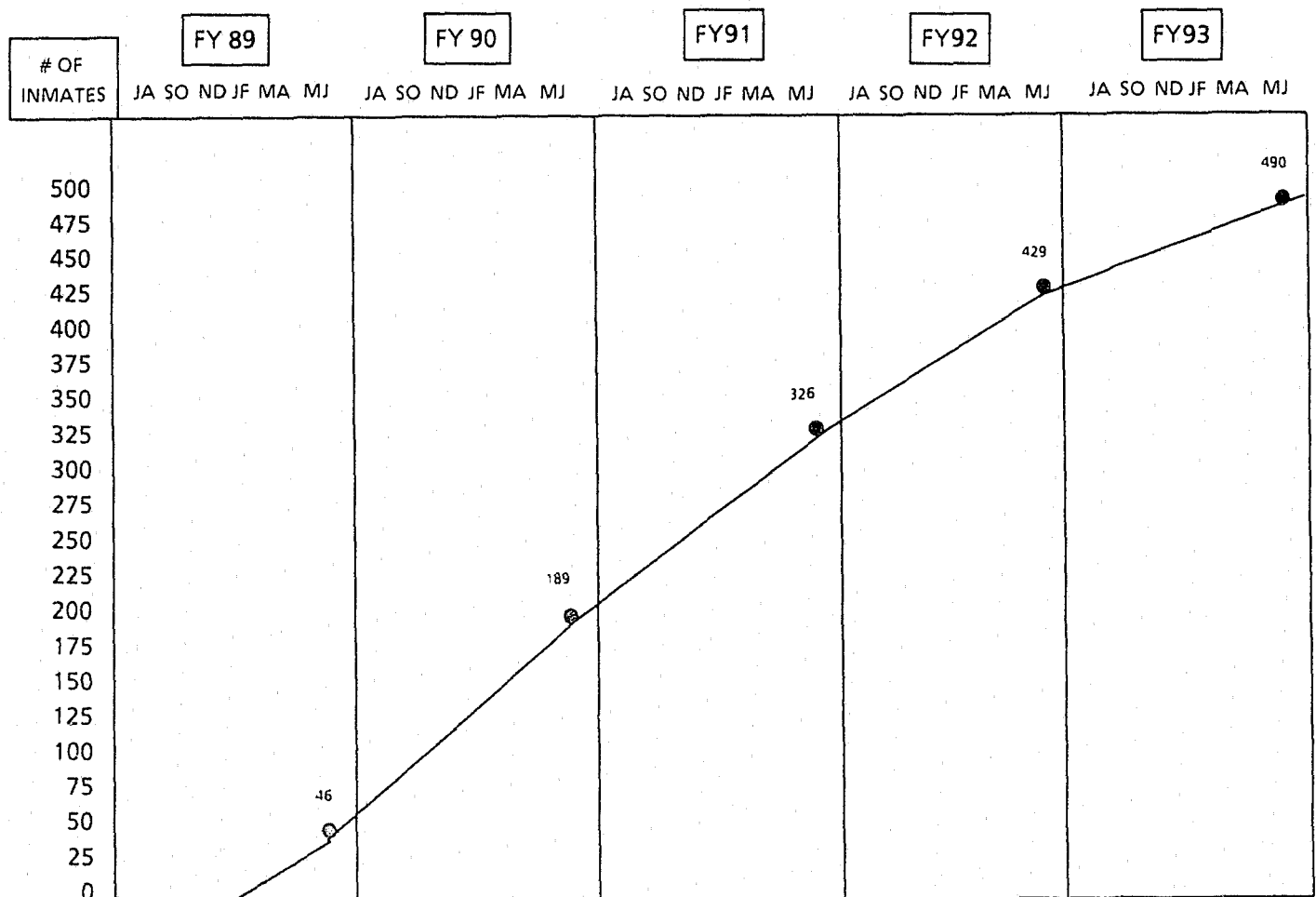
1. The ability to monitor for alcohol and drug abuse after release, activities which are frequently components of deviant sexual behavior patterns.
2. The ability to regulate and control offender interaction with prior victims.
3. The ability to alert potential victims and their families to possible risks.
4. The ability to provide effective support and data to community counseling and therapy providers so that sex offender treatment may continue in a positive, philosophically compatible manner. (Note: Additional funding would be needed to support this function.)
5. The ability to assist quickly offenders in crisis or in relapse modes.
6. The ability to provide useful information to law enforcement agencies and social service agencies such as Child Protective Services in their investigations.
7. The ability to provide direct monitoring and relapse prevention intervention for sex offenders through specially trained Community Corrections Officers and Community Mental Health Counselors.
8. The ability to monitor offender compliance with community treatment plans, including polygraph and plethysmograph exams.

### Staffing Additions for Community Custody

The many benefits of reinstating community custody are not cost-free. Significant costs for staffing this option would be incurred although some services could be absorbed with existing resources. Table 7A shows the estimates of sex offenders who would comprise the community custody population for the next five fiscal years. The numbers begin quite slowly with only 46 offenders on community custody at the end of FY1989. By the end of FY91, the total will approach 350. The phase-in of ex-offenders subject to community custody will be mostly complete by the end of FY93 with a population at that time of 490. In subsequent years the community custody population will increase gradually at a rate of up to fifty sex offenders per year.

Staffing requirements to provide community custody services would consist of one Community Corrections Officer (CCO) to handle a caseload of 40 former inmates. Clerical support for the CCO's would be comparable to current levels in the Division of Community Services. These positions would be distributed throughout the six regions in proportion to each region's share of the community custody caseloads.

**TABLE 7A: PROJECTED SEX OFFENDER CASELOAD FOR COMMUNITY CUSTODY**



The cost of this staffing and of all other costs associated with this option are presented in Chapter 10. Because of the lengthy phase-in of staff, the full financial impact of this option would not be felt until the 1993-95 biennium.

#### Option 2: Female Sex Offender Treatment Program

Washington State has never had a formal treatment program for female sex offenders. Historically, the number of women who committed sex offenses was so small that no need for such a program was ever seriously considered. While that situation is slowly changing, there is still a very limited population of female sex offenders in Washington's criminal justice system. Purdy Corrections Center for Women (PCCW) currently houses seven inmates who have been convicted of sex crimes. Another 20 inmates have histories related to sex offenses. This level of need is the focus of the female SOTP option.

Nationally, treatment programs for female sex offenders are virtually nonexistent. The only known programs are at women's prisons in Minnesota and Wisconsin. These are pre-treatment, counseling programs aimed at developing a treatment model for female sex offenders. This is precisely what DOC proposes to do at Purdy.

The optional program at Purdy would be completely independent of the SOTP at Twin Rivers and would have a very different focus. Like the Minnesota program, it proposes to conduct direct counseling with female sex offenders, especially those with histories of being victims who have become perpetrators. The immediate goals are to develop and implement a successful treatment model. See Appendix B for a complete description of this option and Chapter 10 for budget information.

#### Option 3: Converting the Residential Program to 102 Regular Sex Offenders and No Developmentally Disabled Sex Offenders

One of the concerns about the current sex offender treatment programs has been the very narrow definition of who is amenable to treatment. Two of the excluded ("unamenable") groups are the developmentally disabled and offenders with short sentence structures. The SOTP plan includes both of these groups. The non-residential program is designed for inmates with sentence structures of less than three years while a 20-inmate unit of the residential program is reserved for the developmentally disabled.

Currently there is a sizable population of developmentally disabled sex offenders, most with lengthy sentences, within DOC facilities. Because developmentally disabled sex offenders have been excluded from existing treatment programs, the Treatment Design Committee strongly endorsed the inclusion of a special treatment program for this group in the SOTP plan. It also endorsed immediate eligibility for the current developmentally disabled inmate population. Thus, the SOTP plan begins the eighteen month residential program for this group at the same time it begins the first group in the regular residential program: September 1, 1988. It is anticipated that most, if not all, of the first developmentally disabled class will be from the inmate population that was already in prison on July 1, 1987.

Excluding the developmentally disabled sex offender population from the SOTP would perpetuate the existing policy of ignoring the special treatment needs of this group. It would add twenty residential beds for regular inmates but would save

very little in dollars. The change to a 102-bed regular residential program with no developmentally disabled offenders admitted would allow the elimination of one staff position (Psych 5-D.D.) and the reduction of job class for two others (from Corrections Mental Health Counselor 1 to Counselor Aide). It would also slow the phase-in for many of the residential program staff positions.

An alternate way of structuring the residential program without D.D.'s would be simply to eliminate 20 beds from the program, thereby reducing it to 82 residential beds. If this choice were made, five staff positions could be eliminated but a facilities problem would be created. The current residential design of 102 inmate participants was reached in part on the basis of existing cellblock size at Twin Rivers. If the residential capacity were reduced by 20 inmates, there would be a portion of one residential wing under the current plan that would have to be filled with inmates from the education program or the general population. This integration of the residential treatment wing of the facility with non-program inmates would deny a major element of the program design: to have a separate living unit for residential program participants only.

#### Option 4: Limiting SOTP Participation to Court Referrals Only

One way to keep costs low but still have a program would be to limit SOTP admissions only to sex offenders referred for treatment by the courts under RCW 9.94A.120(7)(b). This approach supports a philosophy that the fewer inmates who obtain treatment, the better. It is not a philosophy that is conducive to the operation of any legitimate, treatment program. Furthermore, it may backfire if sentencing judges, seeing no alternative to obtaining treatment for convicted sex offenders, begin to send virtually all of them to the SOTP for evaluation and treatment under the statute.

Such a setting would multiply program management problems considerably. Projecting numbers of referrals would be extremely difficult. By evaluating all sex offenders coming into the Department, as the current plan does, numbers of offenders admissible to treatment may be reasonably predicted, program size kept at optimum levels and evaluation data uniformly documented. Limiting SOTP participation to court referrals only makes program size virtually impossible to predict and completely beyond the ability of management to control. The resulting program would almost certainly have very erratic, non-cost effective fluctuations in enrollment.

#### Option 5: Retaining the Beginning Date of Eligibility for the SOTP as ESHB 1598 (1986) Defined It

Under ESHB 1598, Sec. 1, "On and after July 1, 1987, any person eligible for evaluation or treatment under RCW 9.94A.120(7)(b) shall be committed to the Department of Corrections." If allowed to remain unchanged by any corrective measures passed in the 1987 Legislature, this eligibility language would allow the SOTP flexibility to:

1. Serve all parole violators and revoked probationers admitted to DOC on or after that date without challenges to their eligibility.
2. Serve all existing developmentally disabled sex offenders without eligibility challenges.

3. Serve all sex offenders admitted to DOC on and after July 1, 1987 rather than just those who committed crimes on and after July 1, 1987.

The first two of these items have been discussed in previous options and/or chapters. The third has only been addressed indirectly.

Without regard to constitutional or other issues that may mitigate in favor of changing the language of the eligibility date, program operations would clearly benefit from retaining the language of ESHB 1598. The primary benefit would be the speed with which the program could begin operations. Given the same amenability estimates as were used in developing the program growth schedule in Chapter 5, the existing statutory eligibility language would quicken program start-up and volume dramatically.

Table 7B shows the extent of earlier program start-up and growth that retaining the existing language of ESHB 1598 would permit. Essentially the difference between the two eligibility date definitions is that about one-third of the FY1988 admissions to DOC (over 60 percent during the first six months) would be ineligible under the proposed "housekeeping" definition because their crimes occurred prior to July 1, 1987.

Table 7B: SOTP Phase-in Comparison  
Current Statute (ESHB 1598) vs. Proposed Wording (SOTP Plan)

<u>Program Activity</u>	<u>ESHB 1598</u>	<u>SOTP Plan</u>	<u>Difference</u>
Education Program begins	10-1-87	02-1-88	4 mo.
Education Program reaches 100	08-1-88	11-1-88	3 mo.
Residential Program begins	02-1-88	09-1-88	7 mo.
Residential Program reaches full operations	12-1-88	02-1-90	14 mo.

The earlier start date for both residential and education program components would require earlier staff start dates for the SOTP. The more rapid growth to full enrollment would require a much faster phase-in to a full staffing complement. The difference during the 1987-89 biennium would be approximately \$819,000. See Option Costs in Chapter 10 for details.

The benefits of starting the program earlier include the ability to serve nearly twice as many sex offenders during the 1987-89 biennium and the ability to more than halve the wait between the cut-off of admissions to the existing mental hospital programs (July 1, 1987) and the beginning of treatment at Twin Rivers: from 7 months to three months in the education program and from 14 months to seven months in the residential component. In addition, the special treatment program for the developmentally disabled would begin seven months earlier if the existing statutory language were retained.

Whatever the advantages of changing the statutory language are, timeliness of beginning the SOTP and the number of clients served during the first biennium of its existence are not among them. From the perspective of getting the program started and fully operational quickly, Option 5 is definitely superior to the SOTP Plan and its assumption that ESHB 1598 will be amended by the 1987 Legislature.

## CHAPTER 8: PROGRAM TRACKING, REPORTING AND EVALUATION

Two notable concerns about the existing sex offender programs have been poor reporting about program participants and virtually no evaluative measurements of treatment effectiveness. In response to these concerns and to provide for informational needs at all levels of program accountability, the DOC Sex Offender Treatment Program has been designed with responsive and thorough tracking, reporting and evaluation systems.

While information-sharing will be prevalent, there will be two distinct activities in this area. Tracking and reporting will be ongoing from the time program operations begin and will end as to any particular inmate when he is released from custody. The evaluation on the other hand, will be developed and conducted by a private contractor outside of DOC and is not likely to begin until after the program has been operating for a time. It will certainly utilize much of the information gathered in the tracking and reporting system. However, its emphasis will undoubtedly be on post-release behavior, including the tracking of inmates for a minimum of five years after their release from custody.

