

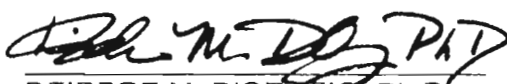
**SUBJECT: ADVANCING INDIVIDUALS THROUGH THE PHASES OF THE SEX
OFFENDER COMMITMENT PROGRAM (SOCP)**

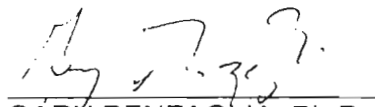
I. PURPOSE:

This policy outlines a structured and consistent referral and evaluation procedure for progression through the Phases of the SOCP sexual offense specific treatment program.

II. PROCEDURE:

- A. Enrollment in Phase II
(Attachment A)
- B. Referral for Phase III Staffing
(Attachment B)
- C. Tasks for the Phase III Staffing Panel
(Attachment C)
- D. Referral for Phase IV Staffing
(Attachment D)
- E. Tasks for the Phase IV Staffing Panel
(Attachment E)
- F. Referral for Phase V Staffing
(Attachment F)
- G. Tasks for the Phase V Staffing Panel
(Attachment G)

 4/17/07
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 5/30/07
GARY RENZAGLIA, Ph.D. Date
Clinical Administrator

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ATTACHMENT A

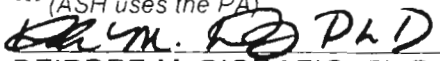
Procedure for Enrollment in Phase II

1. When an individual volunteers for Phase II he is acknowledging the following criteria:
 - He has committed past sexual offenses;
 - He wants to reduce his risk of re-offending;
 - He is willing to discuss his sexual offenses as part of the assessment and therapy process;
 - He will cooperate with the required assessment procedures (i.e. PPG/Assessment Battery/Polygraph);
 - He expresses a commitment to abstinence from abusive behavior.
 - He understands the content material of Phase I to the satisfaction of the WRT.
2. When an individual volunteers for Phase II, the Wellness and Recovery Team (WRT) will review the request with the individual during a WRT meeting. During a one-on-one session, a clinician will review the Informed Consent for Sex Offender Commitment Program Phases II-IV Treatment (Policy #101; hereafter, Consent Form) with the individual, process concerns about treatment, and witness the signing of the Consent Form. The Consent Form will be filed in the medical record under the Consent tab and the individual will be given a copy.
3. A WRT member will memorialize the signing of the Consent Form in an Interdisciplinary Note (IDN).
4. The WRT will submit a referral for Phase Treatment Evaluation and Action Plan,* - Assessment Battery to the Specialized Assessment Center (SAC) and submit a referral for Phase II group assignment to the Treatment Mall Director**, who will and assign him to the appropriate Core Phase II group. The Treatment Mall Director or designee will inform the Core Phase II clinicians prior the first group the individual attends so that they may prepare the group for a new member.
5. The Treatment Mall Director/designee*** will notify the individual's WRT of his scheduled Core Phase II group. The SAC director or designee will notify the individual's unit of the assessment appointment. The WRT is responsible for relaying this information to the individual.

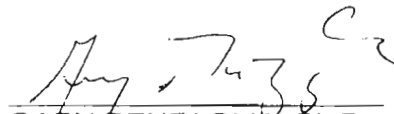
* (not used at ASH)

