Wisconsin Department of Corrections **Program Treatment Standards**		**Page** 1 of 21
	Original Effective Date: 10/30/2016	**New Effective Date:** 04/01/2020
	Supersedes: 2016 Sex Offender Treatment (SOT) Standards	
	Units Affected:	
	☒ DAI Institutions ☒ DJC Facilities ☒ DCC Facilities ☒ WCCS Facilities ☒ Contracted Providers ☒ WRC	
Program: Sex Offender Treatment (SOT) Service Standards		
Approved by Deputy Secretary Amy Pechacek:		
Approved on: 4-21-20		

I. References

See attached reference list

II. Definitions and Acronyms

A. **Sex Offender:** For the purpose of **evaluation** and **treatment** only, the Wisconsin Department of Corrections defines a sexual offender as:

1. A person who has a conviction, adjudication, or read-in for a sexually motivated offense. An offense does not need to be called "sexual" in its legal title or definition to be considered a sexual offense for the purpose of treatment. Offenses that directly involve illegal sexual behavior are counted as sex offenses even when the legal process has led to a "non-sexual" charge or conviction.
2. A case where there is no criminal charge or conviction for a sexually motivated offense but there is a substantiated allegation (e.g. through PREA investigation, revocation proceedings, conduct report, or other means) of sexually assaultive or sexually motivated behavior and a licensed mental health treatment provider (Staff Standards: VI.A.1.a) or an unlicensed mental health treatment provider supervised by a licensed professional (Staff Standards: VI.A.1.b), determines that the person needs sex offender treatment after completing required assessment and evaluation (Service Standards: V.A)

B. **Sexually Motivated**: Refers to behavior that an individual engaged in for the purpose of sexual arousal or gratification.

C. **Exceptions to Sex Offender Definition:**

1. Individuals with a history of a sexually motivated offense who, following release from jail or prison, have lived sexual offense-free in the community for a total of 15 or more years (cumulative) and who are now incarcerated or on supervision for a non-sexually motivated offense. The individual must have had the opportunity to reoffend (i.e. not incarcerated in any capacity) and not done so within a cumulative 15 year timeframe.

2. Individuals who were convicted of a sexually motivated offense that occurred at, or prior to, the age of 15 and who are currently incarcerated or being supervised as an adult for a non-sexual offense and there is no evidence of sexually motivated offending after the age of 15.
3. Convictions for offenses related to pimping/prostituting or failure to register do not constitute a sexually motivated offense.

D. **Risk Assessment**: Classification of the recidivism risk of sexual offenders by the use of assessment protocols established by scientific research. The following tools are required by these standards:
   1. **ARMIDILO-S:** Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend – Sexually (Boer, et al., 2013)
   2. **J-SOAP-II:** Juvenile Sex Offender Assessment Protocol, 2nd edition (Prentky & Righthand, 2003)
   3. **STABLE-2007:** (Hanson & Harris, 2000) (Hanson R. K., 2007)
   4. **STATIC-99R:** (Phenix, et al., 2016)
   5. **CPORT**: Child Pornography Offender Risk Tool (Eke, Helmus, & Seto, 2019)

E. **Deviant Interest Assessment:**
   1. **Abel Assessment of Sexual Interest-3:** (Abel Assessment systems, 2013)
   2. **Abel-Blasingame Assessment System (ABID):** (Blasingame, Abel, Jordan, & Wiegel, 2011)

F. **Risk Level Designation:** Classification of an overall risk level of likelihood of a sexual offender committing new offenses upon release, as determined by risk assessment instruments and review of clinical factors associated with risk.

G. **Protective Factors Assessment:** Protective factors can help mitigate risk and guide treatment recommendations. The Structured Assessment of Protective Factors (SAPROF) (de Vogel, de Ruiter, Bouman, & de vries Robbe, 2012)] and the SAPROF-SO (Willis, Thornton, Kelly, & de Vries Robbé, 2017) are the approved protective factor assessments.

III. Purpose and Scope of Service

Sex offender services protect the community from criminal sexual behavior by evaluating, treating, and reducing the offender's risk of sexual and sexually-related reoffending.

