

**SEX OFFENDER PROGRAM**

***PROGRAM STATEMENT***

**March 1, 2003**

**Michigan Department of Corrections  
Administration and Programs  
Bureau of Health Care Services  
Psychological Services Unit**

# **SEX OFFENDER PROGRAM**

## ***PROGRAM STATEMENT***

### **I. Introduction/Overview**

The Sex Offender Program (SOP) is an organized group psychotherapy program for use by the Bureau of Health Care Services (BHCS) Psychological Services Unit (PSU) therapists in the treatment of sex offenders. Since the majority of sex offenders do not serve life sentences, they represent a particular risk of harm to the community upon release from prison.

### **II. Program Objectives**

The SOP's primary goal is to provide effective interventions for incarcerated sex offenders who can benefit from program participation. The SOP is designed to assist prisoners in developing a better understanding and more effective management of their criminal sexual conduct. The ultimate goal is to increase public safety by reducing the likelihood of engaging in future criminal sexual conduct.

The SOP recognizes sex offenders (1) differ greatly in terms of the type of crime, type and number of victims, motivation, probability of recidivism, needs for program involvement and ability to respond to program interventions; (2) cannot ever be regarded as "cured" (i.e., while program participation may reduce a sex offender's threat to the community, it cannot completely or permanently eliminate this threat); (3) are fully responsible for their criminal sexual conduct and (4) can change or gain increased control over their criminal sexual conduct. Therapeutic gains realized from program participation are best sustained when supported and reinforced by long-term follow-up, specialized supervision and maintenance or aftercare programs in the community.

The SOP may not be significantly beneficial to all sex offenders. It is selectively directed at offenders with characteristics enabling them to participate and benefit from the program's interventions. Sex offenders who are unlikely to benefit from the program are screened out to reserve limited program resources for those who are more likely to profit from the SOP.

### **III. Program Description**

The Sex Offender Program is a group psychotherapy program available to prisoners who meet program assessment criteria, yet advocates a standardized program model which is cost effective and consistent with the national mainstream and treatment for incarcerated sex offenders. The program is based largely on Cognitive Behavioral and Relapse Prevention models and techniques. These models have been shown to be effective approaches to help sex offenders understand and gain increased control over their criminal sexual conduct. Treatment addresses identification of cycles involving emotion, fantasy, cognitive distortions, planning, and committing sex offenses, so they may be confronted and disrupted. The SOP provides an opportunity for sex offenders to learn to manage the thoughts, feelings, and behaviors which make up their cycles of offending and precipitate their criminal conduct.

This program statement describes the following components of the SOP:

- Referral for SOP Assessment
- SOP Assessment
- SOP Group Psychotherapy
- Aftercare Recommendations/Referrals

Three key SOP documents are attached to this program statement.

- **Appendix A** contains the *Required Sex Offender Program Goals And Objectives*.
- **Appendix B** contains the *Sex Offender Program Sequence* and topical outline for the resource materials used by BHCS Psychological Services staff during the delivery of the program's group psychotherapy interventions. The sequence reflects the belief that an effective process of intervention for criminal sexual conduct generally proceeds through the main phases of *program orientation, case disclosure, offense precursors and self-maintenance*.
- **Appendix C** contains OP 04.06.180-D 'Sex And Assaultive Offender Program Recommendation, Referral And Assessment' which outlines the process for recommending, assessing, referring and tracking all prisoners for SOP program assessment, ensuring that all referrals and assessments are tracked and documented.

#### **IV. Criteria for Referral for SOP Assessment**

Prisoners who are currently serving a sentence for one or more of the following offenses (including an attempt or conspiracy to commit the offense) and have an Earliest Release Date (ERD) other than life are referred for sex offender program assessment.