Tracking and reporting will be conducted within DOC, largely by the SOTP staff but with assistance and coordination by the Planning and Research Unit of the Office of Program Development at Headquarters. The evaluation will also be coordinated by the Planning and Research Unit but it will be designed and performed by an outside contractor, such as the University of Washington or the National Council on Crime and Delinquency. Thus, specifics of the evaluation research design cannot be revealed here. However, the general focus and direction of that design is discussed below.

The remainder of this chapter is divided into two sections: the first for data gathering, tracking and reporting, and the second for program evaluation. It is important to remember, however, that much of the data gathering in the first section is directly related to the needs of the evaluation design.

### Data Gathering, Tracking and Reporting

The type of data that must be gathered and the extent to which inmate and program tracking must occur depends largely on the reporting and evaluation needs of the program. These needs exist at two levels: inside the program for clinical staff and administrators and outside the program for DOC administration, OFM, the legislature and the public. The data gathering, tracking and reporting system that is outlined below takes into account the needs at all of these accountability levels.

### Data Variables

The data variables needed to support the reporting and evaluation designs include the information listed below. Data sources are shown in parentheses:

1. Basic offender characteristics including age, race and county of conviction (OBTS)
2. Criminal History (OBTS and inmate record)
3. Pre-sentence investigation (inmate record)
4. Automated report of psychometric examinations (WCC-R Screening Battery)
5. SOTP program participation records, including admissions, program assignments, attendance and terminations (inmate clinical records and new OBTS screen)
6. Social history (clinical record or inmate record)
7. Psychophysiological records, including penile plethysmograph results (clinical record)
8. Post-release behavior, including arrests, convictions and incarcerations (WASIS)

OBTS refers to DOC's Offender Based Tracking System. WASIS refers to the Washington State Identification and Criminal History Section of the Washington State Patrol.

### Data Entry and Storage

After considering several data entry and retention systems for the SOTP, the Department's own Offender Based Tracking System (OBTS) was selected as the best choice because of its cost efficiencies, better data accessibility and excellent data handling capabilities.

Nearly all data entry and access will occur at three locations: WCC-R, the SOTP unit at Twin Rivers and the Planning and Research Unit at Headquarters. Limited additional data entry will be conducted at the work release facilities. One or two new OBTS screens will be developed on which to collect these data. At the Reception Center data to be entered will include results of the screening battery intake and the initial amenability interview. At Twin Rivers, most of the process measures and some outcome measures will be entered. The remainder of the process measures and other outcome measures will be entered at the work release facilities, especially the Phase II units at Tacoma and Geiger. The remaining outcome measures - those obtained from WASIS and other investigative research - will be entered by the Planning and Research Unit staff at Headquarters or will be gathered by the evaluation contractor. This will include post-release, re-offense data including arrest, conviction and sentencing information, and much of the long-term post-release testing.

### Tracking and Reporting

The goal of the SOTP information system is to satisfy the informational needs of the audiences identified at the outset of this chapter: the clinical and administrative staff of the SOTP, DOC administration, external governing (the State Legislature) and regulatory (OFM) bodies, and the public. This will be accomplished through a series of routine reports. In addition to those reports discussed below, this system will be flexible so that additional reports and different frequencies of reports can be incorporated into the system. Any data in the system will be accessible in a variety of forms and with virtually any combination of variables. Enabling this flexibility will be flat data files generated from OBTS and programming capabilities available at Information Systems and in the Planning and Research Unit at DOC Headquarters.

The clinical and administrative staffs of the SOTP will receive information system reports necessary to treat effectively the participating inmate population and to administer the program with proper inmate flow, checks on dropouts, completion rates, etc. Regular reports provided will include demographics, status changes, clinical progress and pre-release assessment. These reports are described in the following paragraphs. As they become available, evaluation reports will also be made available to the treatment program staff. See the evaluation section for a description of these reports.

The preceding paragraph dealt with inmate tracking and program reporting which address the needs of clinical staff and administration. The emphasis now shifts to reporting for DOC administrative staff. This reporting will be by the inmate groupings listed below on a quarterly or semi-annual basis. There will be four inmate groups for reporting purposes:

1. Sex offenders admitted to the residential treatment program
2. Sex offenders admitted to the education program but not the residential component
3. Sex offenders in neither program but who are eligible for and amenable to treatment
4. Sex offenders who are not amenable to treatment



Reports to DOC administrative staff will be provided on the following subjects: demographics, status changes, clinical progress, pre-release assessment and post-release evaluation. The demographic report will include summaries for each of the four inmate groups of age, race, county, marital status, prior employment status, criminal history, current offense and length of sentence. Status change reports will include the following movements within the program: new admissions, readmissions, escapes, dropouts by type, completions and, if applicable, progress through any levels or stages of program advancement that may be established within the treatment models.

Clinical progress reports will include aggregate records of movement through program levels or modules, changes in objective clinical test results and subjective appraisals, if quantifiable, reported by staff. Pre-release assessment reports will include measurement of change in results from various objective psychological and physiological tests which were administered both before and after program treatment, and in quantifiable, subjective assessments done by treatment staff.

#### External Reporting: The Legislature, OFM and the Public

There are two characteristics of external reporting that differ significantly from reporting internal to DOC. First, the frequency of reports does not need to be as great. Except for special reports regarding program changes or addressing specific information requests, annual reports should be sufficient. Second, the contents of reports do not require the detail or treatment content that internal reporting requires. The primary interests of these groups are costs of operation, quantity and quality of service, security considerations and policy issues.

Thus, reports for the legislature, OFM and the public will include some of the same information contained in the DOC administration reports. However, the frequency of these reports will be less and the emphasis will be modified in most instances. Included will be a program activity report, escape reports, recidivism study (see the evaluation section below), particular demographics reports and program design updates. These reports will provide external audiences with the data that they need to justify the continued existence of the program, to know who is being served, to measure public safety impacts and to be aware of changes that are being made in the program.

#### Program Evaluation

The ability to measure the success or failure of any program is inextricably tied to the quality of its evaluative mechanisms. Future decisions on resource allocation to the program require the presence of useful and adequate measures of its performance. For this reason, the evaluation of the Sex Offender Treatment Program is an essential component of the overall program design.

The anticipated focus of the evaluation design is to measure program effectiveness by comparing treated inmates in the residential and education programs with other sex offenders who have similar sentence structures but did not participate in the program. The reporting system variables discussed earlier in this chapter will provide extensive data for this analysis.

However, to discuss the evaluation design in great detail at this time would be very presumptuous because the evaluation will not be designed, conducted or interpreted by DOC. It will be conducted instead by a private contractor which will design and perform the evaluation and interpret its results.

Consequently, how the evaluation will be conducted and by whom is not known at this time. However, there are certain data which would be important to any quality evaluation design of a project such as the SOTP. These data will be collected aggressively and accurately by the Department so that when a formal, independent evaluation design is developed, the information needed to carry it out will be available. The remainder of this chapter discusses what, how and why various data will be collected.

The data collection system described in the previous sections will provide the baseline data for evaluation variables of demographics, program participation, types of terminations, psychophysiological reports and so on. Additional data collection for post-release behavior will be obtained from WASIS and from random, post-release testing of program participants and non-participants. Data obtained from WASIS will include arrest, conviction and incarceration information from within the WASIS data catchment area. Additionally, attempts will be made to acquire similar data from other states, particularly Oregon and California, and the federal system.

As has been described in other chapters, the SOTP will make extensive use of the penile plethysmograph (PPG) and the psychological screening battery in measuring psychophysiological changes in the inmates during treatment. Similar measurements will be made of a random sample of the unamenable for treatment group and any amenable inmates who are omitted from program participation because of insufficient program space. Post-release testing of the same type and of each group will continue for two years on a voluntary, payment basis. Six plethysmographs will be purchased for these testing purposes. Three will be located at TRCC, one at each of the Phase II Work Release sites, Tacoma and Geiger, and one that will be portable for system-wide use.

This testing process will include administration of the complete psychological testing battery as well as the PPG. For program participants the first PPG will be conducted at Twin Rivers upon the inmate's admission to the education program. Nonparticipants selected by random sample will be tested wherever they are located in the system at the time that they would have been admitted to the education program had they been amenable to treatment. Thereafter, PPG's and psychological testing batteries will be administered at each of the following points during the treatment process or during what would have been the treatment process for nonparticipants:

1. When the inmate leaves the education program, whether to the residential program, work release or back to the regular inmate population.
2. When the inmate leaves the residential treatment program for work release or to return to the regular inmate population.
3. Immediately prior to release from the system, whether it be from work release or a prison setting.

It is possible that the pre-release testing listed above will be limited to random samples of the treatment population because of the cost involved in conducting the tests at other than centralized locations. The psych-battery will be administered at the work release facility and the final PPG at the nearest Phase II station. However, those who are not accessible to the Phase II facilities, WCC or TRCC will require use of the portable PPG or contracting by the Department with private vendors for the final PPG test at an approximate cost of \$150 per test.

Since participation in the testing by individuals in the comparison groups may not be compelled by DOC, it is anticipated that the inmates randomly selected from each group will have to be paid for participating in the testing program. For inmates who agree to four administrations of the PPG and psych-battery, payment would be \$50 per set of tests.

For all groups, however, the first psych-battery would be administered without payment because it is part of the routine admission process at WCC-R.

Additional psych-batteries will be administered for amenable, untreated inmates with sentences of three year or more at the time that they reach two years from their earliest possible release date (EPRD) and immediately prior to their release into the community. For amenable inmates with less than three year sentences, PPG's and additional psych-batteries will be administered twelve months from their EPRD and immediately prior to their release into the community. Most of this testing will be done at DOC facilities by DOC staff. However, some PPG's will have to be conducted by private vendors under contract because PPG machines and operators are not available at all DOC facilities.

For the random sample of inmates who are unamenable to treatment, testing will be at the same intervals, depending on their sentence lengths, as is described above for the amenable, untreated group.

The unsuccessful terminations from the treatment program may pose a greater challenge in agreeing to testing after their termination. It is hoped, however, that enough of these inmates will agree to testing after they leave the program to provide useful and statistically significant information for the evaluation. Testing of this group will be at the same times in their sentence structures and movements as for the previous two groups. The difference will be that only those tests not already administered during treatment will have to be administered with voluntary participation and, perhaps, payment of the testing stipend.

The numbers of inmates that must be tested from each of these groups to have a statistically significant sample depend on the size of each group and on the precision level and confidence level determined to be necessary for validity of the sample. The chart below shows the sample sizes that would be required for various combinations of precision and confidence. Any sample size greater or smaller than the two extremes shown here would either be too large and too costly to justify the slight increase in statistical significance or too small to provide meaningful results.

#### SAMPLE SIZE CHART

<u>Population (# of inmates)</u>	<u>Precision/Confidence Level Sample Size</u>			
	<u>.05/.95</u>	<u>.05/.90</u>	<u>.10/.95</u>	<u>.10/.90</u>
25	24	23	20	18
50	44	42	33	29
75	63	59	42	56
100	80	73	49	41
125	94	86	55	44
150	108	97	59	47
175	120	107	62	49
200	132	115	65	51
225	142	123	68	52
250	152	130	70	53

Thus, for example, a population of 200 would require a sample size of 132 to obtain a precision level of .05 and a confidence level of .95. However, the same population would require a sample size of only 51 if the precision and confidence levels were changed to .10 and .90, respectively. While the .05/.95 levels are generally employed in professional research, the .10/.90 levels are the maximum sample sizes for which the Department

could reasonably expect to obtain cooperation from inmates and that could reasonably be afforded. A precision level of .10 and a confidence level of .90 means that test results could be stated as accurate within .10 of the statistical mean for the group and with 90 percent certainty that they are correct. Of course, this leaves a considerable margin of error and a substantial possibility that the results will not be significant.

In any event, the decision to monitor closely sex offenders who are nonparticipants in the treatment program contains very significant cost impacts. Without this testing, however, there would be no basis for comparing the progress of program participants while they are in the program or, with the exception of re-offense data, after they are out.

Because the duration of the evaluation for any treatment group will be for five years after release, it will be at least 1994 before any final evaluation measures will be available. During that period, however, interim reports on the progress of the evaluation will be made available to persons at all accountability levels.

Post-release evaluation reports will include, at a minimum, an ongoing recidivism study which will track post-release criminal conduct of all groups of sex offenders for at least five years. The two treatment groups will each be reported according to type of program termination. Reports on the two non-treatment groups will be limited to random samples of their members while sampling may also be used for gathering data about the treated populations. Also included in these reports will be data about post-release testing.

It should be emphasized that the five year recidivism study is the minimum time required for post-release evaluation. How extensive and complete the evaluation is will depend on the quality of the work performed by the private contractor selected to do the evaluation and on the availability of Department resources to pay for that work.

## CHAPTER 9: PROGRAM COSTS

How much will it cost?

This is probably the most asked and relevant question regarding any new program. The Executive Summary presents a brief answer to this question without detail or documentation. This chapter presents that detailed documentation for each program component and staff position during each of the next two biennia.

Costs of the program options discussed in Chapter 7 can be found in Chapter 10. This chapter deals only with those costs actually associated with the SOTP Plan as described in the preceding chapters excluding Chapter 7. These costs identify essential program elements and staffing levels suggested by comparable correctional treatment models and by the 1986 Legislative Budget Committee performance audit of the state hospital sex offender programs.

In structuring and estimating these costs, the primary goal was to fairly estimate the actual costs of operating the program at the lowest possible cost with the highest quality of service attainable for the price. In doing this the program objectives set out in Chapter 3 can be attained when the program becomes fully operational.