IV. Purpose of the Standards

Standards for sex offender assessment and treatment are necessary to achieve the following objectives:

A. Increase the effectiveness and consistency of service delivery throughout WIDOC.
B. Effectively utilize fiscal and human resources.
C. Identify subordinate goals, objectives, and outcomes to form the basis of policy and procedure guides.
D. Guide curriculum development and implementation.
E. Identify offender risk, needs, and responsivity factors and incorporate them in all aspects of treatment and treatment design.
F. Maximize service benefit by ensuring continuum of care.

G. Utilize evidence-based practices to continually improve program quality and effectiveness.

V. Service Standards

A. **Assessment and Evaluation**: Identification of offender risk, needs, and responsivity factors.

1. Evidence-based practices shall be utilized for assessing and evaluating sex offenders.
2. Initial Evaluation:
    a. General Risk and Criminogenic Needs
        i. General Risk
            a) As part of the intake process, DOC uses COMPAS to determine an offender's general risk and criminogenic needs. Sex offender-specific risk is determined through a separate evaluation process.
            b) Adhering to RNR principles, a comprehensive picture of risk shall be based on the results of a combination of assessment tools (i.e. COMPAS and STATIC-99R),
        ii. Criminogenic Needs (Andrews, 2007)
            a) Assessed by qualified and trained DOC staff using COMPAS.
            b) Primary criminogenic needs include:
                1) Anti-social cognition
                2) Anti-social companions
                3) Anti-social characteristics or temperament
                4) Family and/or marital problems
            c) Consideration will be given to the additional needs of substance abuse, employment, education, and leisure/recreation
            d) Adhering to RNR principles, a comprehensive picture of needs shall be based on the results of a combination of tools (i.e. COMPAS and STABLE-2007).
    b. Sex Offender Specific Level of Risk and Needs:
        i. Sex Offender-Specific Risk
            a) Adult Male:
                1) The STATIC-99R (Phenix, et al., 2016) (Hanson R. K., Babchishin, Helmus, Thornton, & Phenix, 2016) is the approved tool for standard sex offender risk assessment.
                2) The CPORT (Child Pornography Offender Risk Tool) (Eke, Helmus, & Seto, 2019) is the approved tool for assessment of offenders whose only sexual offense is possession of Child Sexual Exploitation Materials.
            b) Juvenile Males:
                1) The J-SOAP-II (Prentky & Righthand, 2003) can be used, in combination with structured professional judgment, to get an estimate of sex offender risk for juvenile males. Caution is urged when interpreting the instrument as research suggests that most juvenile sex offenders have a low risk to sexually reoffend as adults. The J-SOAP II is most useful as a tool to assess treatment needs.

c) Females:
    1) There is currently no available tool validated for use in conducting sex offender assessment of females. Assessment of risk for sexual recidivism should incorporate risk factors for general recidivism in females. Best practices related to gender-informed assessment and treatment should further guide the assessment process. Static risk factors include (Vandiver, 2007, March) (Sandler & Freeman, 2009) (Pflugradt & Allen, 2013):
        a. Prior criminal history
        b. Prior convictions of child abuse offenses (any type)
        c. Being younger (less than age 25) at time of arrest
        d. Prior history of prostituting children

ii. Treatment Needs[1]:
a) Adult Males:
    1) The STABLE-2007 is the approved method to determine long-term vulnerability and service needs with adult male sexual offenders (Fernandez, Harris, Hanson, & Sparks, 2007/2014) (Helmus, Hanson, Babchishin, & Mann, 2013). Other validated measures of dynamic risk may be utilized, if approved by sex offender treatment specialist or contract administrator.
b) Juvenile Males:
    1) J-SOAP-II (Prentky & Righthand, 2003) is the approved method for identifying treatment targets in juvenile male sexual offenders (Tharp, et al., 2012).
c) Females:
    1) There is currently no available tool validated for use with a female sex offender population.
    2) Identification of needs based on best practices uses gender-informed assessment and treatment data to identify dynamic risk factors (Gannon & Alleyne, 2013) (Gannon, Rose, & Ward, 2008) (Pflugradt & Cortoni, 2014) (Cortoni, 2010) (Tsopelas, Tsetsou, Ntounas, & Douzenis, 2012) (DeCou, Cole, Rowland, Kaplan, & Lynch, 2014) (Tharp, et al., 2012):
        a. Offense supportive cognitions
        b. Emotional dysregulation/use of sex to regulate emotional state
        c. Dysfunctional relationships
        d. Intimacy deficits
        e. Anti-social behavior/attitudes
        f. Substance use
        g. Deviant sexual interests
        h. Socio-cultural factors such as low educational attainment, lack of employment skills, etc.