** (ASH assignment by PA/WRT)

*** (ASH uses the PA)


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ATTACHMENT B


Referral for Phase III Staffing

1. A referral for Phase III staffing will occur when the Phase II participant, the Wellness and Recovery Team (WRT), and the Core Phase II treating clinicians confer that the Phase II participant has accomplished the following:
 - Individual attends WR Team approved treatment for reducing risk of sexual re-offense, with maximum engagement;
 - He has developed a comprehensive list of his high-risk factors and cognitive distortions based on a complete review of his sexually abusive criminal history;
 - He has identified a variety of realistic coping responses for his high-risks and corrections for his cognitive distortions;
 - He is aware of all identified cognitive distortions that lead to his sexual offenses, but he may be inconsistently able to correct these distortions or he may continue to require staff prompting to do so.
 - Individual understands and can describe all of his identifiable risk factors. He has developed and can articulate realist coping plans for each factor, but may not demonstrate these skills consistently.
 - Individual is able to identify the typical responses to sexual abuse (e.g., feelings of lack of control, distrust of others, etc.), and he may be able to describe some of the negative impact his behavior is likely to have had on the victims. However, he may minimize or diminish the likely ramifications of his actions on the life of his victims.
 - Individual demonstrates at least inconsistent or partial ability to manage deviant sexual arousal. Consistency and degree of success of reduction and control of deviant sexual urges are measured by self-report, staff observation and phallometric assessment. If the individual does not self-report deviant arousal, staff do not observe deviant arousal, and he has been deemed a non-responder on phallometric assessment he is considered to have met this criterion.
 - He demonstrates a commitment to abstinence from abusive behavior that is evidenced in his daily behavior.
 - Individual may display minor problems in his cooperation with institutional supervision, but is easily redirected and processes the incident in-group or with the WRT.
 - *Individual displays a capacity for managing his emotions/behaviors and is easily redirected and processes any incidents in-group or with WRT.(Self-regulation skills)*
 - Individual's relationships with women are typically respectful but any inappropriate incidents are processed in-group and/or with the WRT. If the individual has no history of difficulty with relationships with females then ignore this criterion.
 - Individual has awareness of his tendency to emotionally identify with children and is often successful with his interventions, which he processes in-group, and/or with the WRT. If the individual has no history or emotional identification with children then ignore this criterion.

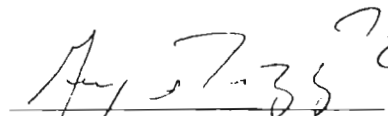
2. The WRT will confirm the following assessments & assignments are complete:
 - Polygraph Examination, Penile Plethysmograph Assessment, Phase Treatment Evaluation and Action Plan (PTEAP).*
 - Scores on the Relapse Prevention Skills Profile will minimally be as follows: (This section not currently utilized).
 - All Phase II assignments have been completed to the satisfaction of the current group facilitators as indicated on the SOCP checklist.
 - Prescribed specialty groups have been successfully completed as indicated on the SOCP checklist*.
3. When the above have been met, the assigned unit psychologist will notify their Senior Psychologist Supervisor (SPS)** to request a staffing. The SPS will notify the Program Director (PD), and the SVP Coordinator.
4. Under direction from the director of Evaluation and Development Services (EDS), the SVP Coordinator will assign a Staffing Officer and a Staffing Panel. The SVP Coordinator is responsible for coordinating and scheduling the staffing when all parties can be present (at minimum, the staffing panel, one treating clinician, the assigned unit clinician, and the unit supervisor or designee), but the staffing should not be delayed more than 30 days.
5. The individual is responsible for providing an index and the following assignments to the treating clinician: Layout, all assigned Behavior Chains (minimum of one chain for each qualifying sexual offense; each victim type; and each sexual offense type), Decision Matrices, Top Ten High Risk Elements, Top Ten Dysfunctional Beliefs, complete list of High Risk Elements, Timeline; Autobiography, and all other incidental homework assignments.
6. The treating clinician will make the index, the assignments, and the PTEAP available to the SVP Coordinator, who will distribute them to the panel. The SVP Coordinator will notify the panel, the director of EDS, the Senior Supervising Psychologist, the Core Phase II clinicians, the assigned Unit clinician, and the clinical administrator of the date and location of the staffing. The SVP Coordinator will notify Liberty Healthcare (Community Program Director for the county of commitment) and request their attendance. The SVP Coordinator will insure the medical record is at the staffing location.
7. The Core Phase II clinician will prepare to begin the staffing with a brief overview of the individual's course of treatment, assessment results and progress. The Core Phase II clinician may respond to questions specific to Phase treatment and the assigned unit clinician may respond to questions about other aspects of the WR Plan.