Table 9A shows the program budget summaries for the 1987-89 biennium and the 1989-91 biennium. It includes totals for each biennium divided between new and existing program costs. All of the pages that follow show the breakdown of these budget summaries by line item and program.

TABLE 9A: SEX OFFENDER TREATMENT PROGRAM  
BUDGET SUMMARY 1987-1991

Program Category	1987-89 Biennium: Program Start-up				1989-91 Biennium: Full Operations			
	Clinical Program		Pre-existing Staff		Clinical Program		Pre-existing Staff	
	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars
Assessment/Evaluation								
Staffing*	14.3	420,730	2.0	65,651	15.2	478,620	2.0	67,284
Supplies		6,615				2,084		
Training		4,600				2,300		
Equipment		61,080						
Education								
Staffing	11.4	392,649			14.0	507,948		
Training		8,800				4,400		
Equipment		22,533						
Capital		30,000						
Residential								
Staffing*	21.4	659,044	35.8	981,807	49.2	1,537,152	35.8	1,055,160
Supplies**		10,263				7,323		
Training		20,000				10,000		
Equipment		78,528						
Work Release								
Staffing	25.0	738,811			32.0	1,031,956		
Supplies		17,159				15,480		
Travel		36,410				44,960		
Training		17,600				8,800		
Equipment		44,166						
Program Evaluation*								
Inmate Testing		8,000				35,000		
Contract Services		2,000				5,000		
TOTAL	72.1	2,578,988	37.8	1,047,458	110.4	3,691,023	37.8	1,122,444

\* The clerk typist to be used for Evaluation is divided between the Assessment and Residential categories.

\*\* Supplies for Education and Residential Programs are combined in the Residential category.

## 1987-1989 BIENNium

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC

Description: Effective July 1, 1987, sex offenders who begin a new prison term will be assessed within eight weeks of their arrival at WCC-R. Determination will be made of the inmate's qualification for treatment, mitigating treatment factors (mental illness, developmental disability, neurological impairment, substance abuse pattern, etc.) and willingness to participate in treatment.

While there are some existing resources to assist in the assessment process, additional staffing, equipment, supplies and training are required. Staffing requests take into account requests for equipment to automate manual functions.

New staff required for this assessment process includes 1 Psychologist 5, 1 Psychologist 4, 1 Clerk Typist III, 1 Clerk Typist II, 1 Classification Counselor 3 and 2 Correctional Officer posts.

Equipment, supplies and training costs have been identified for startup of this program, and for ongoing training and supply costs.

C Building will require some remodeling to provide a facility design which is operational and protective of individual's privacy.

Prior to the program opening, designated staff will need to be oriented to the refined assessment process and procedures that will be utilized, focusing on confidentiality issues.

1987-1989 BIENNIUM (Continued)

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC

Expense: 1.0 FTE per year for a Psychologist 5, Class Code 3816, Range 55, Step G,  
\$2,778 per month x 12 months = \$33,336 x .9 FTE @ 26% benefits = \$37,803 for FY 88.

\$2,778 per month x 12 months = \$33,336 x .1 FTE @ 26% benefits = \$4,200 and  
\$2,919 per month x 12 months = \$35,028 x .9 FTE @ 26% benefits = \$39,722 for a total of \$43,922 for FY 89.

1.0 FTE per year for a Psychologist 4 position, Class Code 3814, Range 49, Step G,  
\$2,396 per month x 12 months = \$28,752 x .9 FTE @ 26% benefits = \$32,605 for FY 88.

\$2,396 per month x 12 months = \$28,752 x .1 FTE @ 26% benefits = \$3,623 and  
\$2,517 per month x 12 months = \$30,204 x .9 FTE @ 26% benefits = \$34,251 for a total of \$37,874 for FY 89.

1.0 FTE per year for Classification Counselor 3 positions, Class Code 3966, Range 44, Step G,  
\$2,117 per month x 12 months = \$25,404 x .8 FTE @ 26% benefits = \$25,607 for FY 88.

\$2,117 per month x 12 months = \$25,404 x .2 FTE @ 26% benefits = \$6,402 and  
\$2,225 per month x 12 months = \$26,700 x .8 FTE @ 26% benefits = \$26,913 for a total of \$33,315 for FY 89.

Two (2) Correctional Officer posts, 2.6 FTE's per year, Class Code 3905, Range 36, Step G,  
\$1,738 x 12 months = \$20,856 x 2.4 FTE's @ 26% benefits for a total of \$63,068 for FY 88.

\$1,738 x 12 months = \$20,856 x .2 FTE's @ 26% benefits = \$5,255 and  
\$1,826 x 12 months = \$21,912 x 2.4 FTE's @ 26% benefits = \$66,262 for a total of \$71,517 for FY 89.

2.0 FTE per year for Clerk Typist 3 and Clerk Typist 2; Class Code 0114 and 0112, Range 26 and 23, Step G,  
\$1,358 x 12 months = \$16,296 x .9 FTE @ 26% benefits = \$18,480 for FY 88.

\$1,261 x 12 months = \$15,132 x .8 FTE @ 26% benefits for a total of \$15,253 for FY 88.

\$1,358 x 12 months = \$16,296 x .1 FTE @ 26% benefits = \$2,053 and  
\$1,426 x 12 months = \$17,112 x .9 FTE @ 26% benefits = \$19,405 for a total of \$21,458 for FY 89.

\$1,261 x 12 months = \$15,132 x .2 FTE @ 26% benefits = \$3,813 and  
\$1,324 x 12 months = \$15,888 x .8 FTE @ 26% benefits = \$16,015 for a total of \$19,828 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 14.3 FTE'S AND \$420,730



1987-1989 BIENNIUM (Continued)

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC

Object E Goods and Services includes start-up office supplies, \$1,875; office supplies ongoing, \$1,200; testing materials, \$884; ongoing training costs at \$700 per year per staff over Range 44 and \$100 per year per Clerk Typist, \$4,600; officer uniforms, \$440.

Renovation of C Building costs to include wiring for computers, \$2,216.

Object J equipment needs, \$61,080, as detailed below. Equipment needs for the evaluation of the sex offender program are incorporated into the assessment equipment list.

FY 87-89 Biennial Total, \$493,025.

ASSESSMENT/EVALUATION EQUIPMENT LIST

DESCRIPTION	COST	DESCRIPTION	COST
1 Computers (2)	\$ 7,884	9 Shredder	\$ 874
Power Source	880		
Printer - Laser	1,995	10 Recorder With Headphones	400
Printer Cartridge (4)	352		
Monitor (2)	360	11 Computer Tables (5)	1,500
Software	2,433		
Irma Boards (2)	1,688	12 Hand-held Recorder (2)	272
Surge Protector (2)	98		
Keyboard (2)	244	13 Calculator	83
2 Telephones (6)	4,620	14 Bookcase (6)	900
3 Dictaphone Units (6)	1,380	15 Copier With Collating Capability	6,845
4 Desks (6)	3,270	16 Typewriter, IBM Selectric	1,500
5 Executive Chairs (4)	1,112	17 Test Kits	1,895
6 Secretarial Chairs (7)	945	18 Filing Cabinets (5)	1,250
7 CRT's (3)	3,000	19 Coatrack (4)	300
8 Evaluation Program	\$15,000	TOTAL	<u>\$61,080</u>

1987-1989 BIENNium

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS

Description: Effective February 1, 1988, the first education program group will begin. The first residential group (minimum 12 inmates) will begin in September, 1988. Further residential treatment groups would be opened in increments of twelve to fourteen inmates as they complete the education program.

Treatment procedures will consist of a systematic behavioral assessment in the plethysmograph lab, psychotherapy and three types of behavioral intervention.

While there are some existing resources to assist in the assessment process, additional staffing, equipment, supplies and training are required. Staffing requests take into account requests for equipment to automate manual functions.

New staff required for this residential/educational process are one Correctional Administrator, 4 Psychologist 5, 1 Correctional Mental Program Manager, 14 Correctional Mental Health Counselor 1, 2 Correctional Officer posts, 6 Counselor Aides, 1 Secretary and 2 Clerk Typist 3.

Equipment, supplies and training costs have been identified for startup of this program and for ongoing training, transportation and supply costs.

The treatment staff need to be hired and available for training well in advance of the opening of each program.

The residential program will be contained entirely within one of the four living units at the Twin Rivers Corrections Center. The major physical change is the reduction in TRCC rated capacity from 500 to 477. This is necessary to provide the offices and treatment rooms associated with the program.

1987-1989 BIENNium (Continued)

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS

Expense: 1.0 FTE FY 88 and 3.4 FTE FY 89 for Psychologist 5 positions, Class Code 3816, Range 55, Step G,  
\$2,778 per month x 12 months = \$33,336 @ 26% benefits for a total of \$42,003 for FY 88.

\$2,919 per month x 12 months x 3.4 = \$119,095 @ 26% benefits for a total of \$150,060 for FY 89.

.7 FTE FY 88 and 1.0 FTE FY 89 per year for a Corrections Mental Health Program Manager position, Class  
Code 3900, Range 56, Step G,  
\$2,848 per month x 12 months .7 FTE = \$23,923 @ 26% benefits for a total of \$30,143 for FY 88.

\$2,992 per month x 12 months = \$35,904 @ 26% benefits for a total of \$45,239 for FY 89.

.8 FTE FY 88 and 1.0 FTE FY 89 for Correctional Administrator, Range 61, Step G,  
\$3,222 per month x 12 months x .8 FTE = \$30,931 @ 26% benefits for a total of \$38,973 for FY 88.

\$3,385 per month x 12 months = \$40,620 @ 26% benefits for a total of \$51,181 for FY 89.

1.5 FTE FY 88 and 2.6 FTE FY 89 for two Correctional Officer posts, Class Code 3905, Range 36, Step G,  
\$1,738 x 12 months = \$20,856 x 1.5 FTE = \$31,284 @ 26% benefits for a total of \$39,418 for FY 88.

\$1,738 x 12 months = \$20,856 x 1.1 FTE = \$22,942 @ 26% benefits = \$28,907 and  
\$1,826 x 12 months = \$21,912 x 1.5 FTE = \$32,868 @ 26% benefits = \$41,414 for a total of \$70,321 for FY 89.

.7 FTE FY 88 and 2.0 FTE FY 89 for Clerk Typist 3, Class Code 0114, Range 26, Step G,  
\$1,358 x 12 months x .7 FTE = \$11,407 @ 26% benefits for a total of \$14,373 for FY 88.

\$1,358 x 12 months x 1.3 FTE = \$21,184 @ 26% benefits for a total of \$26,692 and  
\$1,426 x 12 months x .7 FTE = \$11,978 @ 26% benefits = \$15,092 for a total of \$41,784 for FY 89.

2.3 FTE FY 88 and 11.8 FTE FY 89 for Corr. Mental Health Counselor 1, Class Code 3896, Range 42, Step G,  
\$2,015 x 12 months x 2.3 FTE = \$55,614 @ 26% benefits for a total of \$70,074 for FY 88.

\$2,015 x 12 months x 9.5 FTE = \$229,710 @ 26% benefits for a total of \$289,435 and  
\$2,117 x 12 months x 2.3 FTE = \$58,429 @ 26% benefits = \$73,621 for a total of \$363,056 for FY 89.

1987-1989 BIENNIUM (Continued)

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS

2.3 FTE FY 89 for Counselor Aides, Class Code 3601, Range 29, Step G,  
\$1,462 x 12 months x 2.3 FTE = \$40,351 @ 26% benefits for a total of \$50,843 for FY 89.

.7 FTE FY 88 and 1.0 FTE FY 89 for Secretary 1, Class Code 0160, Range 28, Step G,  
\$1,426 x 12 months x .7 FTE = \$11,978 @ 26% benefits for a total of \$15,092 for FY 88.

\$1,426 x 12 months x .3 FTE = \$5,133 @ 26% benefits = \$6,468 and  
\$1,499 x 12 months = \$17,988 @ 26% benefits = \$22,665 for a total of \$29,133 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 32.8 FTE'S AND \$1,051,693

Object E Goods and Services includes start-up office supplies, \$7,323; correctional officers uniforms, \$1,652; Plethysmograph supplies, \$1,288; training, \$28,800.

Facility Modification/Lease Purchase of a Modular Unit, \$30,000.

Object J equipment needs, \$101,061, as detailed on attached sheet.

FY 87-89 Biennial Total, \$1,221,817.

RESIDENTIAL/EDUCATIONAL  
EQUIPMENT LIST  
87-89 BIENNIUM

DESCRIPTION	COST	DESCRIPTION	COST
1 Desks (21)	\$ 9,509	15 Personal Computer W/Word Process (4)	\$ 7,726
2 Secretarial Chairs (27)	7,417	16 Transcribers (4)	1,288
3 Executive Chairs (5)	1,824	17 Work Tables (6)	1,455
4 Conference Table	511	18 Copy Machine	6,371
5 OBTS Terminals (5)	5,902	19 Slide Projector (3)	1,255
6 Telephones (21)	1,127	20 Screen (3)	435
7 Typewriters	1,665	21 Lab Chair (3)	248
8 Dictaphones (21)	3,786	22 Video Camera (3)	1,400
9 Plethysmographs (3)	22,533	23 Black Boards (3)	248
10 Video Monitor/Recorders (3)	2,189	24 Flip Charts (3)	641
11 Classroom/Group Chairs (100)	2,468	25 Computer Table (9)	879
12 Audio Cassette Recorders W/ Headphones (29)	1,556	26 Coat Rack (21)	3,988
13 Portable Room Dividers (6)	1,249	27 Bookcases (31)	5,322
14 File Cabinets (32)	8,069	TOTAL	<u>\$101,061</u>

1987-1989 BIENNium

Item Title: COMMUNITY SERVICES MONITORING OF SEX OFFENDERS

Description: Effective July 1, 1987, Community Services will develop specialized pre-sentence investigations to be used as part of the evaluation process. In April of 1988, Community Services will begin a monitoring program designed specifically for sex offenders arriving at work release facilities throughout the State of Washington.