[1] Sex offender specific treatment needs are also known as criminogenic needs for sex offenders (Mann, Hanson, & Thornton, 2010).

iii. Protective Factors:
    a) Adult Males:
        1) The SAPROF (de Vogel, de Ruiter, Bouman, & de vries Robbe, 2012) and SAPROF-SO (Willis, Thornton, Kelly, & de Vries Robbé, 2017) are the approved method to determine protective factors with adult male sexual offenders (Boer, et al., 2013) (Thornton, 2013). Deficits in protective factors may function as treatment needs.
    b) Juvenile Males and Females:
        1) J-SOAP-II (Prentky & Righthand, 2003) is the approved method to determine protective factors with juvenile sexual offenders.
    c) Adult Females:
        1) The SAPROF (de Vogel, de Ruiter, Bouman, & de vries Robbe, 2012) or SAPROF-SO (Willis, Thornton, Kelly, & de Vries Robbé, 2017) may be used with female sexual offenders, though empirical evidence is not as strong as with the use for male offenders.

iv. Responsivity Factors:
    a) A thorough assessment of all population groups considers factors that may impede or enhance an offender's response to treatment (Bonta & Andrews, 2007). This includes but is not limited to the following additional characteristics: mental health concerns, learning disabilities, and/or conditions covered under the American with Disabilities Act (ADA) that might affect treatment participation.

3. Assessment of Treatment Response and Progress toward Treatment Completion:
    a. Adult Males:
        i. The STABLE-2007 (Hanson R. K., 2007), the SAPROF (de Vogel, de Ruiter, Bouman, & de vries Robbe, 2012), and the SAPROF-SO (Willis, Thornton, Kelly, & de Vries Robbé, 2017) are the approved tools to measure treatment progress. Other validated measures of dynamic risk may be utilized, if approved by sex offender treatment specialist or contract administrator.
    b. Juveniles:
        i. J-SOAP-II is the approved tool to measure treatment progress (Prentky & Righthand, 2003) (Fernandez, Harris, Hanson, & Sparks, 2007/2014).
    c. Adult Females:
        i. Identification of needs based on best practices uses gender-informed assessment and treatment data to identify dynamic risk factors (Gannon & Alleyne, 2013) (Gannon, Rose, & Ward, 2008) (Pflugradt & Cortoni, 2014) (Cortoni, 2010) (Tsopelas, Tsetsou, Ntounas, & Douzenis, 2012) (DeCou, Cole, Rowland, Kaplan, & Lynch, 2014) (Tharp, et al., 2012):
            a) Offense supportive cognitions
            b) Emotional dysregulation/use of sex to regulate emotional state
            c) Dysfunctional relationships

d) Intimacy deficits
e) Anti-social behavior/attitudes
f) Substance use
g) Deviant sexual interests
h) Socio-cultural factors such as low educational attainment, lack of employment skills, etc.

d. Measures of Sexual Interest (Mann, Hanson, & Thornton, 2010) (Babchishin, Nunes, & Hermann, 2013).
   i. Tools such as Abel Assessment of Sexual Interest-3 shall only be used to further the goals of assessment and treatment.

