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**STATE OF ALASKA
DEPARTMENT OF CORRECTIONS**

**SEX OFFENDER TREATMENT PROGRAMS
STATEMENT OF STANDARDS**

1990

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This Statement of Standards shall become contract conditions and the agreed upon services to be performed by the contractor.

**STATE OF ALASKA
DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROGRAMS
STATEMENT OF STANDARDS**

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INTRODUCTION

The Statement of Standards Manual was developed to insure a uniform approach to the treatment of sex offenders under the jurisdiction of Corrections in the State of Alaska. The standards have been established as a part of an ongoing process of sex offender treatment programming and development within the State of Alaska. They are designed to provide standards of assessment and treatment for both institutional and community based sex offender treatment programs receiving funding from the Alaska Department of Corrections.

The sex offender treatment program (SOTP) has been developed within the Alaska Department of Corrections in three regions and is located at specific facilities. The first program was launched in 1979 at Lemon Creek Correctional Center (LCCC); Juneau, Alaska. The program was established via a small grant of approximately \$18,000.00 and worked with 10 inmates at any given time. The program ran on grant money for approximately three years.

The present program at LCCC was re-established in 1985 and was recently revised in 1989. The program treats 12 inmates in a milieu setting at LCCC and provides community based treatment for 32 sex offenders in the vicinity.

The second program was developed in 1981 at Fairbanks Correctional Center (FCC) and houses 32 inmates in a milieu program setting and provides community based treatment in the Fairbanks area for 15 sex offenders.

The third program was established in 1982 at Hiland Mountain Correctional Center (HMCC); Eagle River just outside of Anchorage and houses 80 inmates in a milieu setting. It is the largest of the three programs and offers specialized treatment for low functioning (developmentally disabled) sex offenders, female sex offenders, and provides community based treatment for 60 sex offenders. This program also utilizes specially trained correctional officers as wing (program) counselors which is somewhat unique in sex offender treatment.

These are the only programs recognized by the Alaska Department of Corrections as approved sex offender treatment.

In 1988 a sex offender planning committee was established by DOC. In March of 1989 the committee met and, at the suggestion of the Department, agreed to establishing statewide standards for the operation of the three SOTP's. A consultant was hired in August of 1989 to assist in the development of this manual.

All contractors providing sex offender treatment are required to operate within the guidelines and context of the SOTP statement of standards.

**STATE OF ALASKA
DEPARTMENT OF CORRECTIONS
STATEWIDE PROGRAMS**

**STATE OF ALASKA
DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROGRAMS**

STATEMENT OF STANDARDS

I. - OVERVIEW

A. Mission Statement

The Alaska Department of Corrections (DOC) provides a variety of services. The recipients of these services are the citizens of Alaska whose safety, well being, and protection are the first and foremost concerns and goals of the Department. The development and operation of offender programming further emphasizes DOC's commitment to increase community safety while preventing future crimes and victims of crime.

DOC in it's effort to address the problem of sexual assault and sexual abuse in the State of Alaska, is committed to providing a comprehensive system of sex offender assessment, treatment, aftercare, and community supervision for convicted sexual offenders committed to DOC. In achieving this mission, DOC will strive to provide the highest quality of care available to those individuals under the supervision of Corrections who request to participate in a DOC sex offender treatment program.

B. Philosophy of Treatment

DOC funds and operates Sex Offender Treatment Programs (SOTP's) based upon the premise that sex offenders can change, and are therefore treatable, but that this process is complex and difficult. It is further believed that the process of treatment can significantly lower, but not completely eliminate, the sex offender's risk to the community. Offenders in treatment are encouraged to accept the treatment reality that there are no "cures" for sex offenders. The offender is also encouraged to look at recovery as a lifelong process in which he is responsible for engaging in an individualized maintenance program in the community once he has received maximum treatment benefit from sex offender treatment programming.

The DOC philosophy of treatment also incorporates the following beliefs and premises:

- That sex offenders are completely responsible for their behaviors and that treatment must continue to focus on the offender taking responsibility for his/her behaviors.

- That sex offending behavior is learned and therefore can be changed.
- That SOTP's respect the individual dignity of program participants, and that individuals participating in programming be afforded respect and humane treatment.
- That contractors providing sex offender treatment engage in professional and ethical behavior at all times.
- That the programs will not discriminate against offenders for reasons based upon race, ethnic, and cultural heritage or religious beliefs.
- That sex offenders meeting the criteria for admission into SOTP's will be given equal opportunity to participate in DOC sex offender programming.
- That program participants are responsible for active participation in their treatment.

C. Purpose of Standards

The purpose of these standards is to provide minimum standards of operation for those individuals or groups who respond to sex offender treatment RFP's and are recipients of awarded contracts.

The objective of these contracts is to provide prison and community based treatment to sex offenders under the jurisdiction of Corrections. The services shall include, as resources allow, sex offender programming for evaluation, treatment, transition planning, aftercare and other community based treatment programming, and follow-up. Such programming shall be designed to assist sex offenders in becoming law-abiding and self sufficient, contributing members of the community.

These standards serve a variety of functions. They have been established to:

- recognize and define sex offender treatment programs in DOC institutions
- provide statewide consistency in SOTP programming
- provide ease of transfer of inmates between programs
- maintain efficiency in operation
- decrease the potential for legal suits by providing a framework within which DOC and its contractors can operate in a legally responsible fashion
- clarify the role of DOC and its contractors in relation to operation of these programs
- define the scope of work to be provided under SOTP contracts
- provide minimal standards to insure professionalism among

those individuals working with the SOTP and thereby increase professional performance

- clarify DOC's position on community treatment
- allow for the uniform collection of data for purposes of research and determining overall program outcome

D. Terminology

1. Approved Community Sex Offender Treatment Provider

Individuals and/or agencies, both private and public, profit or non-profit who have made application to the Alaska Department of Corrections to be included on the list of DOC approved providers for sex offender treatment.