This program will consist of supervisory and clerical staff who will have the primary responsibility of case consultation, relapse prevention followup, community resource coordination and development, liaison with prisons, training, pre-sentence investigations and ARC participation.

Inmate exposure to this program will be for a minimum of four months to a maximum of six months exclusive of the pre-sentence investigation.

New staff required for this supervision, monitoring and investigating are 7 Corrections Mental Health Counselor 2's, 5 Community Corrections Officer 3's, and 4 Clerk Typist 3's. It is budgeted for staff to be phased into Community Services as follows:

- 1 CCO 3 and 1 Clerical, July 1, 1987; Seattle
- 2 CCO 3's on August 1, 1987; Seattle
- 1 Clerical, July 1, 1987; Tacoma
- 2 CCO 3's on August 1, 1987; Tacoma, Spokane
- 2 CMHC 2's and 2 Clerical, April 1, 1988; Spokane, Tacoma
- 5 CMHC 2's on April 1, 1988; Seattle, Tacoma, Yakima, Clark County, Bellingham

Equipment, supplies and training costs have been identified for startup of this program and for ongoing training, travel and supply costs.

Current office space will be sufficient to facilitate these additional positions.

1987-1989 BIENNIUM

Item Title: COMMUNITY SERVICES MONITORING OF SEX OFFENDERS

Expense: 1.8 FTE for FY 88 for 7 Corrections Mental Health Counselor 2 positions, Class Code 3897, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 1.8 FTE = \$45,727 @ 26% benefits for a total of \$57,616 for FY 88.

7.0 FTE for FY 89 for 7 Corrections Mental Health Counselor 2 positions, Class Code 3897, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 5.2 FTE = \$132,100 @ 26% benefits = \$166,447 and \$2,225 per month x 12 months = \$26,700 x 1.8 FTE = \$48,060 @ 26% benefits = \$60,555 for a total of \$227,002 for FY 89.

4.7 FTE for FY 88 for 5 Community Corrections Officer 3 positions, Class Code 3972, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 4.7 FTE = \$119,398 @ 26% benefits for a total of \$150,441 for FY 88.

5.0 FTE for Community Corrections Officer 3 positions.  
\$2,117 per month x 12 months = \$25,404 x .3 FTE = \$7,621 @ 26% benefits for a total of \$9,602 and \$2,225 per month x 12 months = \$26,700 x 4.7 FTE = \$125,490 @ 26% benefits = \$158,117 for a total of \$167,719 for FY 89.

2.5 FTE for Clerk Typist 3 positions, Class Code 0114, Range 26, Step G,  
\$1,358 per month x 12 months = \$16,296 x .5 FTE = \$8,148 @ 26% benefits for a total of \$51,332 for FY 88.

4.0 FTE for Clerk Typist 3 positions.  
\$1,358 per month x 12 months = \$16,296 x 1.5 FTE = \$24,444 @ 26% benefits = \$30,799 and \$1,426 per month x 12 months = \$17,112 x 2.5 FTE = \$42,780 @ 26% benefits = \$53,902 for a total of \$84,701 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 25.0 FTE'S AND \$738,811

Object E Goods and Services includes start-up office supplies, \$6,359; office supplies ongoing, \$3,000; training at \$700 per year per staff over Range 43 and \$100 per year per Clerk Typist, \$17,600; \$40 per month per staff for Object G, travel, \$10,760; State Motor Pool Services for 5 vehicles at \$285 per month x 90 months = \$25,650.

Object E Contract Services for polygraph and plethysmograph test @ \$130 per service x 2 per month x 15 months = \$7,800.

Object J equipment needs \$44,166, as detailed on attached sheet.

FY 87-89 Biennial Total, \$854,146.

SEX OFFENDER PROGRAM EQUIPMENT LIST  
COMMUNITY SERVICES/WORK RELEASE  
87-89 BIENNium

DESCRIPTION	COST	DESCRIPTION	COST
1 Executive Desks (12)	6,156	6 Dictaphones and Recorders	2,440
Executive Chairs (12)	3,336	7 Telephones (16)	800
2 Secretarial Desks (4)	2,180	8 Side Chairs (16)	2,912
Secretarial Chairs (4)	540	9 Coat Racks (13)	780
3 Typewriter (4)	2,940	10 Terminals 3178 C20 (5)	6,000
4 File Cabinets	5,872	11 Xerox 860 Wordprocessors (2)	8,400
5 Bookcases (12)	1,810		
		TOTAL	<u>\$44,166</u>



1987-1989 BIENNium

Item Title: EVALUATION TESTING OF SEX OFFENDERS WITHIN DOC

Description: Effective September 1, 1987, an inmate incentive program will begin offering selected inmates \$50 per plethysmograph test. This fund is designed to encourage testing of inmates who have not received treatment. The target times for this testing incentive are the same times during the sentence as testing would occur if the inmate were in treatment: end of education, residential and work release components and at the end of the first and second years after release.

Evaluation costs for inmates receiving treatment are included as part of the standardized treatment program.

This program element compares the treated and untreated population. This comparison will be required to assess program treatment effectiveness over time. It is recommended that assessment of program effectiveness be conducted through an outside agency contract service. The University of Washington has provided the estimates for contracted program evaluation costs.

No new staff, equipment, supplies or training will be required for this program element.

1987-1989 BIENNIUM

Item Title: EVALUATION TESTING OF SEX OFFENDERS WITHIN DOC

Expense: FY 88  
Education: 35 tests @ \$50 each = \$1,750  
Residential: 15 tests @ \$50 each = \$750  
Community Custody: no tests for FY 88.

FY 89  
Education: 80 tests @ \$50 each = \$4,000  
Residential: 30 tests @ \$50 each = \$1,500  
Community Custody: no tests for FY 89.

Contract evaluation service for FY 89, \$2,000.

FY 87-89 Biennial Total, \$10,000

NOTE: THE EVALUATION TESTING IS PROJECTED TO INCREASE IN THE 89-91 BIENNIUM.

FY 90  
Education: 150 tests @ \$50 each = \$7,500  
Residential: 50 tests @ \$50 each = \$2,500  
Community Custody: 60 tests @ \$50 each = \$3,000.

Contract evaluation service for FY 90, \$2,500.

FY 91  
Education: 235 tests @ \$50 each = \$11,750  
Residential: 65 tests @ \$50 each = \$3,250  
Community Custody: 140 tests @ \$50 each = \$7,000.

Contract evaluation service for FY 91, \$2,500.

FY 89-91 Biennial Total, \$40,000.

FY 91-93 Biennial Total, \$50,000.

## CHAPTER 10: OPTION COSTS

The previous chapter deals exclusively with the basic Sex Offender Treatment Program Plan as described in Chapters 1-6 and Chapter 8. This chapter addresses the program options described in Chapter 7. There are five options discussed in that chapter. Of the five, four have significant fiscal impact worthy of describing here. They are:

<u>Option</u>	<u>Title</u>	<u>Attached Pages</u>	<u>Impact 87-89</u>	<u>Impact 89-91</u>
1	Community Custody	63-65	\$ 72,180	\$ 507,720
2	Female Sex Offender Treatment Program	66-67	136,374	129,968
3	Convert Developmentally Disabled Program	none	(118,860)	(129,942)
5	Early Program Start Based on Current RCW	68-79	818,846	32,576

There are no attached pages for Option 3 because converting the Developmentally Disabled Residential Program to regular inmates requires both additions and deletions in staffing. Three positions are eliminated completely: one Psychologist 5 and two CMHC 1's. At the same time, two Counselor Aides are added. This yields a net effect of only two fewer FTE's per biennium. The cost reduction, however, is much greater than such a small reduction in FTE's would usually suggest because the jobs added are at a much lower pay range than the jobs deleted.

Option 4, limiting program admissions to statutory referrals under RCW 9.94A.120(7)(b), has no specifically identifiable fiscal impact. It is likely, however, that this option would result in a slowdown of the staff phase-in schedule and a slight reduction in 1987-89 biennium costs.

The 1987-89 fiscal impact of Option 5, the early program start, includes \$24,668 of costs that actually occur during the last two months of FY87.

Table 10A summarizes the SOTP budget for the 1987-89, 1989-91 and 1991-93 bienniums, including the biennial impacts of Options 1, 2, and 3.

TABLE 10A: BUDGET SUMMARY INCLUDING OPTIONS, 1987-1993

Program Category	1987-89 Biennium: Program Start-up				1989-91 Biennium: Full Operations				1991-93 Biennium*	
	New		Pre-existing		New		Pre-existing		New	
	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars
Assessment/Eval.										
Staffing**	14.3	420,730	2.0	65,651	15.2	478,620	2.0	67,284	15.2	478,620
Supplies		6,615				2,084				2,084
Training		4,600				2,300				2,300
Equipment		61,080								
Education										
Staffing	11.4	392,649			14.0	507,948			14.0	507,948
Training		8,800				4,400				4,400
Equipment		22,533								
Capital		30,000								
Residential										
Staffing**	21.4	659,044	35.8	981,807	49.2	1,537,152	35.8	1,055,160	49.2	1,537,152
Supplies***		10,263				7,323				7,323
Training		20,000				10,000				10,000
Equipment		78,528								
Work Release										
Staffing	25.0	738,811			32.0	1,031,956			32.0	1,057,126
Supplies		17,159				15,480				15,480
Travel		36,410				44,960				44,960
Training		17,600				8,800				8,800
Equipment		44,166								
Program Evaluation**										
Inmate Testing		8,000				35,000				44,000
Contract Services		2,000				5,000				6,000
<b>TOTAL</b>	<b>72.1</b>	<b>2,578,988</b>	<b>37.8</b>	<b>1,047,458</b>	<b>110.4</b>	<b>3,691,023</b>	<b>37.8</b>	<b>1,122,444</b>	<b>110.4</b>	<b>3,726,193</b>

Community Custody 1.8 72,180  
 Women's Program 4.0 136,374  
 Convert D.D. Program (2.0) (118,860)

15.7 507,720  
 4.0 129,968  
 (2.0) (129,942)

30.6 934,571  
 4.0 129,968  
 (2.0) (129,942)

\* Pre-existing costs for the 1991-93 Biennium are the same as for the 1989-91 Biennium.

\*\* The clerk typist staffing for Program Evaluation is divided between the Assessment and Residential categories.

\*\*\* Supplies for Education and Residential Programs are combined in the Residential categories.

1987-1989 BIENNIUM

Item Title: COMMUNITY CUSTODY (OPTION 1)

Description: Effective July 1, 1987, Community Services will begin a supervisory program designed specifically for sex offenders after release into the community throughout the state of Washington.

This program will consist of 13 supervisory and 5 clerical staff who will have the primary responsibility of supervising individuals after incarceration. October 1, 1988, caseload statewide will begin with 1 and grow to approximately 500 over a five year period. The program will be for the length of an individual's early release time, not to exceed a maximum of one year.

New staff required for this supervision and monitoring are 13 Community Corrections Officer 2's and 5 Clerk Typist 2's. Each CCO 2 will have a caseload of approximately 40 individuals. It is planned that staff will phase into Community Custody as follows:

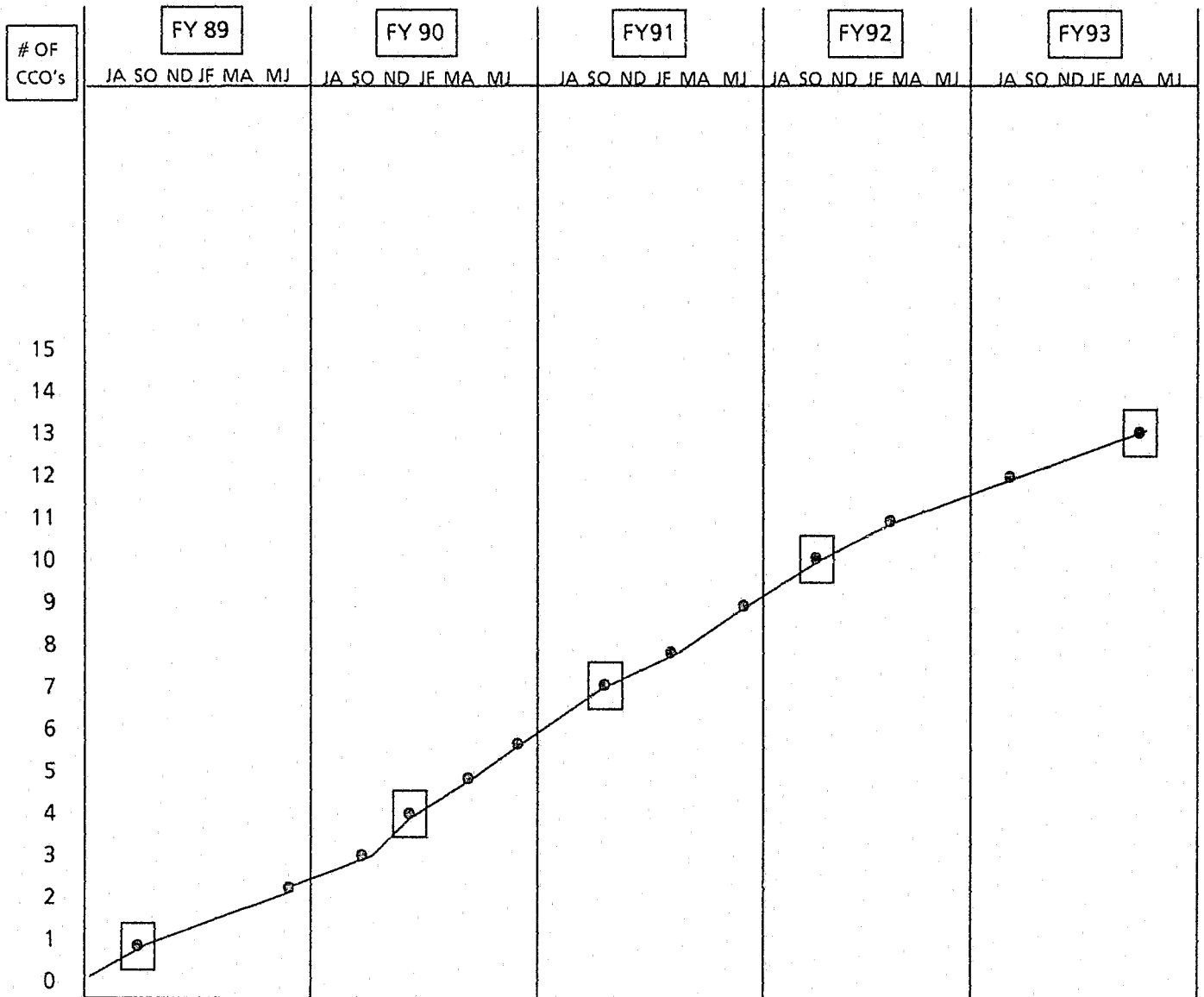
1 CCO 2 and 1 Clerk Typist 2 on September 1, 1988 for King County;  
1 CCO 2 on May 1, 1989 for Pierce County.