4. Special Populations:
   a. Special populations require use of population specific tools when available.
   b. Progress for offenders with cognitive and adaptive disabilities will be evaluated using ARMIDILO-S, as appropriate (McGrath, Cumming, & Lasher, 2012) (Boer, et al., 2013).
5. Reassessment:
   a. Offenders who have previously participated in SOT need not be reevaluated prior to beginning in group; rather, providers shall comply with the recommendations on the discharge summary from the previous provider.
   b. If the offender has had an evaluation that utilized the STATIC-99R and a measure of dynamic risk (e.g. STABLE-2007; VRS-SO; SRA-FV, etc.,) a new evaluation is not needed unless there is evidence that the scores may be different. Reevaluations, which may include reassessment, may be necessary when new information emerges that could result in a change of risk level or treatment need (e.g. such as additional sexual charges, additional disclosures, treatment participation, etc.). Length of time is not a sufficient reason for a new assessment absent other variables.
   c. When a reevaluation results in recommendation for a change in treatment need or level, the evaluator shall follow procedures established by the division.

B. **Sex Offender Treatment**[2]:
1. Treatment shall utilize evidence-based treatment methods and use qualified and trained staff, with dosage aligned with need.
   a. An individualized approach may be needed to identify ongoing treatment needs with specific populations (e.g., juveniles) (Rempel, 2014).
   b. In order to maximize community resources in instances where there are too few offenders to compose a group as prescribed below, several options are available. Justification for deviation from the standards must be provided pending sex offender treatment specialist approval (institution) or contract administrator approval (community).
      i. Option 1: Combine average risk and above average risk offenders into one group and adjust dosage as needed per offender. Dosage may be addressed through both sex offender treatment and other interventions

[2] Numerous variables affect the course of treatment. See (Hanson & Yates, 2013) and (Marshall & Burton, 2010) for a discussion of factors identified in this section.

addressing identified criminogenic needs (e.g. anti-sociality addressed through cognitive-based interventions such as Thinking for a Change).

ii. Option 2: Provide individualized services. The number of hours should be sufficient to address individual risk factors as identified through formal risk assessment and not to exceed the prescribed number of hours identified for the corresponding group treatment.

2. Juvenile Programs:
   a. Thinking for a Change (T4C):
      i. **Objective**: Cognitive restructuring, social skill development, and problem-solving
      ii. **Population**: Adult offenders
      iii. **Program location**: DAI, DCC, and DJC sites
      iv. **Group Type**: Closed
      v. **Group Size**: 8-12
      vi. **Providers**: Thinking for a Change- trained/certified facilitators
      vii. **Duration**: 25 lessons, 2 hours each
      viii. **Program Outcome Criteria**: Complete 25 lessons and required homework.
      ix. **Currently offered to**: Adult Male and Female Offenders and Juvenile Offenders
   b. Education (CORE A):
      i. **Objective:** Provide education related to healthy human sexuality, statutory expectations, and cultural norms
      ii. **Population:** Juvenile males
      iii. **Program location**: Institution based
      iv. **Group type:** Open, with ongoing assessment
      v. **Group size:** Maximum group size of 12
      vi. **Providers:** Co-facilitation is required
      vii. **Duration:** 24 treatment hours over 8 weeks
      viii. **Treatment outcome criteria:** Knowledge acquisition as identified through a pre- and post-test focusing on general sexual and legal knowledge such as healthy and appropriate sexuality, laws, and cultural expectations, etc. Completion of a re-offense completion plan and completion of all required tasks identified in the approved curriculum. Reduction of risk measured by a J-SOAP-II post-test and a multi-disciplinary team review. These criteria must be fulfilled at completion of programming (whether after Core A for those youth who participate in only that program; after Core B for youth who participate only in that program OR who participate in Core A and Core B consecutively).
   c. Short-term institutional (CORE B):
      i. **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.
      ii. **Population:** Juvenile males
      iii. **Program location**: Institution based
      iv. **Group type:** Closed, with ongoing assessment

v. **Group size:** Maximum group size of 12
vi. **Providers:** Co-facilitation is required
vii. **Duration:** 32 treatment hours over 8 weeks
viii. **Treatment outcome criteria:** Knowledge acquisition as identified through a pre- and post-test. Completion of a re-offense prevention plan and completion of all required tasks identified in approved curriculum. Reduction of risk measured by a J-SOAP-II post-test and a multi-disciplinary team review. These criteria must be fulfilled at completion of programming (whether after Core A for those youth who participate in only that program; after Core B for youth who participate only in that program OR who participate in Core A and Core B consecutively).