750520	Rape
750520B	Criminal sexual conduct, 1 <sup>st</sup> Degree
750520C	Criminal sexual conduct, 2 <sup>nd</sup> Degree
750520D	Criminal sexual conduct, 3 <sup>rd</sup> Degree
750520E	Criminal sexual conduct, 4 <sup>th</sup> Degree
750520F	Criminal sexual conduct, second or subsequent count
750520G	Assault with intent to commit criminal sexual conduct
75010A	Sexually delinquent persons
750145A	Accosting, enticing or soliciting child for immoral purposes
750145B	Accosting, enticing or soliciting child for immoral purposes; 2 <sup>nd</sup> offense
750145C	Child sexually abusive activity or material
750158	Crime against nature or sodomy
7501671F	Disorderly person-indecent or obscene conduct in a public place
750335A	Indecent exposure
750338	Gross indecency; between male persons
750338A	Gross indecency, female persons
750338B	Gross indecency, between male and female persons
750448	Soliciting and accosting to commit prostitution or immoral act
750455	Pandering

In cases where a prisoner was not convicted for one of the listed sexual offenses there may be documentation in the Pre-Sentence Investigation Report that the prisoner's behavior during one or more of the past offenses was sexually assaultive and closely approximated behaviors described in the listed criminal sexual crime categories. Such prisoners may be referred for SOP assessment with Chief Psychologist approval.

Prisoners who meet the assessment criteria for both Sex Offender Program (SOP) and Assaultive Offender Program (AOP) assessment are to be recommended for SOP assessment only.

Any staff or Parole Board member may recommend any prisoner considered at significant risk of criminal sexual conduct to PSU for referral for SOP assessment. PSU conducts file reviews and/or interviews with such prisoners as needed and places those prisoners determined to be suitable for referral for SOP assessment on the waiting list.

The Regional Psychological Services Directors have been delegated the authority to change, remove or add SOP Assessment recommendations by Correctional Facilities Administration Assistant Deputy Director in accordance with PD 05.01.100 "Prisoner Program Classification."

## **V. Assessment for SOP**

Placement on the Psychotherapy Program Waiting List (HC-331) at each prisoner's facility is according to earliest release date (ERD), with those prisoners nearest to their ERD placed highest on the list. A prisoner's position on the waiting list may go up or down as prisoners with earlier release dates transfer in and out of the facility. Prisoners at the top of the waiting lists are assessed first when SOP openings occur.

Generally, highest priority for placement in the SOP will be given to prisoners in the lowest security levels in each prison and region. Prisoners classified to Level I will generally be given higher priority than Level II prisoners, etc.

It should be noted that a recommendation for SOP assessment does not equate to automatic admission or placement into sex offender group therapy. Prior to admission to a therapy group, each prisoner is interviewed by a PSU therapist. The prisoner's health record and institutional file are reviewed along with available psychological test data. Procedural guidelines for SOP assessment are to be followed (see *Procedural Guidelines For Assessment For Sex Offender Program* beginning on page 4).

The purpose of the formal assessment by PSU is to obtain clinically relevant information regarding the prisoner's behavior. This may include sexual, social and criminal history, psychosocial development, deviant sexual arousal patterns, degree of acceptance of responsibility for the criminal sexual conduct, level of victim empathy and extent of personal commitment to learn to manage thoughts, feelings, and behaviors related to the criminal sexual conduct.

Assessment information is used to formulate decisions regarding program admission vs. nonadmission. This permits the early culling out of sex offenders who are unlikely to profit from the SOP. Prisoners may also be asked to complete the Multiphasic Sex Inventory, Life History Questionnaire, the Sone Sexual History Questionnaire, the Burt Rape Myth Acceptance Scale,

the Abel and Becker Cognition Scale or other instruments as part of the assessment process.

Each prisoner admitted to the SOP is given and is expected to complete a standard set of required goals and objectives. These goals and objectives are found in *Appendix A, Required Sex Offender Program Goals and Objectives*.

Additional individualized goals and objectives may be formulated by the therapist and/or prisoner to complete a personalized treatment plan for each prisoner. The Therapy Admission Report (CHJ-621), containing the prisoner's required and individual goals and objectives, is placed in the prisoner's health record, with a copy sent to the Parole Board and prisoner. Any changes or additions to a prisoner's list of SOP goals or objectives made during the course of therapy will be documented in subsequent Monthly Therapy Progress Notes (CHJ-622) and the Therapy Termination Report (CHJ-623).