The remaining staff are scheduled to be phased in during the 89-91 and 91-93 bienniums up to a maximum of 13 CCO 2's and 5 Clerk Typist 2's. See Table 10B for the staff phase-in schedule.

Equipment, supply, training and travel costs for the 87-89 biennium have been identified for startup of this program. Additional costs associated with equipment, supplies, training and travel will be necessary to support the staff scheduled to be phased in during the 89-91 and 91-93 bienniums.

Current office space will not be sufficient to house additional staff in Clark County.

**TABLE 10B: STAFF PHASE-IN FOR COMMUNITY CUSTODY CASELOAD**



 START TIME FOR ONE CLERICAL SUPPORT STAFF TO ASSIST CCO's

1987-1989 BIENNIUM

Item Title: COMMUNITY CUSTODY (OPTION 1)

Expense: 1.0 FTE for FY 89 for 2 Community Corrections Officer 2 positions, Class Code 3971, Range 42, Step G, \$2,015 per month x 12 months = \$24,180 @ 26% benefits for a total of \$30,466 for FY 89.

.8 FTE for Clerk Typist 2 position, Class Code 0112, Range 23, Step G, \$1,280 per month x 12 months = \$15,360 x .8 FTE = \$12,288 @ 26% benefits for a total of \$15,483 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 1.8 FTE AND \$45,949

Object E Goods and Services includes start-up office supplies, \$1,161; office supplies ongoing, \$780; training is based on \$700 per CCO 2 per year, and \$100 per year for the Clerk Typist position, \$1,500; Vehicle maintenance and fuel @ \$1,155 per vehicle per year.

Object E Contract Services for polygraph and plethysmograph test @ \$130 per service x 2 per month x 10 months = \$2,600.

Object J equipment needs, \$19,035 as detailed below.

FY 87-89 Biennial Total, \$72,180.

COMMUNITY CUSTODY (OPTION 1) EQUIPMENT LIST

DESCRIPTION	COST	DESCRIPTION	COST
1 Executive Desks (2)	\$ 1,026	6 Dictaphones and Recorders	\$ 636
Executive Chairs (2)	556		
		7 Telephones (3)	150
2 Secretarial Desks (1)	545		
Secretarial Chairs (1)	135	8 Side Chairs (3)	546
3 Typewriter (1)	1,200	9 Coat Racks (3)	180
4 File Cabinets	1,761	10 Vehicles	
		1 Security Sedan FY 89	12,000
5 Bookcases (2)	300		
		TOTAL	<u>\$19,035</u>

1987-1989 BIENNium

Item Title: WOMENS' SEX OFFENDER PROGRAM (OPTION 2)

Description: Effective July 1, 1987, the Womens' Sex Offender Program will begin treatment at the Purdy Corrections Center. In order to formulate an applicable treatment model, this program will provide direct treatment, resource and data collection.

Currently, this program element constitutes a small number of offenders. It is anticipated that the female population will experience growth as the sentencing reform act is uniformly applied.

New staff required for this treatment process are one Psychiatric Social Worker 2 and one Occupational Therapist.

Equipment, supplies and training costs have been identified for startup of this program.

Capital costs have been included to provide lease purchase of a modular unit because there is no existing office space to accommodate this program.

Prior to the program opening, designated staff will need to be oriented to the refined assessment process and procedures that will be utilized, focusing on confidentiality issues.



1987-1989 BIENNIUM

Item Title: WOMENS' SEX OFFENDER PROGRAM (OPTION 2)

Expense: 1.0 FTE per year for a Psychiatric Social Worker position, Class Code 3552, Range 44, Step G, \$1,966 per month x 12 months = \$23,592 @ 26% benefits = \$29,922 for FY 88.

\$2,066 per month x 12 months = \$24,792 @ 26% benefits = \$31,444 for FY 89.

1.0 FTE per year for an Occupational Therapist position, Class Code 3106, Range 41, Step G, \$1,871 per month x 12 months = \$22,452 @ 26% benefits = \$28,486 for FY 88.

\$1,966 per month x 12 months = \$23,592 @ 26% benefits = \$29,922 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 4.0 FTE'S AND \$119,774.

Object E Goods and Services includes office supplies, \$400; training costs at \$700 per year per staff over Range 40, \$1,400.

Capital cost associated with a lease purchase of a modular unit, \$8,900.

Object J equipment needs, \$5,900, as detailed below.

FY 87-89 Biennial Total, \$136,374.

OPTION 2 EQUIPMENT LIST

DESCRIPTION	COST
1 Video Camera, Monitor and VCR	\$2,100
2 Tapes/Book Videos	2,000
3 Executive Desks (2)	1,200
4 Executive Chairs (2)	600
TOTAL	<u>\$5,900</u>

TABLE 10C

## EARLY PROGRAM START (OPTION 5) BUDGET SUMMARY

1985 - 1993

Program Category	1985-87 Biennium: Start-up		1987-89 Biennium: Start-up				1989-91 Biennium: Full Operations				1991-93 Biennium*	
	New Clinical Program		New		Pre-existing		New		Pre-existing		New	
	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars	FTE	Dollars
Assessment/Eval.												
Staffing**	0.2	6,519	14.6	431,500	2.0	65,651	15.2	479,668	2.0	67,284	15.2	479,668
Supplies				6,615				2,084				2,084
Training				4,600				2,300				2,300
Equipment				61,080								
Education												
Staffing	0.2	7,560	13.5	463,176			14.0	513,022			14.0	513,022
Training				8,800				4,400				4,400
Equipment				22,533								
Capital				30,000								
Residential												
Staffing**	0.3	10,589	39.2	1,198,251	35.8	981,807	49.2	1,563,606	35.8	1,055,160	49.2	1,563,606
Supplies***				10,263				7,323				7,323
Training				20,000				10,000				10,000
Equipment				78,528								
Work Release												
Staffing			30.2	899,255			32.0	1,031,956			32.0	1,059,468
Supplies				21,839				15,480				15,480
Travel				44,960				44,960				44,960
Training				17,600				8,800				8,800
Equipment				44,166								
Program Evaluation**												
Inmate Testing				8,000				35,000				44,000
Contract Services				2,000				5,000				6,000
<b>TOTAL OPTION 5</b>	<b>0.7</b>	<b>24,668</b>	<b>97.5</b>	<b>3,373,166</b>	<b>37.8</b>	<b>1,047,458</b>	<b>110.4</b>	<b>3,723,599</b>	<b>37.8</b>	<b>1,122,444</b>	<b>110.4</b>	<b>3,761,111</b>
Community Custody			1.8	72,180			15.7	507,720			30.6	934,571
Women's Program			4.0	136,374			4.0	129,968			4.0	129,968
Convert D.D. Program			(2.0)	(118,860)			(2.0)	(129,942)			(2.0)	(129,942)

\* Pre-existing costs for the 1991-93 Biennium are the same as for the 1989-91 Biennium.

\*\* The clerk typist staffing for Program Evaluation is divided between the Assessment and Residential categories.

\*\*\* Supplies for Education and Residential Programs are combined in the Residential categories.

1987-1989 BIENNIUM

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC - EARLY PROGRAM START (OPTION 5)

Description: Effective July 1, 1987, sex offenders who begin a new prison term will be assessed within eight weeks of their arrival at WCC-R. Determination will be made of the inmate's qualification for treatment, mitigating treatment factors (mental illness, developmental disability, neurological impairment, substance abuse pattern, etc.) and willingness to participate in treatment.

While there are some existing resources to assist in the assessment process, additional staffing, equipment, supplies and training are required. Staffing requests take into account requests for equipment to automate manual functions.

New staff required for this assessment process includes 1 Psychologist 5, 1 Psychologist 4, 1 Clerk Typist III, 1 Clerk Typist II, 1 Classification Counselor 3 and 2 Correctional Officer posts.

Equipment, supplies and training costs have been identified for startup of this program, and for ongoing training and supply costs.

C Building will require some remodeling to provide a facility design which is operational and protective of individual's privacy.

Prior to the program opening, designated staff will need to be oriented to the refined assessment process and procedures that will be utilized, focusing on confidentiality issues.

1987-1989 BIENNIUM

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC - EARLY PROGRAM START (OPTION 5)

Expense: 1.0 FTE per year for a Psychologist 5, Class Code 3816, Range 55, Step G,  
\$2,778 per month x 12 months = \$33,336 x .9 FTE @ 26% benefits = \$37,803 and  
\$2,919 per month x 12 months = \$35,028 x .1 FTE @ 26% benefits = \$4,413 for a total of \$42,216 for FY 88.

\$2,919 per month x 12 months = \$35,028 @ 26% benefits for a total of \$44,135 for FY 89.

1.0 FTE per year for a Psychologist 4 position, Class Code 3814, Range 49, Step G,  
\$2,396 per month x 12 months = \$28,752 x .9 FTE @ 26% benefits = \$32,605 and  
\$2,517 per month x 12 months = \$30,204 x .1 FTE @ 26% benefits = \$3,805 for a total of \$36,410 for FY 88.

\$2,517 per month x 12 months = \$30,204 @ 26% benefits for a total of \$38,057 for FY 89.

1.0 FTE per year for Classification Counselor 3 positions, Class Code 3966, Range 44, Step G,  
\$2,117 per month x 12 months = \$25,404 x .8 FTE @ 26% benefits = \$25,607 for FY 88.

\$2,117 per month x 12 months = \$25,404 x .2 FTE @ 26% benefits = \$6,402 and  
\$2,225 per month x 12 months = \$26,700 x .8 FTE @ 26% benefits = \$26,913 for a total of \$33,315 for FY 89.

Two (2) Correctional Officer posts, 2.6 FTE's per year, Class Code 3905, Range 36, Step G,  
\$1,738 x 12 months = \$20,856 x 2.4 FTE's @ 26% benefits for a total of \$63,068 for FY 88.

\$1,738 x 12 months = \$20,856 x .2 FTE's @ 26% benefits = \$5,255 and  
\$1,826 x 12 months = \$21,912 x 2.4 FTE's @ 26% benefits = \$66,262 for a total of \$71,517 for FY 89.

2.0 FTE per year for Clerk Typist 3 and Clerk Typist 2; Class Code 0114 and 0112, Range 26 and 23, Step G,  
\$1,358 x 12 months = \$16,296 @ 26% benefits for a total of \$20,533 for FY 88.  
\$1,261 x 12 months = \$15,132 x .8 FTE @ 26% benefits for a total of \$15,253 for FY 88.

\$1,426 x 12 months = \$17,112 @ 26% benefits for a total of \$21,561 for FY 89.  
\$1,261 x 12 months = \$15,132 x .2 FTE @ 26% benefits = \$3,813 and  
\$1,324 x 12 months = \$15,888 x .8 FTE @ 26% benefits = \$16,015 for a total of \$19,828 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 14.6 FTE'S AND \$431,500.

1987-1989 BIENNIUM

Item Title: ASSESSMENT OF SEX OFFENDERS WITHIN DOC - EARLY PROGRAM START (OPTION 5) (Continued)

Some staff will need to be hired and trained prior to July 1, 1987.

Positions identified to be hired during 85-87 biennium are:

Psychologist 5, 1.0 man month effective June 1, 1987, \$3,500;

Psychologist 4, 1.0 man month effective June 1, 1987, \$3,019.

STAFFING REQUEST 85 - 87 BIENNIAL TOTAL .2 FTE AND \$6,519.

Object E Goods and Services includes start-up office supplies, \$1,875; office supplies ongoing, \$1,200; testing materials, \$884; ongoing training costs at \$700 per year per staff over Range 43 and \$100 per year per Clerk Typist, \$4,600; officer uniforms, \$440.

Renovation of C building costs to include wiring for computers, \$2,216.

Object J equipment needs, \$61,080, as detailed on the next page. Equipment needs relative to the evaluation of the sex offender program are incorporated into the assessment equipment list.