d. Aftercare/maintenance:
   i. **Objective**: Develop, utilize, maintain, or transfer the skills and knowledge acquired in other sex offender programming in a community setting
   ii. **Population:** Juvenile males; single gender groups
   iii. **Program location:** Community
   iv. **Program type:** Group programming coupled with individual counseling, dependent on population size
   v. **Group type:** Open
   vi. **Group size:** Depends on population
   vii. **Providers:** Co-facilitation is recommended
   viii. **Duration:** Unlimited and ongoing throughout supervision. Approach allows for individual goals
   ix. **Treatment outcome criteria:** Reduction of risk factors identified on the J-SOAP-II; completion of all required tasks identified in approved curriculum; and completion of a re-offense prevention plan. J-SOAP-II is re-administered regularly throughout programming.
e. It is noted that youth who have previously completed cognitive-behavioral programming under JCIP do not have to complete Thinking for a Change (T4C), in order to meet their CBP need.
f. Due to historically low numbers, the Juvenile Sexual Offenders Treatment Program at the institution and programming in the community are provided individually for females.
g. Juveniles with adaptive deficits may be considered for transfer to Mendota Juvenile Treatment Center. Upon transfer, Mendota Juvenile Treatment Center shall initiate an individualized treatment plan.

3. Adult Programs:
   a. SOT-1:
      i. **Objective:** Provide brief treatment including information about risk and protective factors, healthy relationships, and challenging distorted cognitions.
      ii. **Population:** Adult males and females; offenders identified as lower than average risk with significant specified treatment needs who are capable of benefiting from treatment (Lowenkamp & Latessa, 2004) (Lovins, Lowenkamp, & Latessa, 2009)

iii. **Program location:** Community and institution
iv. **Group Type:** Open or closed.
v. **Group/Classroom size:** Group size depends on population and focus. Maximum group size for adults is 12
vi. **Providers:** Co-facilitation is strongly recommended.
vii. **Duration:** Expected duration is an 18-hour core curricula provided in weekly, 90-minute sessions for adults. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community)
viii. **Treatment outcome criteria:** Knowledge acquisition as identified through pre- and post-test. Identification and understanding of individual risk and protective factors as evidenced by completion of final assessment.

b. SOT-Aftercare Community:
   i. **Objective:** Transfer or maintain skills developed in other sex offender programming or in other treatment contexts
   ii. **Population:** Adult males and females who have successfully completed prior treatment in the institution or community setting
   iii. **Program location:** Community
   iv. **Group type:** Open or closed.
   v. **Group size:** Maximum 15, 12 recommended
   vi. **Providers:** Co-facilitation is strongly recommended. Groups of 10 or more individuals require co-facilitation
   vii. **Duration:** Core expectation is 18-hours provided in weekly 90-minute sessions. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending contract administrator approval (community).
   viii. **Treatment outcome criteria:** Ability to successfully apply skills using real-life situations as identified in the re-offense prevention plan created in prior treatment. Transfer of skills to community living upon reentry. Maintenance/reduction of risk-factors identified via treatment progress evaluation using the Stable-2007, SAPROF, SAPROF-SO, or factors appropriate for female offenders.

c. SOT-CPO:
   i. **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section I.
   ii. **Population:** Adults whose use of child sexual exploitation materials results in convictions for possession of child pornography in the absence of other contact sexual offenses as identified in the assessment process with identifiable treatment needs.
   iii. **Program location:** Institution.
   iv. **Group Type:** Open or closed, with ongoing assessment.

v. **Group Size:** Maximum 15, 12 recommended.
vi. **Providers:** Co-facilitation is required in the institution, recommended in the community.
vii. **Duration:** Core expectation is 60-80 hours provided over a minimum of four months. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval.
viii. **Treatment outcome criteria:** Reduction of risk factors identified via the CPORT or expansion of protective factors identified via SAPROF or SAPROF-SO as indicated on the treatment progress evaluation. Completion of re-offense prevention plan and completion of all required tasks identified in approved curriculum.