2. Contractor

The individual(s) or organization under contract with DOC to provide any of the services described herein. Contractors may be of either for profit or non-profit status.

3. Developmentally Disabled

Those sex offenders with a history of language and learning disabilities.

4. Paraphilia

Any one of the number of sexual disorders (deviations) identified and discussed in the Diagnostic And Statistical Manual, Third Edition/Revised (DSM-III-R) of the American Psychiatric Association. Paraphilias are defined as erotic-sexual patterns of behavior in men and women which are nonconforming with the customary religious, legal, moral standards defined by a given culture. In some instances paraphiliac behaviors may be defined as criminal behaviors because they violate the given laws of that society/culture.

5. Physiological Assessment

The laboratory procedure conducted by using the penile plethysmograph on a program participant. The procedure consists of presenting various sexual stimuli to the program participant in a laboratory setting and the subsequent measure of sexual response to the stimuli presented.

6. Plethysmograph

The instrument used in a laboratory setting, by a trained technician, to measure sexual interest and arousal in men and women via the use of audio and/or visual stimuli.

7. Prisoner Case Record

The individual institutional file maintained by DOC on each prisoner in the system. Organization and management of the prisoner case record is governed by DOC Policy and Procedure 602.01.

8. Probation Officer (PO)

DOC employee responsible for case supervision of incarcerated offenders (institutional P.O.) and community offenders on probation or parole (field P.O.).

9. Program File

Files maintained by the SOTP's for each program participant. These files are the main repositories of treatment-related information for each program participant.

10. Program Participant

An identified sex offender within DOC who participates in sex offender treatment programming.

11. Relapse Prevention (RP)

[RP is] a maintenance oriented self-control program. RP is an easy to use and effective method for treating individuals with sexual offending problems. It promotes the premise that sex offenders are responsible for their behaviors and therefore can learn to control them.

12. Sex Offender Treatment Program (SOTP)

A DOC approved comprehensive treatment program for sex offenders which includes a continuum of services in a correctional facility and extending into the community according to standards outlined in this document.

13. Superintendent

The Corrections manager responsible for the institution in which a SOTP is operational.

14. Milieu Programming

Also known as program milieu or treatment milieu. Milieu is an approach to treatment which is highly structured and offers the program participants a variety of treatment activities. Offenders are housed together in a treatment setting and each hour of the day is accounted for in the program structure and the program participant's personal schedule.

15. Treatment Team

The group of professionals and individuals involved with program participants on a routine basis who come together periodically to meet and discuss the progress and future treatment planning of a program participant.

E. Program Model

The operation of a sex offender treatment program can draw from several models and treatment frameworks that are currently used in the treatment of sexual aggression. DOC has elected to use the Relapse Prevention (RP) treatment model. RP offers the continuity of care that is desirable in treating a sex offender population so that each of the three regional treatment programs can operate under the same theoretical framework. This model has been adapted because it is believed to offer the best protection for the community and most effective treatment for the sexual offender. RP has been used for years and has been demonstrated to be effective in the treatment of sexual aggression. In establishing a system-wide approach to treating sexual offenders, the RP model fits the needs of the Department from both an institutional treatment and community treatment/supervision perspective.

RP is defined as:

[RP is] a maintenance oriented self-control program that teaches sex offenders how to determine if they are entering into high risk to re-offend situations, self destructive behaviors, their deviant cycle patterns, and potential offending behavior. RP is an easy to use and effective method for treating individuals with sexual offending problems. It is based on the reality that sex offenders are responsible for their behaviors and can control them. It helps them explore reasons which lead up to committing sexual assaults and teaches them a variety of interventions to use in the community as a part of their personal maintenance program. The RP model teaches sex offenders to make a commitment to abstain from participating in future deviant sexual behavior. In doing so it teaches them how to cope with those situations which can lead to lapses and relapse. The offender learns new behaviors to substitute for the old and destructive ones they have engaged in the previously. Abstinence from sexually deviant/criminal/ abusive behavior is promoted as the primary goal for all sex offenders who enter treatment.

RP was selected because it works well as a foundation for a systemized approach to treatment. RP begins from the first day of treatment and continues in the maintenance of offenders being supervised by the P.O. in the community. It is important because it makes the offender assume responsibility for his behavior while

providing him/her with the necessary tools to avoid offending behavior in the future. RP is also important because it helps the offender gradually learn to operate a new lifestyle and assists him/her in a lifetime plan of recovery.

SOTP's operated in correctional institutions will be run as milieu programs. Milieu programming is an approach to treatment which is highly structured and offers the program's participants a variety of treatment activities. Each hour of the day is accounted for in the program structure and the program participant's personal schedule. For example, a typical weekday schedule might include wake-up, personal care, breakfast, program clean-up, study-time, group, lunch, job or class, dinner, group, study-time, free time, bed time. Milieu programming is important because it assists the offender in learning to structure his time and how to do so in a constructive manner. Milieu programming maximizes the time the program participant spends in treatment related activities.

The programs will use a multi-modality approach. Such an approach will incorporate a variety of treatment elements including educational, cognitive, and behavioral approaches. In addition leisure time and recreational activities will be encompassed into the overall program milieu. Using a multi-modality approach is important because it provides the offender with a variety of avenues to work on problems. Multiple treatment modalities maximizes the opportunity for the offender to change undesirable behaviors while learning a diversity of new skills.

