

MISSION STATEMENT

The Michigan Sex Offender Program has adopted the following **mission statement**:

In maintaining our goal of increasing community safety, the Michigan Department of Corrections (MDOC) is committed to providing effective, efficient, research driven sex offender treatment to offenders with current sex offense convictions and histories of sexual offending. Of central importance is decreasing the risk of sexual re-offense which is achieved through the following:

- 1) Utilizing empirically-based and validated assessment tools developed specifically for sex offenders.
- 2) Implementing treatment techniques grounded in evidence-based principles and delivered by well-trained staff.
- 3) Maintaining rigorous quality assurance practices.
- 4) Ensuring continuity of care from point of incarceration through release to the community setting.

The Michigan Sex Offender Program matches sexual recidivism risk to treatment duration, intensity and dosage. Prisoners are assessed by a validated actuarial risk assessment tool and then placed in the appropriate treatment program. Inmates that are recommended for MSOP receive the relevant assessments according to ERD and are placed into programming according

to ERD, with inmates with the earliest ERDs placed at the top of the list and given priority. **Note:** Other factors contributing to determination of treatment level include Psychological Assessment and Parole Board Overrides.

MSOP Program Recommendations

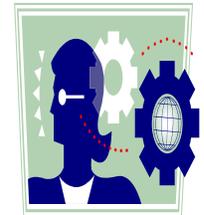
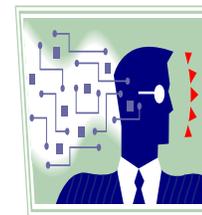
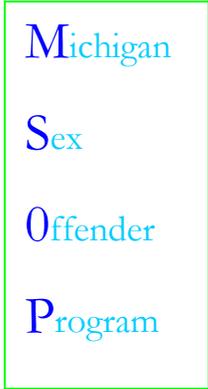
Assessment Score	Type of Program
Low/Low Waived	Sexual Offender Risk Assessment (SORA)
Moderate	100-200 hours, with at least 6-9 months of clinician led Sex Offender Therapy
High	250-300+ hours, with at least 9-18 months of clinician led Sex Offender Therapy

Programming will consist of the following 6 phases:

- Phase I-Treatment Readiness
- Phase II-Pretreatment
- Phase III-Autobiography
- Phase IV-Disclosure
- Phase V-Self-Management Plan
- Phase VI-Community

In 2010, the Michigan Department of Corrections (MDOC) contracted with the Center for Effective Public Policy (CEPP) for their Center for Sex Offender Management (CSOM) to conduct a review of current policies and practices regarding the delivery of institutionally-based sex offender treatment and provide recommendations for enhancing policy and practice based on the principles of evidence-based practice. At that point, 13 recommendations for future practice and policy were developed. A workgroup then translated those recommendations into a Strategic Action Plan.

An implementation workgroup consisting of MDOC psychologists and Central Office staff utilized the strategic action plan. This plan was operationalized it into an evidenced based residential program. The goal of this new program is to increase public safety by reducing criminal sexual recidivism amongst the current prison population.



Everything that you do is a step towards healthy living or towards destructive living. Which one do you choose?



The Michigan Sex Offender Program (MSOP) has been designed to provide offenders with:

- skills to make healthier decisions
- self-confidence
- pro-social thinking

This program was designed to reduce the probability of sexual assault by assisting offenders in developing self management plans that provide them with skills, self-confidence, and attitudes necessary to pursue an individualized good life. In other words, the program anticipates that sex offenders who complete treatment will be better equipped for healthier functioning to meet their own basic needs, thus less likely to reoffend and create new victims.

Several prisons have been designated as Sex Offender Program hubs. Within each of these prisons, Residential Treatment Unit(s)

(RTU) have been created. These units house prisoners who have been convicted of one or more sex offenses and have been assessed at high, moderate or low risk level according to assessments. Each treatment unit is comprised of housing unit staff and psychological staffs comprise a treatment team. In addition, to the treatment team, prisoners have access to a self-help library and self-help group facilitators. These elements greatly enhance the therapeutic experience for RTU residents.

Specific Areas Covered in the MSOP

Changing thoughts-Learn how to identify and change anti-social thinking and replace with more pro-social thinking.

Developing healthy attitudes-Create new beliefs and attitudes about sexuality, sexual interests, preferences and emotional intimacy

Regulating feelings-Learn how to identify and express emotions in more appropriate ways, including managing anger.

Developing appropriate behaviors
Identify old behaviors and create healthy new behaviors which will lower the risk of: substance abuse, antisocial thinking and interpersonal and family/marital conflicts.

Creating a plan for a healthy lifestyle

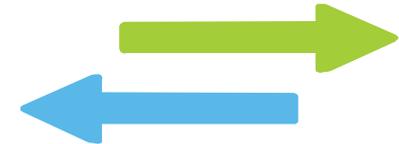
Increase confidence to make healthier choices, review strategies targeting criminogenic needs, increase healthy supports, and develop a personalized plan with pro-social goals for a good life with no more victims.

The initial steps needed to start healthy living:

1. Prescreen Interview date:

2. MSOP Phase II-V Start date:

3. Names of Clinical Staff:



*People fail from lack of planning.
Start choosing how you want to live
your life today.*

MSOP Website Address:

http://www.michigan.gov/corrections/0,4551,7-119-68854_68856_74016---,00.html