FY 85-87 Biennial Total, \$ 6,519

FY 87-89 Biennial Total, \$503,795

Total Need \$510,314

ASSESSMENT/EVALUATION EQUIPMENT LIST - (OPTION 5)

87-89 BIENNIUM

DESCRIPTION		COST	DESCRIPTION		COST
1	Computers (2)	\$ 7,884	9	Shredder	\$ 874
	Power Source	880			
	Printer - Laser	1,995	10	Recorder With Headphones	400
	Printer Cartridge (4)	352			
	Monitor (2)	360	11	Computer Tables (5)	1,500
	Software	2,433			
	Irma Boards	1,688	12	Hand-Held Recorder (2)	272
	Surge Protector (2)	98			
	Keyboard (2)	244	13	Calculator	83
2	Telephones (6)	4,620	14	Bookcase (6)	900
3	Dictaphone Units (6)	1,380	15	Copier With Collating Capability	6,845
4	Desks (6)	3,270	16	Typewriter, IBM Selectric	1,500
5	Executive Chairs (4)	1,112	17	Test Kits	1,895
6	Secretarial Chairs (7)	945	18	Filing Cabinets (5)	1,250
7	CRT's (3)	3,000	19	Coatrack (4)	300
8	Evaluation Program	\$15,000		TOTAL	<u>\$61,080</u>

1987-1989 BIENNIUM

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS - EARLY PROGRAM START (OPTION 5)

Description: Effective September 1, 1987, the first Education Program group will begin. The first residential group (minimum 12 inmates) will begin in December, 1987. Further residential treatment groups would be opened in increments of twelve to fourteen inmates as they complete the program.

Treatment procedures will consist of a systematic behavioral assessment in the plethysmograph lab, psychotherapy, and three types of behavioral intervention.

While there are some existing resources to assist in the treatment process, additional staffing, equipment, supplies and training are required. Staffing requests take into account requests for equipment to automate manual functions.

New staff required for this residential/educational process are 1 Correctional Administrator, 4 Psychologist 5, 1 Correctional Mental Program Manager, 14 Correctional Mental Health Counselor 1, 2 Correctional Officer posts, 6 Counselor Aide, 1 Secretary 1 and 2 Clerk Typist 3.

Equipment, supplies and training costs have been identified for startup of this program and for ongoing training, transportation and supply costs.

The treatment staff need to be hired and available for training well in advance of the opening of the first phase.

The residential program will be contained entirely within one of the four living units at the Twin Rivers Corrections Center. The major physical change is the reduction in TRCC rated capacity from 500 to 477. This is necessary to provide the offices and treatment rooms associated with the program.

1987-1989 BIENNIUM

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS - EARLY PROGRAM START (OPTION 5)

Expense: 4.0 FTE per year for Psychologist 5 positions, Class Code 3816, Range 55, Step G,  
\$2,778 per month x 12 months x 4 = \$133,344 @ 26% benefits for a total of \$168,013 for FY 88.

\$2,919 per month x 12 months x 4 = \$140,112 @ 26% benefits for a total of \$176,541 for FY 89.

1.0 FTE per year for a Corrections Mental Health Program Manager position, Class Code 3900, Range 56, Step G,  
\$2,848 per month x 12 months = \$34,176 @ 26% benefits for a total of \$43,061 for FY 88.

\$2,992 per month x 12 months = \$35,904 @ 26% benefits for a total of \$45,239 for FY 89.

1.0 FTE per year for Correctional Administrator, Class Code, Range 61, Step G,  
\$3,222 per month x 12 months = \$38,664 @ 26% benefits for a total of \$48,717 for FY 88.

\$3,385 per month x 12 months = \$40,620 @ 26% benefits for a total of \$51,181 for FY 89.

1.3 FTE FY 88 and 2.6 FTE FY 89 for two Correctional Officer posts, Class Code 3905, Range 36, Step G,  
\$1,738 x 12 months = \$20,856 x 1.3 FTE = \$27,113 @ 26% benefits for a total of \$34,162 for FY 88.

\$1,738 x 12 months = \$20,856 x 1.3 FTE = \$27,113 @ 26% benefits = \$34,162 and  
\$1,826 x 12 months = \$21,912 x 1.3 FTE = \$28,486 @ 26% benefits = \$35,892 for a total of \$70,054 for FY 89.

1.8 FTE FY 88 and 2.0 FTE FY 89 for Clerk Typist 3, Class Code 0114, Range 26, Step G,  
\$1,358 x 12 months x 1.8 FTE = \$29,333 @ 26% benefits for a total of \$36,959 for FY 88.

\$1,426 x 12 months x 2.0 FTE = \$34,224 @ 26% benefits for a total of \$43,122 for FY 89.

9.2 FTE FY 88 and 14.0 FTE FY 89 for Corr. Mental Health Counselor 1, Class Code 3896, Range 42, Step G,  
\$2,015 x 12 months x 9.2 FTE = \$222,456 @ 26% benefits for a total of \$280,293 for FY 88.

\$2,015 x 12 months x 4.8 FTE = \$116,064 @ 26% benefits = \$146,240 and  
\$2,117 x 12 months x 9.2 FTE = \$233,717 @ 26% benefits = \$294,483 for a total of \$440,723 for FY 89.

1.8 FTE FY 88 and 6.0 FTE FY 89 for Counselor Aides, Class Code 3601, Range 29, Step G,  
\$1,462 x 12 months x 1.8 FTE = \$31,579 @ 26% benefits for a total of \$39,790 for FY 88.

\$1,536 x 12 months x 6.0 FTE's = \$110,592 @ 26% benefits for a total of \$139,346 for FY 89.



1987-1989 BIENNIUM

Item Title: RESIDENTIAL/EDUCATIONAL PROGRAM FOR SEX OFFENDERS - EARLY PROGRAM START (OPTION 5)

1.0 FTE per year for Secretary 1, Class Code 0160, Range 28, Step G,  
\$1,426 x 12 months = \$17,112 @ 26% benefits for a total of \$21,561 for FY 88.

\$1,499 x 12 months = \$17,988 @ 26% benefits for a total of \$22,665 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 52.7 FTE'S AND \$1,661,427.

Some staff will need to be hired and trained prior to July 1, 1987.

Positions identified to be hired during 85-87 biennium are:

(3) Psychologist 5's, 3.0 man months effective June 1, 1987, \$10,501.

Correctional Administrator, 1.0 man month effective June 1, 1987, \$4,060.

Correctional Mental Health Program Mgr., 1.0 man month effective June 1, 1987, \$3,588.

STAFFING REQUEST 85 - 87 BIENNIAL TOTAL .5 FTE AND \$18,149.

Object E Goods and Services includes start-up office supplies, \$7,323; correctional officers uniforms, \$1,652; Plethysmograph supplies, \$1,288; training, \$28,800.

Facility Modification/Lease Purchase of a Modular Unit, \$30,000.

Object J equipment needs, \$101,061, as detailed on attached sheet.

FY 85-87 Biennial Total, \$ 18,149

FY 87-89 Biennial Total, \$1,831,551

Total Need \$1,849,700

RESIDENTIAL/EDUCATIONAL EQUIPMENT LIST - EARLY PROGRAM START (OPTION 5)  
87-89 BIENNIUM

DESCRIPTION		COST	DESCRIPTION		COST
1	Desks (21)	\$ 9,509	15	Personal Computer w/Word Process (4)	\$ 7,726
2	Secretarial Chairs (27)	7,417	16	Transcribers (4)	1,288
3	Executive Chairs (5)	1,824	17	Work Tables (6)	1,455
4	Conference Table	511	18	Copy Machine	6,371
5	OBTs Terminals (5)	5,902	19	Slide Projector (3)	1,255
6	Telephones (21)	1,127	20	Screen (3)	435
7	Typewriters	1,665	21	Lab Chair (3)	248
8	Dictaphones (21)	3,786	22	Video Camera (3)	1,400
9	Plethysmographs (3)	22,533	23	Black Boards (3)	248
10	Video Monitor/Recorders (3)	2,189	24	Flip Charts (3)	641
11	Classroom/Group Chairs (100)	2,468	25	Computer Table (9)	879
12	Audio Cassette Recorders w/ Headphones (29)	1,556	26	Coat Rack (21)	3,988
13	Portable Room Dividers (6)	1,249	27	Bookcases (31)	5,322
14	File Cabinets (32)	8,069	TOTAL		<u>\$101,061</u>

1987-1989 BIENNIUM

Item Title: COMMUNITY SERVICES MONITORING OF SEX OFFENDERS - EARLY PROGRAM START (OPTION 5)

Description: Effective July 1, 1987, Community Services will begin a monitoring program designed specifically for sex offenders arriving at work release facilities throughout the state of Washington.

This program will consist of supervisory and clerical staff who will have the primary responsibility of case consultation, relapse prevention followup, community resource coordination and development, liaison with prisons, training, pre-sentence investigations and ARC participation.

Inmate exposure to this program will be for a minimum of four months to a maximum of six months exclusive of the pre-sentence investigations.

New staff required for this supervision, monitoring and investigating are 7 Corrections Mental Health Counselor 2's, 5 Community Corrections Officer 3's, and 4 Clerk Typist 3's. It is budgeted for staff to be phased into Community Services as follows:

- 1 CCO 3 and 1 Clerical, July 1, 1987; Seattle
- 2 CCO 3's on August 1, 1987; Seattle
- 1 Clerical, July 1, 1987; Tacoma
- 2 CCO 3's on August 1, 1987; Tacoma, Spokane
- 2 CMHC 2's and 2 Clerical, April 1, 1988; Spokane, Tacoma
- 5 CMHC 2's on April 1, 1988; Seattle, Tacoma, Yakima, Clark County, Bellingham

Equipment, supplies and training costs have been identified for startup of this program and for ongoing training, travel and supply costs.

Current office space will be sufficient to facilitate these additional positions.

1987-1989 BIENNIUM

Item Title: COMMUNITY SERVICES MONITORING OF SEX OFFENDERS - EARLY PROGRAM START (OPTION 5)

Expense: 5.8 FTE for FY 88 for 7 Corrections Mental Health Counselor 2 positions, Class Code 3897, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 5.8 FTE = \$147,343 @ 26% benefits for a total of \$185,652 for FY 88.

7.0 FTE for FY 89 for 7 Corrections Mental Health Counselor 2 positions, Class Code 3897, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 1.2 FTE = \$30,485 @ 26% benefits = \$38,411 and \$2,225 per month x 12 months = \$26,700 x 5.8 FTE = \$154,860 @ 26% benefits = \$195,124 for a total of \$233,535 for FY 89.

4.7 FTE for FY 88 for 5 Community Corrections Officer 3 positions, Class Code 3972, Range 44, Step G, \$2,117 per month x 12 months = \$25,404 x 4.7 FTE = \$119,398 @ 26% benefits = \$150,441 for FY 88.

5.0 FTE for Community Corrections Officer 3 positions.  
\$2,117 per month x 12 months = \$25,404 x .3 FTE = \$7,621 @ 26% benefits for a total of \$9,602 and  
\$2,225 per month x 12 months = \$26,700 x 4.7 FTE = \$125,490 @ 26% benefits = \$158,117 for a FY 89 total of \$167,719.

3.7 FTE for Clerk Typist 3 positions, Class Code 0114, Range 26, Step G,  
\$1,358 per month x 12 months = \$16,296 x 3.7 FTE = \$60,295 @ 26% benefits = \$75,972 for FY 88.

4.0 FTE for Clerk Typist 3 positions.  
\$1,358 per month x 12 months = \$16,296 x .3 FTE = \$4,889 @ 26% benefits = \$6,160 and  
\$1,426 per month x 12 months = \$17,112 x 3.7 FTE = \$63,314 @ 26% benefits = \$79,776 for a total of \$85,936 for FY 89.

STAFFING REQUEST 87 - 89 BIENNIAL TOTAL 30.2 FTE'S AND \$899,255.

Object E Goods and Services includes start-up office supplies, \$6,359; office supplies ongoing, \$3,000; training at \$700 per year per staff over Range 44 and \$100 per year per Clerk Typist, \$17,600; \$40 per month per staff, except clerical, for Object G, travel, \$10,760; State Motor Pool Servicer for 5 vehicles at \$285 per month x 120 months = \$34,200.

Object E Contract Services for polygraph and plethysmograph test @ \$130 per service x 2 per month x 24 months = \$12,480.

Object J equipment needs, \$44,166, as detailed on attached sheet.

FY 87-89 Biennial Total, \$1,027,820.

SEX OFFENDER PROGRAM EQUIPMENT LIST  
COMMUNITY SERVICES/WORK RELEASE - EARLY PROGRAM START (OPTION 5)  
87-89 BIENNIUM

DESCRIPTION		COST	DESCRIPTION		COST
1	Executive Desks (12)	\$ 6,156	6	Dictaphones and Recorders	\$ 2,440
	Executive Chairs (12)	3,336	7	Telephones (16)	800
2	Secretarial Desks (4)	2,180	8	Side Chairs (16)	2,912
	Secretarial Chairs (4)	540	9	Coat Racks (13)	780
3	Typewriter (4)	2,940	10	Terminals 3178 C20 (5)	6,000
4	File Cabinets	5,872	11	Xerox 860 Wordprocessors (2)	8,400
5	Bookcases (12)	1,810			
TOTAL					<u>\$44,166</u>

**APPENDIX A**  
**SOTP Site Evaluations**

FACILITY NAME: TWIN RIVERS CORRECTIONS CENTER

CUSTODY LEVEL: Medium

RATED CAPACITY: 500

CURRENT POPULATION: 534

ABILITY TO SEGREGATE PROGRAM: Good.

NUMBER OF BEDS: 125 - each unit.

Each unit can be a separate program. Common dining hall.

PROXIMITY TO COMMUNITY RESOURCES --

- (a) FOR RELEASE: Excellent. (King-Snohomish metropolitan area)
- (b) FOR CONTRACT SERVICES: Excellent
- (c) TO ENHANCE STAFF: Excellent

TREATMENT:

- (a) PROGRAM SPACE: Meeting room - dayrooms within unit. Unused industries-education space may be an option.
- (b) STAFF OFFICE SPACE: Two counselor offices in each unit. No other office space in institution.

