

DEPARTMENT OF MENTAL HEALTH
INFORMED CONSENT FOR SEX OFFENDER COMMITMENT PROGRAM
PHASES II-IV TREATMENT

A Superior Court has determined Probable Cause or committed you under the Welfare and Institution Code 6600 series. The Court has ordered you to the Department of Mental Health for appropriate treatment and confinement until your condition has so changed that you are not likely to commit sexual crimes while under supervision and treatment in the community. Research has shown that sexual offenders who complete a treatment program can significantly reduce their risk of re-offending (Hanson 2002; McGrath et al, 2003).

At SOCP, treatment occurs in Phases II-IV of the Sexual Offender Commitment Program (SOCP), which is a more intensive and personal form of therapy than the non-sex offense specific treatment offered. This form of therapy includes thorough examination of past self-defeating patterns of behavior, identification of individual factors that contributed to sexual offending, and establishing more healthy ways of coping with sexual impulses and other risk factors. The process involves honesty and self-disclosure about thoughts, feelings, and behavior, which can be difficult. This treatment is based on a structured protocol approved by the California State Department of Mental Health.

We cannot tell you how long it will take you to complete each phase of the treatment program since progression from one phase to the next is based on acquiring and demonstrating specific skills, as explained to participants at entry to each of the phases. Some participants will be able to develop the skills more quickly than others. The time a participant takes to progress through the program is also influenced by motivation, which we know can vary over time. To date, research has not yet identified a reasonable alternative treatment to the SOCP that is proven to more greatly reduce the risk of re-offending.

MY CONSENT TO PHASE II-IV TREATMENT

1. By entering Phases II-IV of the SOCP treatment program and by signing this form, I am in full agreement with the following program expectations:
 - A. Acknowledgement that I have committed past sexual offenses.
 - B. Desire to reduce my risk of re-offending.
 - C. Willingness to discuss my sexual offenses, as part of my assessment and therapy processes.
 - D. Willingness to behave appropriately during treatment sessions.

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- E. Commitment to non-abusive behavior in my daily living.

- F. Participation in all required assessment procedures, including:
 - a. Interviews to obtain a complete personal and family history.

 - b. Psychological assessments, both verbal and written, which evaluate such areas as sexual history, interests and knowledge; interpersonal functioning, personality traits, thinking patterns, and emotional states.

 - c. Penile Plethysmograph (PPG) assessment, which is used to assess my patterns of sexual arousal and the effectiveness of treatment (such as cognitive behavior therapy, behavioral conditioning or medication). In the PPG procedure, while wearing a sterilized gauge around my penis, a machine records any erection response that results from listening to and/or viewing depictions of sexual and non-sexual materials. This assessment occurs within a private laboratory setting and may include video-monitoring of the head area. I understand that a separate informed consent is required prior to my participation in the PPG examination.

 - d. Polygraph examination on one or more occasions during SOCP Phase II-IV Treatment. The polygraph may be used to clinically help me and my Wellness and Recovery Team to:
 - Assess whether all high-risk elements have been identified and addressed in treatment.
 - Assess whether I am engaging in high-risk behavior while participating in the treatment program.
 - Assess a specific incident that may be a point of contention in my treatment.

I understand that a separate informed consent is required prior to the administration of each polygraph examination, that all examinations include video-taping.

I understand that the SOCP assessment procedures are not designed to be an indication of criminal guilt or to be used in court. I also understand that my refusal to undergo the requested examinations will prevent advancement in SOCP phase treatment.

2. LIMITS OF CONFIDENTIALITY

The intention of SOCP is to provide a safe, supportive, and therapeutic environment that promotes lasting positive change. The hospital complies with all state and federal mandatory laws. I understand that I have rights to privacy and security of my healthcare information. I also understand that there are limits to confidentiality regarding the information I provide. Any

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information that is revealed in the course of treatment can be shared with other Wellness and Recovery Team members and appropriate outpatient treatment providers. In group situations where others share confidential information, I agree to keep this treatment information confidential within the treatment group.

I further understand that there are exceptions to confidentiality, including the following:

- The courts can subpoena my entire medical record as well as specific treatment staff testimony.
- State and federal mandatory reporting laws require that staff report to the appropriate authorities any new revelation of specific individuals (minors, dependent adults or elderly individuals) who were victimized. As a result of such reporting requirements, there may be an investigation that could lead to new charges of the commission of a sex crime.
- Any serious threat of physical violence against someone requires notification of potential victims, per state law.
- State evaluators, the court, and outpatient treatment evaluators can obtain information without my consent.
- Some phases or treatment groups may require videotape recording that is used for program development, fidelity monitoring, and professional development. This requires a separate consent form which indicates a specific period of time the tapes will be erased.

3. PROGRAM EVALUATION

State Hospitals collect data to evaluate effectiveness and make improvements in their treatment programs. This data may also be used for public information and reports on treatment outcomes. When this occurs, I understand that neither my name nor identifying information will be disclosed in the reports or the program evaluation process.