### **PROCEDURAL GUIDELINES FOR ASSESSMENT FOR SEX OFFENDER PROGRAM**

#### WHO    DOES WHAT

- |                        |  |
|------------------------|--|
| Psychological Services | 1. Maintains waiting lists, ordered by earliest release date (ERD), of all prisoners awaiting Sex Offender Program (SOP) assessment.   |
| Therapist              | 2. Calls out prisoners according to their ERD on the SOP waiting list when a new SOP psychotherapy group member is needed.   |
|                        | 3. Reviews prisoner's health record and institutional file.  |
| 4.                     | Explains the reason for the interview and the limits of confidentiality to the prisoner.   |
|                        | 5. Interviews the prisoner to determine if the prisoner:   |
|                        | (a) Is interested in program participation. This should involve offering any needed explanation of the purpose of the SOP.   |
|                        | (a) Meets established criteria for SOP assessment. [See Section IV starting on page 2.]  |
|                        | (a) Accepts responsibility for his/her criminal sexual conduct by acknowledging engaging in the behavior and that this behavior was illegal. The therapist must consider the fact that prisoners |
- are often highly defensive in such interviews and tend to utilize denial, rationalization and projection to avoid responsibility for their involvement. Often, prisoners who have the most problems are the least likely to seek help. A concerted effort must be made to help the prisoner work through this defensiveness so that it does not prevent the prisoner from being accepted into the program.

- (a) Admits to a need to change behavior, gain insight and/or acquire new skills because of his/her past criminal sexual conduct or potential for future criminal behavior.
  - (a) The prisoner admits to a need to work on the required SOP goals and objectives. These will be reviewed with the prisoner during the assessment interview. Some explanation may be required so that the prisoner clearly understands that his/her progress in the SOP depends upon the level of achievement of these goals and objectives. The prisoner also admits to a need to work on any additional individualized goals and objectives formulated by the therapist and/or prisoner.
  - (a) Is willing to abide by the rules of confidentiality, attendance and behavior established for the psychotherapy group.
6. Informs the prisoner s/he will not be accepted into the program when any of the above criteria (5a. through 5f.) are not met and documents the results of the assessment interview with a Therapy Non-Admission Report (CHJ-620) within two (2) weeks. This report will clearly state the specific reasons for non-acceptance and the specific criteria (5a. through 5f.) which were not met. Copies of Therapy Non-Admission Reports are distributed to the health record, the parole board and the prisoner. When offenders are not accepted into the SOP when first assessed, they are to be informed directly in the Therapy Non-Admission Report that they may re-apply for program admission. To be reconsidered for SOP admission, a prisoner must submit to Psychological Services a written request to be reassessed for program admission. The prisoner must clearly indicate what is different or what has changed since interviewed which now makes him/her suitable for SOP admission. Following receipt of the written request and at the discretion of Psychological Services, the prisoner may be placed back on the SOP waiting list according to ERD and may be reassessed for the program when a vacancy needs to be filled. Psychological Services is not required or obligated to place any prisoner back on the waiting list.

OR

7. Informs the prisoner s/he is being accepted into the SOP and documents the results of the interview with a Therapy Admission Report (CHJ-621) within two (2) weeks. Goals I, II and III of the *Required Sex Offender Program Goals and Objectives (Appendix A)* are required for all SOP group members. Copies of Therapy Admission Reports are distributed to the health record, the Parole Board and the prisoner.

8. Has the prisoner's name removed from the SOP waiting list.

## **V. SOP Group Psychotherapy**

Prisoners who are admitted to the SOP are placed in therapy groups of ten prisoners with one therapist. Because of expected attrition in group members, therapists may admit a maximum of 13 prisoners when starting a group. The therapy group meets for 1 ½ to 2 hours per week. Program duration is one year (44-52 sessions). Group psychotherapy techniques are employed at the discretion of the program therapists. All SOP prisoners work to complete (a) the *Required Sex Offender Program Therapy Goals And Objectives* as shown in Appendix A, and (b) additional goals, objectives, assignments, etc., as needed or recommended by the therapist.

For continuity of care, the therapist prepares a Monthly Therapy Progress Note (CHJ-622) on each therapy group member during the course of the program. Prisoners shall receive a copy of their Monthly Therapy Progress Notes to provide feedback on their progress and what they need to do in future therapy sessions in order to demonstrate greater progress. In the event the prisoner's attendance, behavior, or program progress is unacceptable, these reports may be used to provide notice to the prisoner of the specific consequences of failing to make the positive changes outlined in the report. *Thus, it is important for these reports to be completed and provided to the prisoners as soon as possible after the last group session of each month, so as to provide immediate feedback.* These reports are also to be used to document any new or revised goals or objectives. Monthly Therapy Progress Notes are distributed to the health record and prisoner only.