d. SOT-2:
i. **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.
ii. **Population:** Adult sex offenders identified in the assessment process as average risk with average or greater needs
iii. **Program location:** Institution and community
iv. **Group Type:** Open or closed, with ongoing assessment
v. **Group Size:** Maximum 15, 12 recommended
vi. **Providers:** Co-facilitation is required in the institution, recommended in the community
vii. **Duration:** Minimum duration of 80-100 hours provided over a minimum of six months. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community).
viii. **Treatment outcome criteria:** Reduction/management of risk factors identified via the STABLE-2007 or expansion of protective factors identified via SAPROF or SAPROF-SO as indicated on the treatment progress evaluation. Completion of re-offense prevention plan and completion of all required tasks identified in approved curriculum.

e. SOT-ATR (Alternative to Revocation)
i. **Objective:** Target individual risk factors, as identified on assessment tools, related to sexually motivated supervision rule violations.
ii. **Population:** Adult males identified as having one or more dynamic risk factors unmanaged as evidenced by sexually motivated supervision rule violations. Participation in sex offender treatment is not a pre-requisite for the ATR.
iii. **Program location:** Institution or community-based
iv. **Group type:** Open
v. **Group size:** Maximum 15, 10-12 recommended

vi. **Individual Treatment:** Group treatment is the preferred method of intervention, however, individual treatment can be utilized when groups are not readily available due to location, resources, or other responsivity factors. In instances where the only group available is offered via telehealth, individual sessions will be offered instead of group.

vii. **Providers:** Co-facilitation is required in the institution, recommended in the community

viii. **Duration:**
   a) Institution-Based: 48 hours over eight weeks
   b) Community-Based: 24 hours over eight weeks
   c) Community-Based Individual: 12 hours over eight weeks

ix. **Treatment outcome criteria:** Successful completion of required dosage. Treatment providers will provide individualized discharge recommendations for offenders based on group performance.

f. SOT-4:
   i. **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.
   ii. **Population:** Adult sex offenders identified in the assessment process as above average risk with average or greater needs
   iii. **Program location:** Institution and community
   iv. **Group type:** Open or Closed, with ongoing assessment
   v. **Group size:** Maximum 15, 12 recommended
   vi. **Providers:** Co-facilitation is required in institutions, recommended in the community
   vii. **Duration:** Maximum of 400 hours of activities dedicated to treatment consisting of at least 200 hours of face-to-face group treatment supplemented with learning activities provided over 2 years. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community). Aftercare is highly recommended in both the institution and the community.
   viii. **Treatment outcome criteria:** Reduction/management of risk factors identified via the Stable-2007 or expansion of protective factors identified via SAPROF or SAPROF-SO as indicated on the treatment progress evaluation. Completion of re-offense prevention plan and completion of all required tasks identified in approved curriculum.

g. Specialized Programs/Populations:
   i. SOT-2 Adaptive:
      a) **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.

b) **Population:** Adult males who have cognitive and adaptive deficits identified by psychological testing who have been assessed as average risk with average needs via the approved assessment measures
c) **Program location:** Institution and community
d) **Group type:** Open or closed with ongoing assessment
e) **Group size:** Maximum group size of 12
f) **Providers:** Co-facilitation is required in the institution, recommended in the community
g) **Duration:** Minimum duration of 80-100 hours provided over a minimum of six months. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community).
h) **Treatment outcome criteria:** Reduction of risk factors or increase of protective factors identified via the ARMIDILO-S treatment progress evaluation. Completion of re-offense prevention plan and completion of all required tasks identified in approved curriculum.

ii. SOT-4 Adaptive:
a) **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.
b) **Population:** Adult males who have cognitive and adaptive deficits identified by psychological testing who have been assessed as above average risk with above average needs via the approved assessment measures
c) **Program location:** Institution or community based
d) **Group type:** Open or closed, with ongoing assessment
e) **Group size:** Maximum group size of 12
f) **Providers:** Co-facilitation is required in the institution, recommended in the community
g) **Duration:** Maximum of 400 hours of activities dedicated to treatment consisting of at least 200 hours of face-to-face group treatment supplemented with learning activities provided over 2 years. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community). Aftercare is highly recommended in both the institution and the community.
h) **Treatment outcome criteria:** Reduction of risk factors or expansion of protective factors identified via the ARMIDILO-S (Boer, et al., 2013) treatment progress evaluation. Completion of re-offense prevention plan and completion of all required tasks identified in approved curriculum.