F. DISCLAIMERS

In order to facilitate readability and understanding of this manual, the following acknowledgements are made:

1. It is acknowledged that both males and females commit sexual crimes and that both male and female sexual offenders enter the criminal justice system and DOC. As the majority of sex offenders receiving sex offender treatment are male, the terms man, men, he, him, his, will be used to refer to all sex offenders regardless of gender. It is also acknowledged that women sex offenders are receiving sex offender treatment services at Hiland Mountain/Meadow Creek Correctional Center.
2. It is recognized that contractors providing sex offender programming within DOC facilities may use a variety of terms to refer to the stages, phases, components, etc. of their programs. In this manual different levels and/or phases of in-patient treatment will be referred to as "phases" which include Phases I, II, & III with specific time frames attached to each. The term "community treatment" will be used to refer to sex offender programming services provided to sex offenders in the community including Phase IV/Aftercare.

II. STANDARDS

Section 1. Program Description

Each contractor providing a comprehensive SOTP for DOC shall be required to develop and maintain an up-to-date written program description. The program description will describe the purpose, philosophy, and program services. The program description shall be developed in conjunction with DOC staff working with the SOTP. The program description shall be approved by the DOC Statewide Programs Office prior to publication. The SOTP must operate according to this program description and the description must adhere to all requirements within this Statement of Standards.

The program description shall be written in such a fashion as to be understood by program participants and shall be made available to them. It is the contractor's option to provide a separately written program description for inmates who inquire about or enter the SOTP.

Section 2. Sex Offender Tracking System

DOC has established a tracking system for all inmates convicted of a sexual offense entering DOC. The tracking system is designed to keep statistics on all sex offenders entering the correctional system as well as to ensure equal access to programming to those sex offenders who request treatment. Sex offenders are entered into the tracking system by the institutional probation officer.

A. Referrals

The sex offender tracking system is designed to identify those convicted sex offenders who enter the Corrections system. On occasion, inmates who have a previous history of committing a sexual offense or plea bargained their instant offense down to a non-sexual offense may escape detection. Institutional staff who detect such inmates should refer the name to the institution probation officer for inclusion in the sex offender tracking system. Contract staff who have inmates approach them about sex offender programming should refer these inmates to the institution probation officer. All sex offender referrals for SOTP services must go through the institution probation officer.

Section 3. Sex Offender Program Admission Criteria

Inmates requesting to be interviewed for the SOTP must have their names entered into the sex offender tracking system prior to an interview occurring and have a "sex offender treatment

participation form" (Appendix A) filled out and entered into their respective DOC case record.

Any inmates wishing to be admitted to a SOTP within Corrections must participate in an intake interview. No inmates may be admitted into a SOTP under any circumstances without first having participated in an intake interview.

Program referrals will be coordinated by the institution probation officer or other designated staff. When the program has a vacancy, the institution probation officer will refer to the OBSCIS monthly report furnished to the institution.

Inmates admitted into the SOTP must be within 18 months to six years of projected release /parole eligibility date. Inmates with the least amount of time left to serve will be given a priority for admission into the program.

On occasion, contractors may find themselves in conflict with providing treatment services to a particular sex offender. In such cases, contractors may refuse to treat an inmate prior to program admission or after program admission. These cases will be reviewed by the treatment team or, if need be, by DOC Statewide Programs prior to finalization of such decisions.

A. Program Participant Screening

Once a sex offender has been identified as a sex offender, has requested to participate in a SOTP, has been entered into the sex offender tracking system, and has been transferred to one of the treatment sites, an intake interview shall be conducted by contract personnel and/or DOC staff designated as intake interviewers. An intake interview must be conducted prior to the sex offender entering Phase I of the SOTP.

B. Intake Interview Form

An "intake interview form" will be completed on all sex offenders who have requested sex offender program services (Appendix C). Intake interview forms will become a part of the program file for each program participant.

C. Treatment Program Eligibility Criteria

DOC is committed to providing the opportunity for all inmates committed to DOC for a sexual crime to be considered for sex offender program services. Inmates who have a personal or criminal history of sexual offending behavior may request participation in a SOTP. Inmates who plea bargained their crimes or do not have a sexual crime of record but can demonstrate that they have a history of committing sexual offenses are also eligible for sex offender program services.

In order to establish uniform criteria for eligibility into any of the SOTP's, DOC has adopted the following minimum mandatory criteria for acceptance.

1. The inmate request to participate in the program.
2. The inmate must be of average or better intelligence.¹
3. The inmate must be able to speak and understand the English language.
4. The inmate has engaged in sexual offending behavior.
5. The inmate must not categorically deny commission of the offense.
6. The inmate is not appealing his sex offense conviction.
7. The inmate did not engage in sadistic/ritualistic behaviors with his victim(s).
8. The inmate is not actively psychotic.
9. The inmate does not suffer from a documented severe medical condition that precludes him from participating in the treatment program.
10. The inmate's sentence structure should provide adequate time for him to benefit from prison programming and be able to make a transition into the community. Therefore, the inmate should have at least 18 months to serve, upon entering Phase I, and no longer than six years to serve in order to be eligible for program services. Exceptions to these time frames require that the procedure below be followed.
 - a. A check is made with central classification to insure that no other inmates meeting the time frame criteria exist within the correctional system and can be placed within the program in a timely fashion.
 - b. Cases considered for admission which do not fit within the above established time frames are reviewed and approved by the treatment team.
 - c. All inmates considered for program admission with more than six years to serve must have approval by the Director of Statewide Programs, or designee, before the inmate is admitted.