* (ASH does not use this document)

** (ASH has any WRT member notify the PA)


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**SUBJECT: ADVANCING INDIVIDUALS THROUGH THE PHASES OF THE SEX
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ATTACHMENT C

Tasks for the Phase III Staffing Panel

1. The task of the staffing panel is to assess whether the individual demonstrates competence in the following criteria:
 - a. He acknowledges his past sexual offenses and fully accepts them as his own responsibility.
 - b. He can describe some of the negative impact that his abuse had on the victims.
 - c. He articulates an ongoing commitment to abstinence from abusive behavior that is demonstrated in his daily behavior.
 - d. He identifies his known list of cognitive distortions that lead to offending.
 - e. He demonstrates ongoing motivation and at least partial ability to manage his deviant sexual urges and interests.
 - f. He identifies his known list of high risk factors and can describe realistic coping responses for each risk factor.
2. The Core Phase II clinician will begin the staffing with a brief overview of the individual's course of treatment, assessment results and progress. The Core Phase II clinician may respond to questions specific to Phase treatment and the assigned unit clinician may respond to questions about other aspects of the WR Plan.
3. After the staffing interview is completed, the individual is asked to leave the room, while the panel concludes their assessment. The staffing panel must reach consensus that the individual is competent on each of the criteria in #1 above.
4. The staffing officer will inform the individual of the consensus or non-consensus result. If consensus is not reached the individual and WRT will be given specific guidance as to the deficient areas that need additional work prior to re-staffing the individual.
5. A representative from the staffing panel will memorialize the staffing in an IDN.
6. In the case of consensus for progress to Phase III, a staffing panel designee will inform the Treatment Mall Director. The Treatment Mall Director will assign the individual to a Phase III group and inform the Phase III clinicians, and the individual via his WRT of the time, date and location.
7. The individual will have the opportunity to process his departure with his Phase II group.

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**SUBJECT: ADVANCING INDIVIDUALS THROUGH THE PHASES OF THE SEX
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ATTACHMENT D

Referral for Phase IV Staffing

1. A referral for Phase IV staffing will occur when the individual, the WRT, and the Core Phase III clinicians confer that the Phase III participant has accomplished the following:
 - He is able to identify historical and new high-risks in his day-to-day life and utilize appropriate and effective coping responses;
 - He is ready to develop an individualized community safety plan;
 - He is consistently able to recognize and correct cognitive distortions that served as precursors to sexual offending, or individual no longer evidences any such distorted thoughts and beliefs. Individual employs both behavioral and cognitive restructuring techniques in his coping responses.
 - He demonstrates the ability to identify and correct new cognitive distortions as they arise;
 - He has demonstrated full motivation and specific ability to manage his deviant sexual arousal.
 - He attends WR Team approved treatment for reducing risk of sexual re-offense, with maximum engagement.
 - He can fully describe a realistic and balanced perception of the negative impacts of his abuse of his victims. For example, the individual may have successfully written victim clarification letters for all his victims, may have paid all court-ordered restitution, etc.
 - Individual consistently displays an ability to manage his deviant sexual interests or preferences in the hospital setting, including laboratory evaluations. Individual may use tools such as medications or a behavioral approach to reduce and control his deviant sexual urges.
 - Individual describes a complete range of prospective high-risk situations and internal and external warning signs of increased risk. Individual effectively copes with all identifiable high-risk factors for sexual re-offense. He routinely anticipates realistic consequences of most decisions. He consistently demonstrates a motivation and ability to handle daily high-risk situations, including multiple coping responses for each of his high-risk factors.
 - Individual follows the rules and complies with the requirements of supervision regarding his treatment.
 - Individual displays a capacity for managing his emotions/behaviors and is easily redirected and processes any incidents in-group or with the WRT.
 - Individual's relationships with women are consistently respectful. If the individual has no history of difficulty with relationships with females then ignore this criterion.
 - Individual displays skills necessary to avoid emotional identification with children. If the individual has no history of emotional identification with children then ignore this criterion.