iii. SOT-2 LEP:

a) **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.

b) **Population:** Adult males who demonstrate limited English proficiency such that it would impair their abilities to participate in standard SOT-2 and who have been identified through the assessment process as average risk with average or greater needs. When the group is not composed of same language participants, participants will receive language assistance in a standard group or individual treatment.

c) **Program location:** Institution and community

d) **Group type:** Closed, with ongoing assessment.

e) **Group size:** Maximum group size of 8 with single facilitator, maximum of 12 with co-facilitator who is conversant

f) **Providers:** When groups are composed of a single language group, the primary facilitator must be fluent in that language or have interpreter present.

g) **Duration:** Minimum duration of 80-100 hours provided over a minimum of six months. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community). It is noted that if individual treatment is utilized, hours shall be adjusted (i.e. one hour of group treatment is not equivalent to one hour of individual treatment). Less hours may be needed in individual treatment.

h) **Treatment outcome criteria:** Reduction of risk factors identified via the Stable-2007 or expansion of protective factors identified via SAPROF or SAPROF-SO as indicated on the treatment progress evaluation. Clinicians should factor in culturally relevant factors when completing these assessments. Completion of re-offense prevention plan; completion of all required tasks identified in approved curriculum.

iv. SOT-4 LEP:

a) **Objective:** Develop knowledge and skills needed to reduce individual risk factors identified through the assessment process identified in section V.A.

b) **Population:** Adult males who demonstrate Limited English Proficiency (LEP) such that it would impair their abilities to participate in standard SOT-4 and who have been identified through the assessment process as above average risk with above average or greater needs. When the group is not composed of same language participants, participants will receive language assistance in a standard group or individual treatment.

c) **Program location:** Institution or community based

d) **Group type:** Closed, with ongoing assessment
e) **Group size:** Maximum group size of 8 with single facilitator, maximum of 12 with co-facilitator who is conversant
f) **Providers:** When groups are composed of a single language group, the primary facilitator must be fluent in that language or have interpreter present.
g) **Duration:** Maximum of 400 hours of activities dedicated to treatment consisting of at least 200 hours of face-to-face group treatment supplemented with learning activities provided over 2 years. Justification for additional treatment must be provided following division guidelines. Additional components related to special population needs will be added as necessary, pending sex offender treatment specialist approval (institution) or contract administrator approval (community). Aftercare is highly recommended in both the institution and the community. It is noted that if individual treatment is utilized, hours shall be adjusted (i.e. one hour of group treatment is not equivalent to one hour of individual treatment). Less hours may be needed in individual treatment.
h) **Treatment outcome criteria:** Reduction of risk factors identified via the Stable-2007 or expansion of protective factors identified via SAPROF or SAPROF-SO as indicated on the treatment progress evaluation. Clinicians should factor in culturally relevant factors when completing these assessments. Completion of re-offense prevention plan; completion of all required tasks identified in approved curriculum.

C. **Documentation:** Documentation is an essential part of sex offender treatment.
1. Required documentation:
   a. Informed Consent for Sex Offender Treatment
   b. Limits of Confidentiality Regarding Information Rendered to Treatment Staff
   c. Sex Offender Treatment Contract
   d. Completion of Sex Offender Program Report (Sex Offender Treatment Evaluation in the community if a prior evaluation is not available) prior to or within the first 30 calendar days of an offender's placement in a sex offender service
   e. Treatment Progress Notes/Documentation of Program Participation after every group or individual session
   f. Sex Offender Program Report/Summary of Progress every six months or at the midpoint of the program
   g. Discharge Report to be completed within thirty days of completion, withdrawal, or termination.
2. Offender-generated documents:
   a. Documents deemed clinically significant by treatment providers shall be saved as part of the official treatment record. Rationale for maintenance of the document shall be included in the treatment provider's note. Not all offender-generated documents need to be saved.

b. Re-Offense Prevention Plan shall be completed prior to service completion.