¹ Inmates who appear to be of less than average intelligence, or are functionally illiterate, will be interviewed and considered for sex offender treatment in the developmentally disabled sex offender program at Hiland Mountain Correctional Center.

Section 4. Prison Assessment and Treatment Components

All contractors providing sex offender programming shall follow the standards below in the development and operation of a SOTP in Corrections.

A. Psychological Testing

Psychological testing will be performed on all sex offenders entering Phase I of the SOTP. The minimum requirement for testing of all inmates entering treatment is the **Nichols & Molinder Battery** (MMPI-2, MSI Research Form, Shipley I.Q. Screening & Draw-A-Person) and the **MCMII-2**.² These tests may be administered by contractor staff or by designated DOC institutional staff.

B. Physiological Assessment

Physiological assessment of sexual interest and arousal patterns will be conducted on all male sex offenders entering a SOTP. Exceptions to this requirement are for those inmates who are physiologically unable to participate in the assessment for medical reasons.

C. Individual Counseling Sessions

Each program participant will receive at least one (1) hour of individual counseling per month by contract personnel or by DOC personnel directly affiliated with the SOTP; i.e. wing counselors, P.O., etc.

D. Group Counseling Sessions

Each program participant will receive a minimum of five (5) hours of group counseling per week excluding holidays and special institutional events. Groups should be co-facilitated with two staff whenever possible. Group facilitators may include DOC staff and contractor staff. Groups which are not facilitated by at least one DOC or contractor staff do not count towards the minimal requirement of five (5) hours of group counseling. Groups size will not exceed more than twelve (12) program participants per group on a consistent basis. Special groups called for treatment/program purposes may exceed the maximum membership of 12. Group sessions should be co-facilitated with a male and female therapist whenever possible.

² Program participants referred to the Social Skills Program at HMCC will be administered the **WAIS-R**.

E. Family Counseling Sessions

Family counseling sessions are not a requirement for SOTP's within correctional facilities although it is strongly encouraged when at all possible and clinically appropriate. Family counseling sessions may occur in the context of individual family sessions or family group sessions.³ Involvement of children in family sessions should be restricted to individual family sessions and should be infrequent. Family sessions should be conducted with both a male and female co-therapist whenever possible. Family counseling sessions require the approval of the institution Superintendent for security purposes.

F. Educational Classes

Educational classes/modules should be used whenever possible for the dissemination of basic information to program participants. Educational classes may occur within the context of the treatment groups or larger classes within programs. Educational classes may be taught by contract staff or approved DOC staff.

Educational classes may include:

(A list of classes will be generated by the contractors)

G. Behavioral Treatment

Any program participants participating in behavioral treatments will sign an informed consent form prior to engaging in behavioral treatment. Behavioral treatments shall be conducted in strict adherence to ethical and professional standards. Behavioral treatment will not be used as a form of punishment.

H. Anti-Androgen Treatment

Anti-androgen treatment (AAT) shall only occur under the supervision of a licensed medical doctor. Any program participant participating in AAT will be required to sign an informed consent (Appendix E) prior to the first administration of the drug. AAT will not be used for experimental purposes. AAT will not be used as a form of punishment. In reference to sex offender programming, AAT

³ Impact of family treatment on victims and other family members will be assessed prior to the initiation of family treatment.

will be limited to the administration of Medroxyprogesterone Acetate. The use of this treatment method is determined on a case by case basis.

NOTE: Use of Depo-Provera for sex offenders under the jurisdiction of Corrections is pending review and authorization by the Attorney General. Depo-Provera may not be used within the SOTP's unless this authorization is obtained.

Section 5. Treatment Sequence

Each contractor shall provide a program with a treatment sequence as described in this manual. Styles and techniques used within the specified treatment sequence and authorized theoretical framework are at the discretion of the contractor.

A. Evaluation And Beginning Treatment - Phase I Minimum six (6) months - Twelve (12) months plus.

Phase I consists of initial screening, intake, and assessment of inmates entering SOTP. It is an evaluation and beginning treatment time. The program participant is expected to comply with all assessment procedures, acknowledge an interest in treatment, and participate in program orientation.

This phase shall have both evaluation and beginning treatment components. During the evaluation component the inmate is assessed for his motivation to participate in treatment, a psychological work-up is conducted, and a psychosexual history is taken and written up in the format outlined by DOC. When an evaluation indicates a need for special or supplemental services, appropriate referrals will be made.

It is recommended that the evaluation component last between sixty (60) and ninety (90) days. At the end of a ninety day period a determination should be made as to whether the sex offender is amenable to treatment and the inmate either continued in treatment or terminated from the treatment program.

During the evaluation component the inmate will undergo a standard battery of psychological testing (described in Section 4 above) and a physiological assessment. An initial problem list will be established and a treatment plan developed. A variety of milieu treatments will be initiated during this phase which are continued in Phase II.

A clinical summary will be written and entered into the program file upon completion of the evaluation component. A

copy of the summary shall also be submitted for inclusion in the prisoner case record.

Phase I - Program Requirements

- Completes program orientation
- Completes psychological testing
- Accepts responsibility for offense
- Begins to develop a treatment plan
- Completes initial physiological assessment
- Consistent participation in program activities
- Demonstrates motivation and a desire to be in treatment
- Begins autobiography
- Begins to develop assault cycle
- Attends required groups and classes consistently
- Develops and utilizes basic interventions
- Begins and maintains daily personal log/journal
- Follows institutional rules
- Follows program rules and regulations
- Completes homework and turns it in on time

B. Intermediate Treatment - Phase II
Minimum Six (6) months - Twelve (12) months

Once a program participant has completed Phase I, the completion of all requirements should be documented in the program file and he should be formally advanced into Phase II. Phase two is an intermediate treatment phase during which the program participant continues in treatment, follows his treatment plan, and develops new problem areas. He is expected to maintain and use knowledge and skills he acquired in Phase I and show measurable gains in skills and use of interventions he learns in Phase II.