NATURE OF EXISTING POPULATION:

Medium. Nearly 50 percent sex offenders.

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

Yes. As Western Washington is choice housing. May require moving inmates away from families.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

None external. Internal would depend upon model selected. No inherent problems.

FACILITY NAME: WASHINGTON CORRECTIONS CENTER/TREATMENT CENTER

CUSTODY LEVEL: Medium

RATED CAPACITY: 480

CURRENT POPULATION: 787

ABILITY TO SEGREGATE PROGRAM: Good.

NUMBER OF BEDS: Single Cell - 120

Double Cell - 240

One of five units. Each unit can be an individual program.

Common dining hall required.

PROXIMITY TO COMMUNITY RESOURCES --

(a) FOR RELEASE: Good. (Western Washington, Puget Sound Area)

(b) FOR CONTRACT SERVICES: Good.

(c) TO ENHANCE STAFF: Good.

TREATMENT:

(a) PROGRAM SPACE: Very limited in unit. Only day room space available.  
No separate conference rooms, etc.

(b) STAFF OFFICE SPACE: Very poor in unit, virtually non-existent. Highly  
limited elsewhere.

NATURE OF EXISTING POPULATION:

Already has a special needs unit.

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

Yes.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

None internal.



FACILITY NAME: CLALLAM BAY CORRECTIONS CENTER

CUSTODY LEVEL: Medium

RATED CAPACITY:(100) 500

CURRENT POPULATION: 85

ABILITY TO SEGREGATE PROGRAM: Excellent for housing and program. Would use common dining hall. Institution divided into four separate units of 99 beds each.

NUMBER OF BEDS: 99 (one pod)

PROXIMITY TO COMMUNITY RESOURCES --

- (a) FOR RELEASE: Very limited (non-existent?). Would require transfer to other facilities for final phases.
- (b) FOR CONTRACT SERVICES: Marginal, depending upon level required.
- (c) TO ENHANCE STAFF: Very limited.

TREATMENT:

- (a) PROGRAM SPACE: Good within unit - dayrooms - classification areas - multipurpose areas throughout institution.
- (b) STAFF OFFICE SPACE: Marginal.

NATURE OF EXISTING POPULATION: Not yet filled. No specific target program. Could move into an area without disrupting an existing inmate population.

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

None.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

Not yet tested as a medium custody facility. Location is a major problem.

FACILITY NAME: MC NEIL ISLAND CORRECTIONS CENTER

CUSTODY LEVEL: Medium

RATED CAPACITY: 580

CURRENT POPULATION: 843

ABILITY TO SEGREGATE PROGRAM: Good.

NUMBER OF BEDS: 60

PROXIMITY TO COMMUNITY RESOURCES --

- (a) FOR RELEASE: Excellent
- (b) FOR CONTRACT SERVICES: Excellent
- (c) TO ENHANCE STAFF: Excellent

TREATMENT:

- (a) PROGRAM SPACE: None in unit. Unit is close to hospital. Third floor may offer program space with renovation.
- (b) STAFF OFFICE SPACE: None in unit. See (a) above.

NATURE OF EXISTING POPULATION: General Population - Medium

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

Yes.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

Security good because of island. General security. Transportation may be a problem.

FACILITY NAME: WASHINGTON STATE PENITENTIARY/MEDIUM SECURITY COMPLEX

CUSTODY LEVEL: Medium

RATED CAPACITY: 588

CURRENT POPULATION: 575

ABILITY TO SEGREGATE PROGRAM: Good.

NUMBER OF BEDS: 100 each has three separate units of 100 beds each. Excellent ability to segregate all aspects of program with exception of requirement to use a common dining area.

PROXIMITY TO COMMUNITY RESOURCES --

- (a) FOR RELEASE: Poor. Most resources are in Western Washington.
- (b) FOR CONTRACT SERVICES: Poor. None exist in Walla Walla area. Would require relocating.
- (c) TO ENHANCE STAFF: Marginal. Professional recruiting has been poor in past. However, some people like the area.

TREATMENT:

- (a) PROGRAM SPACE: Meeting room available in unit - day rooms.
- (b) STAFF OFFICE SPACE: Limited in unit. Some potential in other areas of institution. They may not be close to actual treatment area.

NATURE OF EXISTING POPULATION: General population

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

Yes. Also would reduce positive movement from Main Institution.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

None external. Location/Part of major institution. Internal dependent upon model.

FACILITY NAME: WASHINGTON STATE PENITENTIARY/UNIT 5

CUSTODY LEVEL: Maximum

RATED CAPACITY: 192

CURRENT POPULATION: 188

ABILITY TO SEGREGATE PROGRAM: Good.

NUMBER OF BEDS: 192 - Entire Unit. Unit is a segregated unit with separate yard, dining area.

PROXIMITY TO COMMUNITY RESOURCES --

- (a) FOR RELEASE: Poor. Most resources are in Western Washington.
- (b) FOR CONTRACT SERVICES: Poor. None in area.
- (c) TO ENHANCE STAFF: Marginal. Most professional staff want to be closer to major metropolitan area.

TREATMENT:

- (a) PROGRAM SPACE: Separate meeting room. Dayroom space available. Potential to use other areas within Main Institution as a "share" basis. (No unallocated space within walls.)
- (b) STAFF OFFICE SPACE: Some in unit. Potential additional space in other areas of institution.

NATURE OF EXISTING POPULATION:

Protective custody - many with maximum custody.

RELOCATION REQUIRED TO PROVIDE TREATMENT HOUSING/PROGRAM SPACE ?

Major and potentially very problematic. We have no other areas to house protective custody inmates.

SECURITY - SPECIAL PROBLEMS - STRENGTHS:

Location inside the maximum security perimeter.

**APPENDIX B**  
**Women's Sex Offender Treatment Program**

## Purdy Corrections Center for Women

### Sexual Offender Program

November 7, 1986

#### Population:

Sexual offending by females has only recently become a recognized crime phenomenon. Traditionally it has been regarded as an extremely rare catastrophic occurrence. These sexual offenses of women breach a number of profound taboos. These taboos support acculturation of women as primary caretakers, protectors of children, non-initiators in sexual relationships, monogamous, and traditional sexual victims, but not as sexual perpetrators. The truth is that sexual offenses by women are being reported with increasing frequency. Purdy Corrections Center's population of incarcerated female offenders rose from five to ten in the years between 1980 and 1985. We currently have seven inmates who were charged and convicted for sexual offenses ranging from indecent liberties to rape. In addition, there are other inmates who plea bargained away their sexual offenses and several other inmates who have committed aggressive sexual offenses during their incarceration here. We anticipate an increase in the population of convicted female sex offenders to about 20 in the next five years if the past rate of increase remains stable. Some experts predict this rate of increase may jump dramatically as these crimes become more recognized and their perpetrators presumably more easily charged, convicted and imprisoned.

At present there are virtually no published studies of these offenders or their offenses. Almost no literature exists regarding the characteristics of these offenders and their crimes. No experts have emerged to postulate the emotional or social damage produced by these crimes. The preliminary analysis of this group of offenders at Purdy has produced demographic and typographic data unavailable elsewhere regarding these perpetrators, their crimes and their victims. Of seven women committed to Purdy for sex offenses, five were convicted of rape, or a variant, and two of indecent liberties. Significantly, all seven are mothers who sexually victimized their own children. One offender was also sexually involved with her stepchildren. Each of the seven cites an adult male crime partner as the primary initiator of the sexual offenses. It would, however, be premature to assume female sexual offenses exist only as "piggyback" crimes requiring the initiative of a specific male crime partner. Six of the seven were childhood victims of sexual abuse. Of particular note, each of the seven victimized her own female child or children. Two also sexually victimized their sons.

Clinical interviews and a survey of the legal and medical records indicate Purdy's small population of female sex offenders are generally characterized by the following traits: They tend to be very dependent, avoidant and inadequate individuals with a significant history as victims of sexual abuse. They are quite angry, but most divert their anger to a passive aggressive interpersonal style, though a few have become more overtly angry, aggressive and counter-dependent. They are people who have experienced significant loss and abandonment so early and so profoundly that they are severely damaged, not only in their ability to bond with others, but in their ability to differentiate, acknowledge and empathize with themselves. They experience themselves as fragmented, isolated and poorly defined when not in an intimate relationship with a man. They seem to derive their sense of identity in relation to the significant men in their lives. They are women for whom sex and dependency are profoundly enmeshed and who tend to sexualize all intimate relationships.

Why do some victims of abuse become victim-perpetrators while others remain victims and still others become victim-survivors? What treatment will provide a victim-perpetrator with the skills and the healing that will enable her to become a victim-survivor? Cautioned by experts in the field of male sex offenders we had anticipated considerable denial from our female sex offenders. However, as we began to talk with these women about the histories of their crimes and their own histories as victims of abuse, more than half of them were able to acknowledge their crimes and the existence of problems in the area of sexual abuse still. Six of the seven want treatment for their conflicts and confusion about sexuality dependence, intimacy and control. Only one inmate denies current problems or the need or desire for treatment. It should be noted this inmate told us she would be willing to participate in a small therapeutic group of others with similar problems in order to share what she feels she has learned during her incarceration.

Initial tracking of female sex offenders at Purdy over the past two years indicates these offenders are able to be assimilated by the rest of the offender population. It appears a female sex offender is generally subject to verbal and sometimes physical abuse upon her emergence to the open campus population. Eventually this subsides as the individual, herself, begins to be known and accepted on her own merits. There has been occasionally, in the past, a woman with a sex crime so heinous that she has been segregated in protective custody prior to her gradual movement to general maximum security population or to open population. At this time we would not anticipate ever needing or wanting to segregate female sex offenders from the others on a regular basis.

## PROGRAM DESCRIPTION

### I. Goals and Objectives

The treatment program for a female sex offender here at Purdy will address her need for independent living skills, less impoverished self-definitions, greater assertiveness, and the opportunity to re-enter the community, upon her release, as a productive and peaceful member of society. The specific objectives for such treatment will include:

- A. The need for each offender to accept responsibility for the offenses in which she has been involved.
- B. The need for each offender to understand the relationship between her history of abuse and her behavior as a victim-perpetrator.
- C. The need for each offender to learn how to tell the truth about herself--her feelings, thoughts and behavior--in a safe, supportive, confrontive psychotherapy group.
- D. The need for each offender to acquire the specific tools and skills, psychological and educational, which will empower her to care for herself effectively and to make a contribution to the world around her.

### II. Amenability Criteria

Because of the very small population of female sex offenders at present, the amenability criteria should not exclude the participation of any female sex offender, whether incarcerated for a sexual offense or not. Essentially, a female sex offender would not be excluded from treatment unless her current psychological and interpersonal functioning would render her extremely disruptive to other participants.

### III. Screening and Evaluation

A complete, individualized assessment and treatment plan reflecting initial and ongoing evaluation will be maintained on each participant. In addition to the standard screening battery, each new sex offender will be administered the following: Minnesota Sexual Attitude Scale, Interpersonal Behavior Survey, Sexual Behavior Survey, Incest Definition Survey, Tennessee Self-Concept Scale, and Pearlin and Schooler Scale.

We will participate with other emerging female sex offender programs in the coordination of research. At present, two other women's prisons, one in Minnesota and one in Wisconsin, are running treatment groups for female sex offenders.

### IV. Structure and Organization

Purdy's will be a day-treatment program coordinated by a program director. Two experienced clinicians, a Psychiatric Social Worker 3 (PSW) and a Psychologist 5, will lead the psychotherapy group, with other mental health personnel rotating through for six-month periods of training. A skilled recreation therapist will direct the skills training classes, Emotion Management, with the assistance of other mental health staff such as the Psychiatric Social Workers.

The education component devoted to social values will be taught by teams of the medical and mental health services and the Purdy education program.

Each inmate will be assigned a primary therapist from the mental health service who will provide one-to-one psychotherapy and coordinate the inmate's overall programming with the Correctional Counselors.

See Table B-1 for the proposed organizational chart of a women's mental health and sex offender program.

