

# Specialized Treatment Programs

## Community / Parole Supervision for Life CSL/PSL Program Description

UHC offers sexual offense-specific treatment services to sex offenders serving sentences of Community Supervision for Life (CSL) or Parole Supervision for Life (PSL). Parolees are referred to services by their Parole Officers with the expectation that this treatment becomes a mandated condition for their community supervision. Parolees are not charged for services. Treatment occurs in District Parole Offices and Community Resource Centers during the day and after hours, and is usually scheduled in conjunction with regular Parole Supervision reporting sessions.

The structure of treatment is a three phase model:

- Phase 1: Overview of the legal issues. Beginning exploration of the offenses in question.
- Phase 2: Active Phase: Learning new skills to avoid future legal and psychological problems.
- Phase 3: Maintenance: Remaining safe in the community.

Treatment is typically on a weekly basis in a group setting, which is the treatment of choice for this population. Program participants are required to create a Safety Plan that will guide the offender's actions and help them avoid victimizing behaviors in the future. Recalcitrant offenders will be placed in a Pre-Treatment Group; and parolees who refuse to cooperate with treatment are subject to various sanctions by Parole. These sanctions include increased supervision or parole revocation. Treatment methodologies include Risk-Need-Responsivity (RNR), Strength Based and Good Lives Models (GLM).

Parolees who invest in the treatment process will explore the circumstances that led them to commit sexual offenses in the past; and learn the skills necessary to maintain themselves safely in the community in the future. Upon completion of treatment (determined by the therapist and PO) the parolees will remain connected through intermittent, but regularly scheduled maintenance contacts.

Treatment staff and parole supervision staff work collaboratively, as relevant treatment information assists the POs in setting supervision conditions that protect the community from future sexual offenses.

Treatment staff work to assist these men/women in the difficult task of understanding the hurt and anguish caused by their sexually offensive behavior. This is accomplished through guided group discussions and written tasks that demand accountability. Program participants are expected to abide by their mandated parole conditions and invest themselves in the treatment process. Regular progress reports are sent to the POs.

Research has shown that collaborative efforts between therapists and supervisors lessens recidivistic sexual offenses. Through the initiation of this program the intent is to make assessment and treatment services available to all CSL/PSL parolees.

The goal is community safety.

## United States District Court Federal Program Description

Primary Treatment Phase is defined as the time where the clinician performs the following:

- 1) Identify and treat offender's stable/acute dynamic risk factors, provide effective interventions, discuss and integrate protective factors
- 2) Hold offenders accountable for their behavior and assist them in maintaining accountability
- 3) Require offenders to complete a full sex history disclosure and to disclose all current sex offending behaviors

- 4) Reduce offenders denial and defensiveness
- 5) Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies while increasing appropriate sexual thoughts
- 6) Educate offenders about the potential for re-offending and specific risk factors
- 7) Teach offenders self-management methods to avoid sexual re-offense
- 8) Identify and treat offenders thoughts, emotions and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors
- 9) Identify and treat offenders cognitive distortions
- 10) Educate offenders about non-abusive, adaptive, legal and pro-social sexual functioning and that a satisfying life is incompatible with sexual offending
- 11) Educate offenders about the impact of sexual offending upon victims, their families and the community
- 12) Provide offenders with training to develop the skills necessary to achieve sensitivity and empathy with victims
- 13) Identify and treat offenders personality traits and deficits related to their potential for re-offending
- 14) Identify and treat the effects of trauma and past victimization of offenders as factors in their potential for re-offending. It is essential that offenders be prevented from assuming a victim stance in order to diminish responsibility for their actions
- 15) Identify social deficits and strengthen offenders social and relationship skills, where applicable; develop and enhance healthy interpersonal and relationship skills including communication, perspective, talking and intimacy
- 16) Require offenders to develop a written plan for preventing re-offense; the plan should identify antecedent thoughts, feelings, circumstances and behaviors associated with sexual offenses
- 17) Evaluate existing treatment needs and provide treatment or referrals for offenders with co-existing treatment needs (medical, developmental, learning or physical disabilities, pharmacological, psychiatric, substance abuse, domestic violence, cultural or language needs, sexual orientation &/or gender identity)
- 18) Maintain communication with significant people in offenders support systems to the extent possible, to assist in meeting treatment goals
- 19) Identify and treat issues of anger, power and control
- 20) Educate individuals identified as part of the offender's support system about the potential for re-offending and the offender's specific risk factors, in addition to requiring the offender to disclose critical issues and current risk factors