2. The WRT will confirm the following criteria have been met:
 - Maintains competency in Phase II & III skill criteria (See Attachment B and C)
 - Phase III assessments complete.
 - Prescribed specialty groups complete as indicated on the SOCP Checklist.
 - All Phase III assignments complete to the satisfaction of the current Core Phase III facilitators as indicated on the SOCP Checklist.
3. When the above have met, the assigned unit psychologist will notify their Senior Psychologist Supervisor (SPS) * to request a staffing. The SPS will notify the Program Director (PD), and the SVP Coordinator.
4. Under direction from the director of Evaluation and Development Services (EDS), the SVP Coordinator will assign a Staffing Officer and a Staffing Panel. The SVP Coordinator is responsible for coordinating and scheduling the staffing when all parties can be present (at minimum, the staffing panel, one treating clinician, the assigned unit clinician, and the unit supervisor or designee), but the staffing should not be delayed more than 30 days.
5. The SVP Coordinator will notify Liberty Healthcare (Community Program Director for the county of commitment) and request their attendance. The Director of Program Evaluation & Development will notify the Clinical Administrator and Medical Director.
6. The individual is responsible for providing an index and the following assignments to the treating clinician: Layout, all assigned Behavior Chains (minimum of one chain for each qualifying sexual offense; each victim type; and each sexual offense type), Decision Matrices, Top Ten High Risk Elements, Top Ten Dysfunctional Beliefs, complete list of High Risk Elements, Timeline; Autobiography, Thought By Thought, Victim Empathy Assignments, and all other incidental homework assignments.
7. The treating clinician will make the index, the assignments, and the PTEAP available to the SVP Coordinator, who will distribute them to the panel. The SVP Coordinator will notify the panel, the director of EDS, the Senior Supervising Psychologist, the Core Phase II clinicians, the assigned Unit clinician, the clinical administrator, and the medical director of the date and location of the staffing. The SVP Coordinator will insure the medical record is at the staffing location.
8. The Core Phase III clinician will begin the staffing with a brief overview of the individual's course of treatment, assessment results and progress. The Core Phase II clinician may respond to questions specific to Phase treatment and the assigned unit clinician may respond to questions about other aspects of the WR Plan.

* (ASH utilizes the PA).

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**SUBJECT: ADVANCING INDIVIDUALS THROUGH THE PHASES OF THE SEX
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ATTACHMENT E

Tasks for the Phase IV Staffing Panel

1. The staffing interview will confirm the individual demonstrates competence in the following criteria:
 - a. He can fully comprehend and describe the negative impact that his abuse may have had on the victims. This empathic understanding is demonstrated in his daily interactions with staff and peers in this setting.
 - b. He continues to acknowledge his past sexual offenses and accepts them as his own responsibility.
 - c. He continues to articulate a commitment to abstinence that is reflected in his daily behavior.
 - d. He recognizes and corrects all known cognitive distortions that lead to offenses using behavioral and cognitive restructuring techniques. He identifies and challenges new cognitive distortions.
 - e. He shows an on-going ability to control his deviant sexual urges and interests.
 - f. He can describe a complete range of prospective high-risk factors and internal warning signs that signal increased risk of re-offending and he demonstrates effective coping with risk factors in the hospital setting.
 - g. He has completed all Phase III assignments.
2. The staffing panel must reach consensus that the individual is competent on each of the above criteria.
3. The staffing officer will inform the individual of the consensus or non-consensus result. If consensus is not reached the individual and WRT will be given specific guidance as to the deficient areas that need additional work prior to re-staffing the individual.
4. A representative from the staffing panel will memorialize the staffing in an IDN.
5. In the case of consensus for progress to Phase IV, a staffing panel designee will inform the Treatment Mall Director. The Treatment Mall Director will assign the individual to a Phase IV group and inform the Phase IV clinicians, and the individual via his WRT of the time, date and location.
6. The individual will have the opportunity to process his departure with his Phase III group.