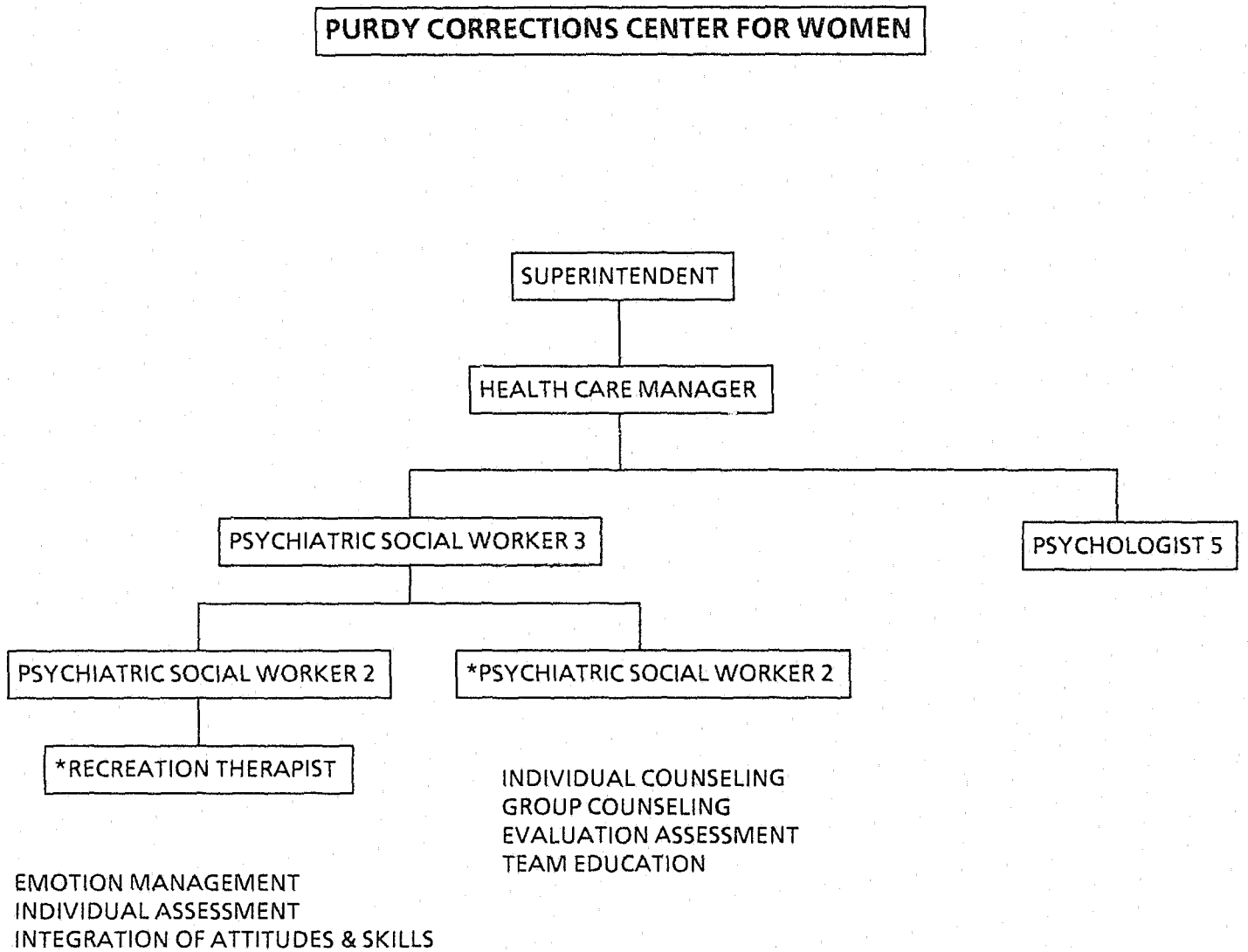
### V. Treatment Methods

The heart of Purdy's treatment program for female sex offenders will be comprised of three components:

- A. The first will be a psychotherapy group organized along traditional lines with a strong team of co-therapists trained in the treatment of sex offenders and with proven skills in the development of therapy groups that offer positive group support and supportive group confrontation with an emphasis on group process that encourages the examination of such ongoing issues as inclusion, control and affection.
- B. The second component is emotion management. This will include skills training to increase assertiveness, anger management, depression management, the examination of cognitive distortions and the development of individual programs of relaxation, exercise and meditation. The emotion management track will be taught primarily by a skilled therapist with the assistance of other mental health personnel.
- C. The third component would provide an emphasis on the development of social values, including comprehensive educational programming for areas such as human sexuality, independent living skills, family relationships, drug and alcohol education, evaluation of integrity and values clarification.



**TABLE B-1: ORGANIZATIONAL CHART FOR WOMEN'S MENTAL HEALTH  
AND SEX OFFENDER PROGRAM**



**\*NEW POSITIONS**

A particular consideration is with the transition of sex offenders back into the community following incarceration and treatment. We would like to propose that transitional planning be included in Purdy's treatment of female sex offenders and this could be accomplished by coordination between institutional treatment personnel and representatives from Community Services who would be helping the inmates plan for placement following their release.

The inmate's individual needs will be assessed and an individualized treatment program will be prescribed for each inmate. The inmate will be required to attend group psychotherapy and at least an hour of individual counseling per week. Education classes will include human sexuality, values clarification and evaluation of integrity. Other classes and programs will include family relationships, individual living skills, and drug and alcohol education. Structured activities will include training in emotion management, as well as Narcotics Anonymous, Alcoholics Anonymous, Parents Anonymous and other support groups. Each inmate in the program will be required to develop and complete a minimum of 40 hours of programming per week.

#### VI. Scope of Program

This program is designed to accommodate up to 12 female sex offenders.

The pilot project is designed for a two-year period. It is estimated that 18 months is a minimal treatment period in this program for the female sex offender. However, no female sex offender desiring treatment will be refused on the basis of her sentence length.

#### VII. Physical Plant

Because we will not segregate female sex offenders from others in the general population, only office and treatment space will be required. A thorough review of all current or potential areas at the institution was made.

An area not currently being used is the Minimum Security Unit which was closed and remains closed due to budgetary constraints. This area will be available if it is not reopened as a restricted minimum security unit.

Also considered as potential space were rooms in the Education Building. The use of each room was reviewed with the Education Programs Administrator. None of the rooms in the school are available for office space for the recommended staff increases nor are they suitable to be dedicated to family or group therapy.

Temporary mobile units are available for office space and for group, couple and family therapy. Used units are available from mobile home dealers in the Tacoma area for \$5.20 to \$12.45 per square foot. New temporary buildings are available on state contract through the Department of General Administration for about \$25 per square foot. To provide for office space and space for group and family therapy, it is estimated that approximately 750 square feet of space will be needed.

It is noted that a new mental health building is proposed in the Department Capital Programs Plan for the 1991-93 biennium. In light of this information, whatever temporary buildings are obtained must have at least a life span of five years, possibly longer depending upon future priorities.

We recommend that a temporary building such as a used mobile home of approximately 750 square feet be provided for a cost not to exceed \$8,900. Necessary internal remodeling to provide large and small individual and group therapy rooms would be made by institution maintenance staff.

If this building is not approved the impact upon the program will be extreme. There will be no rooms available which may be dedicated to group and family therapy, which is the core of the program.

**APPENDIX C**

**Participants, Consultants and Reviewers**

**of the**

**Sex Offender Treatment Program Plan**

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(Sponsored by the National Academy of Corrections)

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Richard K. Zelle, Superintendent, Pinelands Group Center, DOC, New Jersey

## GLOSSARY

Here is a list of definitions of terms commonly used in sex offender treatment. These terms are found throughout the Sex Offender Treatment Program Plan, particularly in the Program Description (Chapter 5).

### Behavior Log

- A technique in which a person is required to keep a running tally of a certain behavior. Often the intensity of the behavior is also logged. For example, if the behavior log involves anger, each anger incident (e.g., yelling, arguing, fighting) might be logged on an intensity scale of 1 (low) to 10 (high). This method serves the dual purpose of providing the therapist with information on the frequency and intensity of a behavior and allowing the person doing the log to observe his/her behavior patterns. Behavior logs before and after a treatment to increase (e.g., social skills training) or decrease (e.g., anger management) a behavior can help determine if such behaviors have increased, decreased or not changed.

### Behavioral Interventions

- **Orgasmic Reconditioning** - In this behavioral technique, a person masturbates to ejaculation while verbally fantasizing sexual activity with a consenting adult partner. This is reconditioning for the sexual offender in that many sexual offenders have previously masturbated to rape fantasies or fantasies of sex with children.

**Satiation** - After the person has ejaculated in orgasmic reconditioning, he is then required to fantasize rape or sex with children for an extended period (45 minutes). Traditionally, the person is also required to masturbate while fantasizing, although the relative efficacy of masturbating versus fantasizing only is unknown. The rationale of this technique is that if such deviant fantasies and/or masturbation occur after orgasm, they will lose their sexual arousal value and become boring or aversive. Orgasmic reconditioning combined with satiation has been assumed to be useful with sexual offenders with low appropriate sexual arousal (i.e. to sexual activity with a consenting adult partner) and high deviant sexual arousal (i.e., to rape fantasies or fantasies of sex with children).

**Covert Sensitization** - The person is required to verbally fantasize deviant material (i.e., of rape or of sex with children) followed by verbal fantasies of aversive material (e.g., the victim defecates/urinates/vomits, offender gets caught by the police or relatives, goes to prison). This behavioral technique has been assumed to be useful with sexual offenders having high appropriate arousal and high deviant arousal.



### Crime Pattern/Relapse

- An offender's crime pattern involves the characteristic pattern of his/her offending. For example, we have found rapists of adults are also apt to engage in a higher frequency of nonsexual offenses (e.g., assault, robbery, burglary, larceny) in addition to their sexual offending than do sexual offenders against children. Sexual offenders against children tend to be exclusively involved in sexual offenses. Offense characteristics, such as the amount of force involved and whether the victim was raped or molested, and victim characteristics, such as gender, age, and relationship to the offender, are also components of a sexual offender's crime pattern.

Relapse means, in a sexual offender context means simply to re-offend. There is some evidence that sexual offenders against adults are at higher risk to relapse than are sexual offenders against children.

### Developmentally Disabled

- The Washington State Department of Social and Health Services, Division of Developmental Disabilities defines developmental disability as an IQ of 70 or below and accompanying deficits in adaptive functioning and survival skills.

### Deviant Arousal

- This term refers to sexual arousal and would not be found in normal behavior. Rapists with adult victims often exhibit higher levels of sexual arousal to rape stimuli (e.g., audiotaped depictions of a rape scenario) on the penile plethysmograph (see definition below) than do non-sex offender males, even though non-sex offender males often do exhibit some sexual arousal to rape stimuli. In addition, there is some evidence that rapists exhibit sexual arousal to the nonsexual assault (e.g., beating) of women whereas non-sex offender male do not exhibit such arousal. Non-sex offender males also generally do not exhibit sexual arousal to nude photographs of children or to audiotaped stimuli of sexual activity with children, whereas sexual offenders against children often do.

### Education Module

- A education module is a structured, time-limited (6 to 20 weekly meetings) treatment dealing with a specific treatment component, such as human sexuality, anger management or social skills. Two therapists and 10 clients are an optimal size for education modules.

### Fantasy Log

- This is similar to a behavior log (see definition above), although the person logs fantasies rather than actual behaviors. For a sexual fantasy log, the person might be required to record the frequency and intensity of both deviant and nondeviant sexual fantasies.

## **Individualized Treatment Plan**

- An individualized treatment plan considers the specific needs of each sexual offender. For example, low sexual arousal to adults may be a prominent problem for a sexual offender who has not previously had adult relationships, whereas the offender who has had previous consenting adult relationships may not experience such low arousal. The individualized approach is in direct contrast to the "assembly line" approach to treatment in which it is assumed that each sexual offender has identical treatment needs. Although similarities do exist between sex offenders, sufficient differences exist to warrant an individualized approach.

## **Neurologically Impaired**

- Neurological impairment is brain damage as a result of genetic defect, disease, or injury that results in a functional deficit in information processing or sensory/motor functioning. Two of the best available psychological tests to assess the effects of neurological impairment are the Halstead-Reitan and Luria test batteries. Computer-assisted tomography (CAT) is probably the best available neurological method of determining the location of brain lesions/damage.

## **Orgasmic Reconditioning**

- See Behavioral Interventions

## **Penile Plethysmograph**

- The penile plethysmograph is a measure of penile erection, which has been found to be the best index of male sexual arousal. It consists of a mercury-in-rubber strain gauge fitted by the client around his penis like a rubber band. Erection strains the tubing and thins out the mercury column, resulting in an electronic readout into a polygraph. Computer-assisted plethysmographs are available and are much more accurate and reliable than visually interpreting data that are printed to a paper strip chart.

## **Penile Plethysmograph Laboratory**

- The plethysmograph laboratory is a quiet, private office area where the therapist sends audiovisual information to the client, who is connected to the penile plethysmograph. The lab consists of two rooms with an interconnecting door, one room for the therapist and equipment, and the other for the client. Stimulus materials presented to the client include audiotapes, slides, and videotapes. The laboratory can be operated by a technician.

## **Physiological Assessment**

- The results of the penile plethysmograph are interpreted by a psychologist in a physiological assessment. The client's deviant and nondeviant arousal are assessed in the context of normative data on sex offenders and non-sex offenders. Based on the plethysmograph data, recommendations are made for behavioral interventions to modify deviant arousal or to increase nondeviant arousal.

## **Psychologist**

- By Washington State law, a psychologist holds a doctoral degree in psychology from an accredited university, has had one year of postdoctoral supervision, and is licensed as a psychologist in Washington State. The state personnel system has used the term "psychologist" to refer to unlicensed persons (e.g., Psychologist 3), but technically this term applies only to licensed psychologists.

## **Psychotherapy**

- **Individual Psychotherapy** - Psychotherapy is a helping relationship between a therapist and a client. Psychotherapy differs from other types of counseling in that it is based upon the emerging body of theory and research in psychology, psychiatry and the behavioral sciences, rather than upon the clinician's experience alone. Individual psychotherapy involves a therapist and a single individual.

**Group Psychotherapy** - In group psychotherapy, one or more therapists conduct psychotherapy with more than one client. While group psychotherapy shares similarities with individual psychotherapy, specific group psychotherapy techniques have also been developed.

## **Relapse Prevention**

- Relapse prevention is a treatment technique that has recently been developed by Dr. G. Alan Marlatt of the University of Washington, Department of Psychology. Its original application was with addictive disorders, such as smoking, and alcohol and drug abuse, but is currently being applied to sexual offender populations in Connecticut, California and Florida. Relapse prevention training is most effective prior to and during the offender's re-entry into the community, such as on a work release phase. This cognitive-behavioral treatment helps the offender to identify situations in which there is a high risk for relapse (e.g., a school playground for a child molester) and to examine his decision-making process that leads to relapse. Coping skills, to extract the offender from the situation, such as anger management, behavioral interventions to modify sexual arousal, and assertiveness, are reviewed from previous treatment experiences. The goal of relapse prevention is to enhance the maintenance of gains that have been accomplished during treatment.

## **Satiation**

- See Behavioral Interventions