3. File retention: Sex offender records should be retained or destroyed in accordance with relevant RDAs.

VI. Staff Standards:

To ensure the quality and effectiveness of services, staff involved in delivery of sex offender services shall have appropriate education, experience, and supervision and practice commensurate with their responsibility. No staff will practice outside the scope of their competence. Programs will have adequate staff to deliver the program. Programs will also ensure that staff participates in appropriate ongoing training and education.

A. Credentials:

1. Treatment staff—minimum expectations:
    a. Primary providers of sex offender services must hold a Wisconsin license in a mental health related field (Wis. Stat. Chs. 455 and 457[3]). A training license is not considered sufficient. Her or his qualifications meet or exceed Association for the Treatment of Sexual Abusers and Wisconsin licensure standards for a:
        i. Licensed Psychologist
        ii. License exempt professional functioning as a psychologist under WI s. 455
        iii. Licensed Clinical Social Worker
        iv. Licensed Professional Counselor
        v. Licensed Marriage and Family Therapist
    b. When the provider is part of an institution-based psychological services unit or a community-based organization, the program supervisor shall meet the qualifications of a primary provider plus:
        i. Be responsible for the delivery of services at each site
        ii. Be competent to practice independently in the areas they supervise
        iii. Program supervisor is not needed when services are contracted through an individual community provider
    c. Co-facilitators:
        i. Co-facilitators shall have a minimum of a high school diploma (institution) or Bachelor's degree (community) and appropriate skills, training, and experience prior to beginning service delivery, including specific formal training that meets standards established by the Department of Corrections or mental health professions in the following areas:
            a) Confidentiality
            b) Ethics as they apply to working with a forensic population
            c) Group processes

[3] Wisconsin Statute *457.035* indicates that individuals licensed as a clinical social worker, marriage and family therapist, or professional counselor may conduct psychotherapy independently. Individuals certified as advanced practice or independent social workers may engage in psychotherapy only under the supervision of a licensed individual specified in s. 457.08 (4) (c) 1., 2., 3., or 4. Wisconsin Statute 457.01(8m) reads: "Psychotherapy" means the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people and modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding the unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

d) Motivational interviewing
e) Experience working with a correctional clientele
f) Cultural diversity

ii. During the first year of experience, the co-facilitator must participate in formal training that adheres to best practice established by the Department of Corrections and/or mental health professions on the following topics:
a) Human sexual development
b) Cognitive-behavioral therapy
c) Risk, need, or responsivity principles
d) Other training applicable to the specific population

iii. Documentation of training completion shall be maintained by the independent clinician, program supervisor, or manager. For contracted providers, documentation of training shall be made available to DOC personnel upon request.

2. Sex offender treatment evaluators: Staff members who provide sex offender risk assessment or evaluation of treatment needs shall meet all educational and training qualifications specified by the instrument's authors.

B. Continuing education and consultation:
1. All individuals providing sex offender treatment and/or evaluation services shall obtain and document a minimum of 18 hours of continuing education training in the field of sex offender treatment and assessment every biennium. Continuing education includes courses, seminars, conferences, workshops, and other training experiences approved by the DOC or professional accrediting body.
2. Providers shall continue to supplement their educational and professional experience through consultation with other professionals who have relevant expertise in the field.

VII. Quality Assurance Standards:

A. Sex offender treatment programs shall maintain a program/curriculum manual that shall be reviewed for possible updates a minimum of once every two years, or whenever these standards are amended or revised.
B. Program supervisors shall document and ensure that staff meet and maintain educational and consultation requirements.
C. Program supervisor shall regularly observe and document the quality of service delivery using appropriate sections of the Evidence-Based Corrections Program Checklist.
D. Participant satisfaction surveys shall be gathered periodically throughout treatment and used to inform program delivery practices.
E. Pre- and post-testing shall be conducted to measure knowledge acquisition, behavioral and attitudinal changes.
F. Program supervisors shall regularly review documentation for quality and timeliness.
G. Results of quality assurance efforts shall be maintained by the institution or region and made available to the designated DOC body upon request.
H. The formal sex offender service standards shall be reviewed by the appropriate oversight body at a minimum of every five years.

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