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ATTACHMENT F

Referral for Phase V Staffing

1. A referral for Phase V staffing will occur when the individual, the Wellness and Recovery Team (WRT), and the Phase IV clinicians confer that the individual is not likely to commit acts of predatory sexual violence while under supervision and treatment in the community.
2. The WRT will confirm the following criteria have been met.
 - a. Maintains competency in Phase II, III, & IV skill criteria (See attachment B, C, D, & E)
 - b. Completed Phase II, III, & IV assessments as needed.
 - c. Completed all prescribed specialty groups.
 - d. RSP scores will all be 4's (This section to be edited).
 - e. Completed all Phase II, III, & IV assignments.
 - f. The individual has signed DRAFT Terms & Conditions & a Community Safety Plan that adequately addresses all of his high risk factors.
3. When the above have been met, the assigned psychologist will notify the Senior Psychologist Supervisor (SPS)* to request a staffing. The SPS will consult with the Program Director (PD), and if they agree, the SPS will notify the SVP Coordinator. The SVP Coordinator will notify Liberty Healthcare (Community Program Director for the county of commitment), the medical director, and the clinical administrator and request their attendance. The SVP Coordinator will contact the Director of Program Evaluation & Development, who will facilitate the staffing. The Staffing will be scheduled when all parties (at minimum Phase IV clinician, assigned psychologist, unit supervisor, Liberty representative, Medical Director) can be present, but the staffing should not be delayed more than 30 days.
4. The individual is responsible for providing the following documents to the treating clinician: Complete set of Daily Journals, Victim Letters, Victim Clarification Letters, all assigned Behavior Chains, Decision Matrices, Top Ten High Risk Elements, Top Ten Dysfunctional Beliefs, complete list of High Risk Elements, Timeline, Autobiography, and all other Phase II, III, & IV assignments.
5. The treating clinician will make the above documents and the Phase Treatment Psychological Evaluation and Action Plan available to the Staffing Officer.
6. The individual must agree to and sign the Community Release Program Terms and Conditions when available. If unavailable, a draft of Terms and Conditions will be made available for the individual to review and sign. The WRT will prepare this draft set of Terms and Conditions as a recommendation to Community Release Program that is based on their knowledge of the individual.

* (ASH utilizes the PA)

7. Additionally, the WRT will prepare a draft of the Community Safety Plan, which is consistent with the Department's Community Safety Plan format, dated 4/19/02 and based on their knowledge of the individual. The WRT will collaborate with the treating clinicians and Community Release Program in the preparation of these documents. The assigned psychologist will make these materials available to the panel.
8. The assigned psychologist will begin the staffing with a brief overview of the individual's courses of treatment, assessment results and progress. The treating clinician may respond to questions specific to Phase treatment.

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ATTACHMENT G

Tasks for the Phase V Staffing Panel

1. The staffing interview will confirm that the individual meets the following criteria:
 - a. He can describe his Community Safety Plan.
 - b. He can fully describe and demonstrate coping responses for high risk factors that he may face in the community.
 - c. He can describe how the Terms and Conditions are appropriate to his criminal history.
 - d. He can fully comprehend and describe the negative impact that his abuse may have had on his victims. This empathic understanding is demonstrated in his daily interactions with staff and peers in this setting.
 - e. He continues to acknowledge his past sexual offenses and accepts them as his own responsibility.
 - f. He continues to articulate a commitment to abstinence that is reflected in his daily behavior.
 - g. He recognizes and corrects all known cognitive distortions that lead to offenses using behavioral and cognitive restructuring techniques. He identifies and challenges new cognitive distortions.
 - h. He demonstrates full motivation and an on-going ability to control his deviant sexual urges and interests.
 - i. He can describe a complete range of prospective high-risk factors and internal warning signs that signal increased risk of re-offending and demonstrates effective coping with risk factors in the hospital setting.
 - j. He has completed all Phase IV assignments.
2. In the case the staffing confirms the individual has satisfactorily achieved the above, the Medical Director will write a recommendation for Phase V, in compliance with Special Order 330. In the case the individual has not met the above criteria, the Medical Director will provide the individual and the WRT specific guidance as to deficient areas.
3. A representative from the WRT will memorialize the staffing in an IDN.

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