Phase II - Program Requirements

- Acts as a role model for his peers
- Completes treatment plan and updates it as a result of treatment teams
- Completes autobiography and reads it to treatment group
- Completes assault cycle and has it approved by group and therapist
- Demonstrates consistent ability to use interventions
- Demonstrates self-control
- Attends and completes all required classes
- Consistent appropriate behavior
- Completes letter of clarification to victim(s) and reads it to group
- Demonstrates self motivation
- Develops internal locus of control

- Receives and gives feedback and confrontations
- Completes physiological assessments as needed
- Participates in behavioral treatment as needed
- Develops healthy sense of self criticism
- Completes homework assignments on time

C. Advanced Treatment And Transition - Phase III
Minimum Six (6) months - Twelve (12) months

The advanced treatment and transition phase is the third and final phase of sex offender programming in correctional facilities. Program participants entering this phase must have successfully completed all requirements of the previous two phases and documentation of such must be entered into the program file.

Phase III is advanced treatment and transition planning. The program participant should be actively working on resolution of problem areas on his treatment plan and making preparations for transition into the community. He should be maintaining all previously learned behaviors and practicing new skills, as well as refining other skills he has acquired while in treatment. A consistent high level of functioning, empathy, stress management, coping skills, clear interventions, etc. should all be a part of his day-to-day functioning.

Pre-release planning will be coordinated, in accordance with DOC policy and procedure, by both DOC and contract staff. Recommendations for community supervision may be submitted from the SOTP treatment team. Disposition of program participants who reach partial or maximum treatment benefit and/or terminate from the program is the responsibility of DOC and the Alaska Parole Board.

Phase III - Program Requirements

- Maintenance of previous two phases' acquisitions and behavior
- Demonstrates consistent anger control
- Demonstrates knowledge of impact of behavior on victims and others
- Problem solving skills are apparent
- Development of support system in the community
- Consistent use of learned interventions
- Complete understanding of offense cycle and patterns
- Can identify high risk situations and has RP plan
- Arousal control
- Completes final in-patient physiological assessment
- Attends and successfully completes all required classes
- Understands relapse prevention model
- Completes homework assignments on time

- Consistent responsible behavior
- Demonstrates impulse control
- Completes a discharge contract

Section 6. Treatment Team Review

Sex offender treatment programs will establish a treatment team for the purpose of reviewing progress of inmates in the program. The treatment team will be made aware of disciplinary action for offenders who have violated institutional and/or program rules.

The treatment team will be routinely used to

1. approve movement between phases.
2. review and determine progress in treatment.
3. establish, review, and/or finalize treatment plans.
4. determine program removal.
5. determine maximum treatment benefit.
6. review discharge contracts.
7. review offenders being considered for exception to the established admission criteria.

All treatment team meetings will include contractor and DOC representatives and may include the following members:

- Institution Mental Health Clinician
- Institution Probation Officer
- Any institution staff working directly with the treatment program or the inmates participating in it, i.e. educational staff, work supervisors, wing counselors, P.O.'s, substance abuse program staff, etc.
- Field probation/parole staff
- Contract staff
- Other professionals as deemed appropriate or necessary

Treatment team meetings should be conducted on each inmate in the treatment program at a minimum of once every six (6) months. Treatment teams reviews of a particular sex offender may be held as frequently as deemed necessary for purposes of monitoring treatment progress. A progress report will be written on each program participant at least once every six months following the treatment team's review of the program participant.

Program participants may be brought into all or part of their treatment team reviews and may bring in another program participant for peer support.

Section 7. Measures of Progress

Within the field of treating sexual offenders there is no agreed upon standard on how to measure progress in treatment. Programs which stress individual treatment planning are more difficult to standardize due to individual sex offender differences. The two most commonly sighted measures are subjective and objective measures. Subjective measures are too varied and numerous to standardize especially in recognizing individual differences.

The program requirements for each of the three treatment phases in Section 5 establish objective measures for determining progress in treatment. Sex offenders must demonstrate progress by satisfactorily meeting all program requirements in each phase of treatment and have such documented in their program file prior to being moved to the next phase of treatment.

Section 8. Program Files

Sex offender treatment programs in correctional facilities shall maintain a program file on each sex offender who is actively participating in the program. The contractor is the custodian of the program file, but the file is the property of DOC. Contractors may elect to keep a separate clinical file on program participants. The nature, organization, and content of separate contractor files is the business of the contractor establishing them. The program file will include the following documents:

- PSI
 - . Criminal History
- Intake Summary
 - . Social History
 - . Sexual History
 - . Plethysmograph Assessment
 - . Previous Mental Health History (collateral contacts)
 - . Psychological Assessment/Evaluation/Testing Results
- Treatment Contract
- Treatment Plan
- Clinical Summaries
- Termination/Discharge Summaries
- Releases
- Other Documents Pertinent to Treatment

Section 9. Clinical Summaries

The contractor will ensure that the following clinical summaries are completed for all program participants in the prison component of the SOTP. Copies of the clinical summaries must be submitted for inclusion in both the program file and the prisoner case record.

A. Intake Summaries

Each sex offender will have an intake summary written on him and placed in the program file and prisoner case record within 120 days of admission into the SOTP.