Therapists prepare a Therapy Termination Report (CHJ-623) within thirty (30) days after a prisoner has completed the program or discontinued program involvement for any reason. These reports summarize the prisoner's attendance, group participation, level of goal achievement and reason for termination. They also address any needed further program involvement or aftercare. Therapy Termination Reports are placed in the prisoner's health record, with copies to the Parole Board and prisoner.

Psychological Services staff distribute copies of Therapy Admission, Non-Admission and Termination Reports to the health record, the Parole Board and prisoner (in addition to completing/ distributing copies of CHJ-530 Notice of Mental Health Services forms documenting in the Institutional, Central Office, and Counselor files that these actions were taken).

Prisoners may submit written requests for SOP. Prisoners who have been assessed or who were voluntarily or involuntarily terminated from the SOP may request reconsideration and may be reconsidered by PSU, but PSU is not required or obligated to give such prisoners a second chance for SOP assessment. A written request from a prisoner for reassessment or readmission

must clearly indicate what has changed since the prisoner was last assessed or terminated which now makes him/her suitable for SOP admission. These written requests will be placed in the prisoner's Psychological Testing envelope in his/her health record with a notation showing date reviewed, reviewer, and whether or not the prisoner was placed back on the therapy waiting list.

## **VI. Aftercare Recommendations/Referrals**

The therapist is responsible for clearly outlining recommendations for further program involvement for each group member who is terminated from the SOP, regardless of reason for termination or length of program participation. The Termination Report includes (1) a summary

toward goal/objective achievement; (2) evaluation of Relapse Prevention Plan; and (3) specific recommendations regarding needed community based programming and supervision.

## **VII. Program Management**

A computer program was implemented using available space on the CMIS Substance Abuse (SAU) screen to electronically track all prisoner SOP referrals, admissions, non-admissions, and terminations. This electronic system provides Psychological Services with the capability to effectively manage and evaluate the SOP.

## REQUIRED SEX OFFENDER PROGRAM

### GOALS AND OBJECTIVES

- I. **GOAL:** *Achieve better understanding and more effective management of your criminal sexual conduct.*

#### Objectives:

- A. Discuss situations or circumstances in which you have engaged in criminal sexual conduct.
- B. Ask for feedback regarding what contributed to your criminal sexual conduct (social, background, environmental, ethnic, political, cultural, socioeconomic, sexual and personality factors; thoughts; fantasies; needs; traits; triggers; criminality; etc.).
- B. Ask for feedback on how you could have dealt with these internal and external factors in a non-criminal fashion.
- B. Discuss hypothetical situations which would be likely to bring about criminal responses and mentally rehearse or practice alternative, non-criminal responses.
- B. Discuss your plan(s) for preventing criminal sexual conduct in the future.

#### The degree of achievement on this goal can be demonstrated by:

- A. Demonstrating the ability to clearly describe any of your criminal sexual conduct.
- A. Accepting complete responsibility for your criminal sexual conduct.
- A. Demonstrating a willingness to seek and encourage feedback and support from fellow group members.
- A. Demonstrating the ability to cope with group confrontation in a non-resistant, non-threatening, non-defensive and appropriate manner.
- A. Demonstrating the ability to produce appropriate, non-criminal responses to hypothetical situations.
- A. Remaining free of institutional misconduct for assault, threatening behavior, and sexual misconduct throughout therapy.
- A. Demonstrating the ability to produce appropriate, non-criminal responses to hypothetical situations.
- A. Demonstrating the ability to describe the personal issues, behaviors, and other problems contributing to your criminal sexual conduct (precursors).

I. Demonstrating the ability to articulate how the criminal sexual misconduct was not a mistake, but a product of your personality, behaviors, thinking, emotions and life patterns.

J. Demonstrating the ability to describe healthy sexual behavior and its proper role in your life.

J. Demonstrating the ability to clearly describe your offense cycle and realistic plan for preventing relapse (relapse prevention plan).

**II. GOAL: *Achieve better understanding and more effective management of feelings which have been associated with your criminal sexual conduct.***

**Objectives:**

A. Discuss situations in which you have felt hurt, afraid, hopeless, lonely, unloved, alienated, numb, frustrated, angry, powerless, powerful, etc.