4. USE OF MEDICATIONS

Medications may be recommended to assist in the control of deviant sexual behavior. I have the right to refuse such medications. I understand that non-emergency medication will be prescribed and administered only with my consent (on a separate consent form).

5. POTENTIAL BENEFIT OF SOCP PHASE II-IV TREATMENT

Skills and knowledge acquired through the SOCP Phase Treatment Program can help in living a healthy, happy, and offense-free life. There can be psychological benefits and emotional relief from sharing secret information and learning alongside other individuals who are also committed to positive change and abstinence from abusive behaviors. This sense of community can reduce feelings of isolation and withdrawal that can lead to sexual offending. Feelings of rejection by society can be explored and reduced with an increase in healthy social behavior and trust in myself and others. Participation in SOCP Phase groups along with the

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increased interaction with staff will aid the Wellness and Recovery team in identifying specific problem areas and an appropriate recovery plan, which considers my specific needs and personal strengths.

6. POTENTIAL RISK OF SOCP PHASE II-IV TREATMENT

In addition to limits of confidentiality (#2 above), there are other potentially negative side effects of engaging in Phases II-IV. Revealing information about my sexual offending, confronting problematic thinking, changing my thinking and behavior, and other aspects of treatment may produce temporary emotional discomfort such as anxiety, shame, or depression. If I experience these feelings, I know that I can go to treatment providers who will offer me help to cope with this discomfort.

7. CONSENT

I (print name) _____ have read, or have had read to me, all of the above statements and understand the potential risks and benefits of participating in the SOCP Phase II-IV Treatment. My signature indicates that any questions I have concerning entering SOCP Phase II-IV Treatment have been sufficiently answered. My signature on this Informed Consent is NOT an admission that I meet the criteria to be committed as a Sexual Violent Predator. By signing this consent form, I agree to participate in the SOCP Phase II-IV evaluations and treatment.

I understand that I may withdraw my consent to participate in SOCP Phase Treatment at any time and the inactive consent form will remain in my clinical record.

_____	_____
Participant Signature	Date
_____	_____
Staff Witness Signature	Date

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SOCP Phase Treatment Program

Phase I: Treatment Readiness

- Facilitates the participants' transition from the prison culture to the treatment environment.
- Prepares participants to take an active role in their therapy.
- Uses informative methods to educate participants on such topics as hospital attitudes, interpersonal skills, anger management, mental disorder, victim awareness, cognitive distortions, and relapse prevention.
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Phase II: Skills Acquisition

- Shifts participants' focus from education and preparation to personal therapy.
- Teaches coping strategies, behavioral skills, pro-social thinking, and emotional awareness, to increase self-control.
- Requires that the participants:
 - Acknowledge and discuss past sexual offenses;
 - Express a desire to reduce their risk of re-offending;
 - Agree to participate in required assessment procedures;
 - Be willing and able to conduct them self appropriately in a group setting.

Phase III: Skills Application

- Integrates the skills participants learned during Phase II into their daily lives.
- Broadens and deepens their skills in relapse prevention, coping with cognitive distortions, and developing victim awareness.
- Causes participants to examine their daily experience in unit life and to practice their behavioral interventions through extensive use of journals and logs.
- Requires that participants:
 - Accept responsibility for past sexual offenses;
 - Articulate a commitment to abstinence, which is reflected in current behavior;
 - Understand the trauma resulting from their sexual crimes;
 - Are able to correct deviant thoughts;
 - Demonstrate ability to manage deviant sexual urges and impulses;
 - Show good ability to cope with high risk factors for re-offending;
 - Cooperate with institutional supervision;
 - Display skills necessary for self-regulation;
 - Demonstrate ability to maintain appropriate relations with female staff;
 - Display skills necessary to avoid emotional identification with children.

SOCP Phase Treatment Program

Phase IV: Discharge Readiness

- Develops a detailed Community Safety Plan developed in conjunction with the offender's assigned Conditional Release Program (CONREP).
- Involvement of family members and significant others in the relapse prevention plan.
- Focuses on how the skills in relapse prevention, managing cognitive distortions, victim empathy, and coping strategies will generalize and transfer to the community setting.
- Treatment teams must determine that participants:
 - Can fully describe the negative impact of abuse on their victims;
 - Acknowledge and accept past sexual offenses;
 - Articulate commitment to abstinence;
 - Correct all cognitive distortions;
 - Able to control deviant sexual urges and interests;
 - Can describe a complete range of prospective high-risk factors and internal warning signs;
 - Cope with risky situations and thinks in ways that reduce his likelihood for re-offending in their daily lives;
 - Follow rule and comply with requirements of supervision;
 - Display no inappropriate impulsivity or inappropriate emotions;
 - Relate well with women and able to avoid emotional identification with children;
 - Conditional Release Program in the county of commitment is willing to accept participant into outpatient treatment and supervision.

Phase V: Community Outpatient Treatment under CONREP

- IS administered by Liberty Healthcare in the offenders' county of commitment.
- California Superior Court approves and orders placement into this final phase of treatment.
- Transfers the site of ongoing treatment from CSH to the community setting.
- Provides intensive on-going supervision and monitoring to facilitate early detection of relapse and ensure community safety.