B. Progress Summaries

Each sex offender will have a progress summary (report) written on him and placed in the program file and prisoner case record no less than once every six months from his/her date of admission into the SOTP.

C. Discharge Summaries

Discharge summaries will be written on all program participants. Discharge summaries must be written within one month of program participant's discharge date.

Section 10. Program Removal

All program participants being considered for program removal will be initially processed through the treatment team. Consultation with the institutional Mental Health Clinician and other institution or program staff may be pursued prior to treatment team reviews being conducted for program removal. Treatment team reviews held for program removal cases will encourage the participation of as many members as possible.

There are a variety of reasons why a sex offender in a SOTP may need to be removed from the treatment program. When removal is based upon non-clinical reasons (security violations or breaking of institutional rules) a recommendation from contract staff will be made to designated DOC staff. Final disposition on non-clinical program removals will be made by the facility superintendent or designee.

When removal is based on clinical reasons or violation of "program rules" a recommendation from DOC staff will be made to the contractor. Final "clinical" decisions will be made by contract staff.

III. NATIVE ALASKANS AND SPECIAL POPULATIONS

A. Native Alaskan Sex Offenders

Native Alaskans constitute approximately 15% of the State's

population and approximately 30% of the population of incarcerated felons. Native Alaskans are afforded the same opportunity to participate in sex offender treatment programming (SOTP) as non-natives. All sex offenders entering sex offender treatment programs, including Native Alaskans, must be able to speak English.

In recognizing the specific cultural differences of Native Alaskans and their respective customs, DOC will make every effort within existing resources to assure that these cultural differences and customs are recognized and respected by DOC and contractor personnel.

DOC will encourage contractors providing sex offender treatment services to be sensitive to Native Alaskan cultural issues and will arrange periodic education of all personnel working with the SOTP in regard to the Native Alaskan culture.

Elders and other Native Alaskans, who are trained by program staff, will be encouraged to work with the sex offender programs when appropriate and coordinated with program staff.

B. Developmentally Disabled Sex Offenders

DOC recognizes the presence of sex offenders within institutions who are developmentally disabled. In addition, the Department also recognizes that these individuals require specialized programming which is consistent with standards and needs of the population. Such programming will be offered within the limits of existing resources.

There exists within the Department a specialized program for developmentally disabled sex offenders. This program is housed at the Hiland Mountain Correctional Center (HMCC). All sex offenders who are assessed to be developmentally disabled and have requested specialized sex offender programming will be transferred, in order of time left to serve, to the HMCC program when a vacancy exists to enter the treatment program.

C. Female Sex Offenders

DOC is committed to providing equal opportunity to specialized programming for both male and female sex offenders within the limits of existing resources. It also recognizes that female sex offenders charged with sexual offenses will need to receive treatment services which are separate from those offered to male sex offenders, in that they can not be treated within the same physical setting.

Female sex offenders who are identified within the correctional system and request sex offender treatment programming, will be referred to the sex offender services offered at Meadow Creek Correctional Center.

IV. PERSONNEL

A. Department Approval of Contractors and Treatment Providers

All contractors, contract staff, and volunteers working with SOTP's within correctional facilities and with sex offenders under the jurisdiction of DOC in the community must be approved by DOC. All contract staff who have not received DOC approval as part of a contractor's proposal in response to a Request for Proposal will be required to individually fill out a DOC Sex Offender Treatment Service Provider questionnaire and submit a current resume/vitae which will be kept on file with the Department.

Any professional or agency in the community not on contract with DOC but interested in providing approved community based sex offender treatment services to sex offenders under the jurisdiction of Corrections must be an approved provider as determined by the DOC. Each individual providing sex offender services will be required to fill out a DOC Sex Offender Treatment Service Provider questionnaire and submit a current resume/vitae which will be kept on file with the Department.

DOC does not consider itself to be a governing agency as to licensure or competence of professionals in their respective fields of training and expertise. The Department reserves the right, however, to maintain a list of approved providers that sex offenders under its jurisdiction must select from when participating in community based treatment programs for sex offenders. Approved providers delivering sex offender treatment services may be added and deleted from the list of approved providers at the discretion of the Department.

B. Personnel Requirements

All contract staff and approved providers must meet the following minimal standards. Exceptions to these standards may be reviewed on an individual basis. DOC reserves the right to upgrade and/or change these standards at its discretion. Individual professionals and staff working with sex offenders under the jurisdiction of Corrections must meet the following qualifications. The exception to this policy is DOC personnel who as a part of their job responsibilities are required to participate in the overall supervision and/or delivery of services to the sex offender population.

- 1- All contract staff working with the SOTP and approved providers treating sex offenders in the community under the jurisdiction of Corrections must
 - a. have at a least a masters level degree in one of the behavioral sciences and a minimum of 2000 documented hours of direct clinical experience in the assessment and treatment of sexual offenders.
 - b. receive weekly clinical supervision from a professional who meets the criteria of "a" above if they do not have a documented 2000 hours of direct clinical experience in the assessment and treatment of sexual offenders.
- 2- Individuals with less than a masters degree may be approved by the Department provided they submit a current resume/vitae to the Department and
 - a. document receiving a bachelors degree in one of the behavioral sciences.
 - b. can demonstrate weekly direct supervision of all clinical activities delivered.
 - c. do not make final decisions concerning treatment planning or service delivery to sex offenders under the jurisdiction of the Department.
 - d. participate in a review of their performance at the discretion of the Department.