A. Discuss how you responded to these situations and how you dealt with or managed your feelings.

A. Ask for feedback as to why you felt as you did and how you could have managed your feelings in a better way.

A. Identify and describe the physical cues which accompany anger and other uncomfortable emotions.

A. Discuss how you would feel in certain hypothetical situations and describe how you would manage your feelings.

A. Tell the other group members how you are feeling during group sessions and how you feel about them.

A. Discuss your plan(s) for managing your feelings and anger.

**The degree of achievement on this goal can be demonstrated by:**

A. Demonstrating the ability to properly identify, describe and label feelings (past or present), including physical cues which accompany them.

A. Demonstrating the ability to clearly describe the feelings associated with past criminal sexual conduct.

A. Demonstrating the ability to clearly explain how your feelings played a role in your criminal sexual conduct.

- D. Demonstrating the ability to distinguish between feelings of powerlessness (hurt, fear, frustration) and anger.
- D. Demonstrating a willingness and readiness to tell the other group members when you are experiencing uncomfortable feelings.
- D. Demonstrating the ability to manage your anger both inside and outside of group sessions.

**III. GOAL: *Achieve better understanding and more effective management of thoughts which have been connected to your criminal sexual conduct.***

**Objectives:**

- A. Discuss situations in which you acted upon thoughts, fantasies, or plans to engage in criminal sexual conduct.
- A. Ask for feedback as to why you had these thoughts, fantasies, or plans.
- A. Ask for feedback as to how you could have managed your thoughts in a better way.
- A. Identify and describe the feelings and physical cues which accompany your thoughts or fantasies involving criminal sexual conduct.
- A. Discuss thoughts you would be likely to have in certain hypothetical situations and describe how you would manage them.
- A. Tell the other group members what you are thinking or fantasizing during the group sessions and what you are thinking about them.
- A. Discuss your plan(s) for managing your thoughts and fantasies which have been connected to your criminal sexual conduct.

**The degree of achievement on this goal can be demonstrated by:**

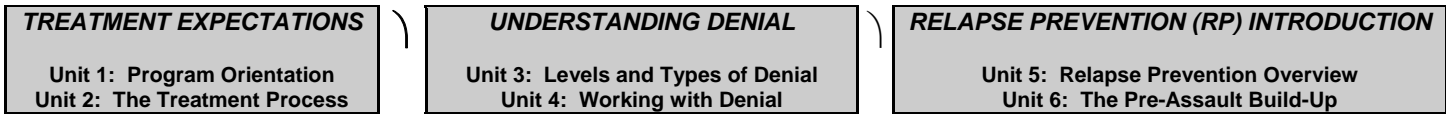
- A. Demonstrating the ability to clearly describe the thoughts (past or present), including the accompanying feelings and physical cues, which are associated with your criminal sexual conduct.
- A. Demonstrating the ability to clearly explain how your thoughts played a role in your criminal sexual conduct.
- A. Demonstrating the ability to distinguish between thoughts associated with your criminal sexual conduct and those which are not.
- A. Demonstrating a willingness and readiness to tell the other group members when you are experiencing thoughts or fantasies of engaging in criminal sexual conduct.

E. Demonstrating the ability to manage your thoughts and fantasies of engaging in criminal sexual conduct, both inside and outside of group sessions.

Appendix B

**SEX OFFENDER PROGRAM SEQUENCE**

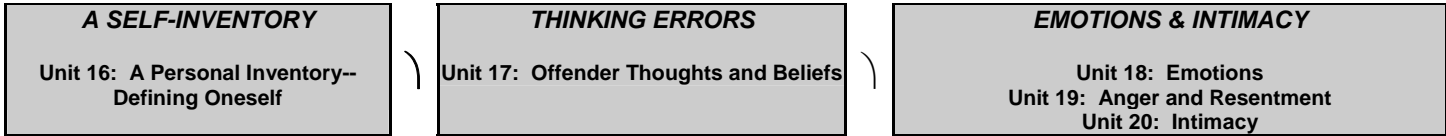
**I. PROGRAM ORIENTATION**



**II. CASE DISCLOSURE**



**III. OFFENSE PRECURSORS**



**IV. SELF- MAINTENANCE**