C. Notification, Suspension, and Termination

- 1- Contractors and approved providers are obligated to notify DOC Statewide Programs the next working day if:
 - a. they are being investigated for malpractice and/or ethical violations by a licensing board or professional organization such as APA, ACSW, etc.;or
 - b. they are named as a party in any civil or criminal litigation relating to their professional activities.
- 2- Contractors and approved providers may be temporarily suspended from delivery of sex offender treatment services if either item 1a or 1b applies.

- 3- Contractors are subject to termination and approved providers may be removed from the approved provider list if they are found guilty of any charges relating to 1a or 1b.

V. INTERAGENCY COMMUNICATION

An effective system for the assessment, education, treatment, and supervision of sexual offenders requires interagency cooperation and communication. This is especially true once a sex offender has entered the community and is under the supervision of DOC while he/she is on probation/parole.

DOC is invested in 1) minimizing re-offense rates, 2) monitoring the sex offender, 3) case management of sex offenders, and 4) coordination of services related to sex offender monitoring, supervision, and treatment.

The following guidelines have been established in order to facilitate interagency cooperation and communication.

A. Contractors Treating Sex Offenders in Institutional Programs

All contractors providing treatment services to sex offenders in DOC institutional settings are required to engage in routine meetings, submit written reports and summaries, participate in treatment team reviews, and follow the standards described within this document which may address interagency coordination in order to foster the communication process.

Contractors will engage in weekly meetings with appropriate institutional personnel for purposes of program review and the dissemination of information pertinent to programming.

Progress reports and clinical summaries will be submitted within the requirements described in this manual.

Contractors will be required to meet with DOC personnel designated as core treatment team members a minimum of once per month and as many times as necessary in order to insure that all program participants are reviewed once every six months.

B. Community Treatment of Sexual Offenders

All contractors and DOC approved sex offender treatment agencies or persons who provide sexual offender treatment in the community will be required to provide 1) monthly

attendance reports to field P.O.s in writing, and 2) written progress report on each program participant every six months.

Contractors and approved providers are required to notify the field P.O. within 24 hours of any information which indicates that an offender is at risk of re-offending. If the community offender is a furlougee, this notification will be made to the furlough officer.

Contractors and approved providers are required to provide field P.O.s information about offenders as outlined in the community treatment section of this manual.

C. Coordination of Family Treatment

When possible and clinically indicated, all contractors and approved providers treating sex offenders in the community who have family members in treatment will be required to engage in case coordination with the individual/agency treating the victim and/or family members. A synopsis of family oriented treatment, reunification, or other related services will be provided in the offender's six month progress reports.

VI. COMMUNITY TREATMENT OF SEX OFFENDERS

Sex offenders in the community require various levels of supervision and treatment. The following standards describe the flow of inmates through DOC funded or subsidized community treatment, which sex offenders are eligible for such services, and parameters for contractors providing these services.

A. Sub-Groups of Sex Offenders in the Community

1. Program Participants/Maximum Benefit

Sex offenders who have completed all requirements of all phases of institutional treatment (phases I, II, & III) and are ready to enter phase IV within the community.

2. Program Participants/Partial Benefit

Sex offenders who have participated in institutional sex offender programs until they are released but have not completed all requirements of the first three treatment phases.

3. Program Participants/Drop-out

Sex offenders who have participated in institutional treatment programs but have dropped out of treatment against treatment advise.

4. Program Participants/Terminated

Sex offenders who have participated in institutional treatment programs but have been terminated from the program by contract/DOC staff.

5. Probationers

Sex offenders who have only received community probation as a sentence and have not participated in institutional programming.

6. Offenders Who Refuse Treatment

Sex offenders in DOC institutions who have refused to participate in institutional treatment programs for sex offenders.

7. Offenders With Insufficient Time

Sex offenders in DOC institutions whose sentences are too short to participate in institutional SOTP's.

8. Appealing Conviction

Sex offenders in DOC institutions who are appealing their conviction.

B. Sub-Groups of Sex Offenders and Community Treatment Options

As of this writing, final resolution has not been reached on what services will ultimately be provided to each of the sub-groups listed in the preceding section. Until final resolution is reached, services must be provided on a prioritized basis according to the three levels listed below. Services must be provided to all offenders within a higher priority level before providing services to offenders in a lower-priority level.

Level One

Level One offenders will include:

- Program Participants/Maximum Benefit
- Program Participants/Partial Benefit

Since these offenders have participated favorably within the institutional component of the SOTP's and have already been assessed, an additional assessment for purpose of community treatment should not be necessary.

DOC will fully reimburse contractors for services to Level One program participants in the areas of individual treatment, group treatment and family/couples treatment up to the authorized levels within the contractor's approved budget. DOC will provide reimbursement for these services for the program participant's first year of community treatment only. After one year has expired, the program participant assumes full responsibility for the payment of any treatment fees.

Levels Two and Three

Level Two offenders will include:

- Probationers
- Offenders with Insufficient Time

Level Three offenders will include:

- Program Participants/Drop Outs
- Program Participants/Terminated from Treatment
- Offenders Who Refuse Treatment

DOC will fully reimburse contractors for the following services only with Level Two and Level Three program participants:

- Up to two hours of group treatment per week
- Up to one hour of individual treatment per month

DOC will provide this reimbursement for the program participants first year of community treatment only. Payment for any additional services to Level Two and Level Three program participants will be the responsibility of the individual program participants and not DOC.

Offenders who are appealing their convictions are not eligible for participation in the community component of the SOTP.

C. Community Case Review

Face-to-face meetings between P.O's and contract staff for purposes of case review on sex offenders in community treatment will be held routinely. All case review meetings must:

1. be held at least once per month.

2. briefly review all DOC sex offenders presently involved in community based sex offender treatment in order to determine who is in treatment, their attendance record and which sex offenders need case discussion.
3. include case discussion on those sex offenders identified in the case review, or additional times established for case discussion in a separate meeting.

D. Reports

Progress summaries (reports) on sex offenders in community treatment will be submitted to the P.O. every six (6) months.

VII. PROGRAM EVALUATION

A. Overview and Purpose of Evaluations

Evaluations are conducted for the purpose of insuring that the SOTP's are operating within the guidelines established in the SOTP Statement of Standards Manual. Program evaluation will be used to insure quality, continuity, and consistency in the treatment of sexual offenders under the jurisdiction of DOC. Contract compliance and program operation will be the central themes of program evaluations. Quality assurance and utilization review will also be considerations of the overall evaluation process.

Each SOTP may be evaluated on an annual basis. The evaluation may be conducted by DOC personnel or by a privately contracted consultant with a demonstrated understanding and expertise in the area of treating sexual aggressive offenders. Programs will be given advance notice of the intent to conduct a program evaluation.

B. Evaluation Guidelines and Criteria

The following guidelines and evaluation criteria are established as an outline or plan for the evaluation of the Department's SOTP's. They are subject to change by addition, deletion, or modification at the discretion of the Department. Changes in evaluation procedures may be requested by the contractor provided they are in writing to the Department and in advance of the onset of the evaluation. Changes in evaluation guidelines and criteria will be made available to the contractor as they are established.

During an evaluation, all routine program activities and meetings should be conducted as usual unless otherwise requested by the Department or contractor. The program being evaluated will be

required to set up an itinerary for the evaluator which consists of areas the Department outlines to be addressed during the course of the evaluation. The establishing of an itinerary will be the joint responsibility of DOC program personnel and the contractor. The overall evaluation will be divided into three parts.

- . Part I - General Program Evaluation
- . Part II - DOC Specific Issues/Areas
- . Part III - Contractor Specific Issues/Areas

C. Part I - General Program Evaluation

Part I is applied to all programs and addresses the contractor's compliance with: the Request for Proposal (RFP); the contractor's proposal in response to the RFP; and the Statement of Standards. The actual delivery of services such as groups, individual and family sessions, education, assessments, community treatment, and the like is reviewed and monitored. Client records, written reports, and clinical summaries may be evaluated for contents and timeliness. Contract staff and DOC personnel working with the programs may be interviewed separately and in groups. A combination of the following evaluation areas may be used in Part I unless otherwise noted or requested by the Department.

1. Program Notification and Preparation

- Programs will be notified at least one month in advance of a program evaluation being conducted.
- Specific agenda items may be submitted by DOC Statewide Programs to the program and evaluator for program evaluation at least two weeks in advance of the program evaluation.
- Points of interest for evaluation will be outlined and may be selected from the following list of evaluation areas.

2. Areas of Evaluation

In order to determine contractor compliance and to gain a clear sense of current program operations, Part I of the evaluation may include the following elements:

Personnel

- meet individually and jointly with contract personnel.
- meet individually and jointly with Department personnel inclusive of

- . administrative
- . institution
- . field

- meet jointly with both Department and contract personnel.

Program Activities

- observe at least one session of each of the following program activities:
 - . individual counseling session.
 - . group counseling session.
 - . educational class.
 - . community aftercare group.
 - . a community high risk group.
- participate in a treatment team review.
- observe a physiological assessment session.
- observe a behavioral treatment session.
- observe at least one program service offering for each special population group, i.e. developmentally disabled, female offenders, etc.

Program Participants

- meet with individual program participants
 - . institutional
 - . community
- meet with residents as a group.

Additional Areas

- review the program's admission and discharge list for a one year period
- review files on a program participant in each treatment phase including community treatment programming.
- review a case of intra-program transfer if one exists in the program at the time of the evaluation.
- review culture specific issues related to Native Alaskans and minorities within programs.

D. Part II - DOC Specific Issues

In addition to the above outline, the Department and its personnel working directly with the SOTP's or the offenders participating in any aspect of sex offender programming described herein, may request through Statewide Programs additional areas or concerns for evaluation. These areas may include, but are not limited to, internal issues related to the facility, external issues, personnel issues, contractor specific issues, programming, program development, program participant specific issues, etc. If an area requested for evaluation is the focus of conflict between DOC and the contractor, the evaluator will be provided with materials describing the history of the problem, documentation, and prior measures taken or attempts made to resolve the matter (i.e. memos, letters, etc.) whenever possible.

All requests for evaluation should be submitted to the evaluator through Statewide Programs at least two weeks prior to the onset of the evaluation.

E. Part III - Contractor Specific Issues

The Department recognizes that the contractors running the SOTP's may have additional areas and concerns regarding sex offender programming that they wish to be addressed by the program evaluator. These areas may include, but are not limited to: issues related to the facility; issues related to DOC field services; personnel issues; contractor specific issues; programming; program development; program participant specific issues; etc. Issues or concerns related to the internal functioning of the contract agency are not considered a part of DOC-financed program evaluation. Evaluation of the contract agency or related internal concerns must be organized and financed separate from DOC sex offender program evaluations and funding. If an area requested for evaluation is the focus of conflict between the contractor and DOC, the evaluator will be provided with materials describing the history of the problem, documentation, and prior measures taken or attempts made to resolve the matter (i.e. memos, letters; etc.) whenever possible.

All requests for evaluation should be submitted to the evaluator through Statewide Programs at least two weeks prior to the onset of the evaluation.