

# THE ADVOCATE



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## AFC MISSION STATEMENT

AFC supports those with a sexual offense and their families by:

Advocating for change in sexual offense laws and policies, and for the adherence to constitutional rights;

Educating the public, lawmakers, and the judiciary;

Promoting the successful treatment and reintegration of those with an offense into the community, thus reducing victimization and enhancing the safety of all.

## **NOTE**

**AFC's newsletter is The Advocate. The So Ready For Change (SORFC) newsletter is written by inmates and others and is not affiliated with AFC.**

## **Spring Greetings to Our Many Sponsors!**

Spring came early to AFC. On Friday, February 1, 2013 the Outside Evaluator Report: A Program Evaluation of In-Prison Components – The Colorado Department of Corrections Sex Offender Treatment and Monitoring Program, was released. What an exciting time for all of us. As you will read on the inside pages of this newsletter, there were many observations, comments and recommendations for improved methods for the treatment program. So much of what AFC is striving for is a fair platform for people who are required to have treatment and if the report is used wisely, positive changes can happen. We're very hopeful that the Department of Corrections will use the report to transform the treatment program into something that is positive, helpful and humane. In addition we hope the report will be used by the SOMB to rewrite the Standards and Guidelines in light of the report and current research.

The legislative season is in full swing and AFC members are once again contacting state senators and representatives explaining the life-time supervision law and other areas that the law impacts. Many of the legislators know very little about the law and our purpose is to educate them and make them aware. The outside evaluator report is being shared with every legislator as we make our rounds.

At our most recent AFC General Meeting our guest speaker was Mary Heathman who is the founding director of Where Grace Abounds. She is working with others to establish the Colorado Circles of Support and Accountability Program (COCO SA) which exists in part to support the development of CoSA projects in Colorado and to provide training for volunteers. Where Grace Abounds' new program, *Beyond Containment*, is one of the projects that will create circles for people coming out of prison. Circles of Support and Accountability is a volunteer program and all the people making up the circles are volunteers. With five to seven people making up a circle the number of volunteers will have to be very large. Volunteers are currently being recruited and trained. This program is in its infancy in the metro Denver area but has been very effective where it's being used. When it's up and running, we'll share details on how individuals will be selected or can apply to be part of the program.

As you can see, the sky is a bit brighter with some of these positive changes taking place. We hope this offers you encouragement for a brighter future.

*Ann Harris, Chair  
Advocates for Change*

## Outside Evaluators' Report/Summary CDOC/SOTMP

*Susan Walker, Editor*

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### PEOPLE FIRST LANGUAGE

AFC promotes and encourages the use of what has been referred to as "people-first" language in which a person being referred to is acknowledged by their personhood first, and any issue or other aspect of that person second. For example, instead of referring to someone as a "sex offender," AFC encourages the use of "a person with a sex offense." Similarly, AFC encourages the use of "sex offense laws" instead of "sex offender" laws.

During the 2012/2013 legislative session, the Joint Budget Committee (JBC) decided that instead of giving the CDOC/SOTMP more money for "more of the same" sex offense specific treatment, they would allocate \$100,000 to fund an outside study on the "efficiency and efficacy" of the present program. This decision came after several years of testimony from a variety of stakeholders advocating fairer laws and more humane treatment for persons who had committed a sex offense. Those same stakeholders also recognized that the Lifetime Act of 1998 was not working as intended in terms of getting people through treatment by their bottom number and before the parole board for potential release from prison. As many may remember, the legislature stated in the preamble to the Lifetime Act that "it would be an unacceptably high cost" if everyone so sentenced remained in prison for the rest of their lives.

Five proposals came in to the Colorado Department of Corrections from researchers who wanted to do the study. The proposal that succeeded came from Central Coast Clinical and Forensic Psychology Services, Inc. The research team was made up of: Deirdre D'Orazio, Ph.D. from California, David Thornton, Ph.D. from Wisconsin and Anthony Beech, DPhil. from the United Kingdom. All are widely recognized as leading researchers in the area of the treatment of sexual offenders.

The report is 103 pages long, and Advocates for Change (AFC) is not able to send a copy in to everyone who would like to have one. E-mails were sent to families, and families were asked to send the report to their loved one (if they could). AFC sent a number of copies in to each facility, so that they could be passed around. Hopefully, they are making their way through the facilities. Because there is no guarantee that everyone who wants to will get to see the report, a summary of significant observations, findings, and recommendations follows. The study began on August 20, 2012, and ended on January 3, 2013.

AFC is extremely excited that many issues of stakeholder concern were addressed in the report. The CDOC is presenting its 2013/2014 budget figures to the JBC on March 12 – according to CDOC leadership, they hope to send a tentative plan to the JBC by around the end of February/beginning of March on a new budget request which will incorporate at least some of the ideas in the report. AFC sent its thoughts and ideas to Executive Director Tom Clements within days of the report's release, indicating that there are at least ten areas where the CDOC could begin to make changes/improvements almost immediately, and without changes to the Sex Offender Management Board (SOMB) Standards and Guidelines, or major changes in Colorado statutes. Mr. Clements acknowledged receipt of those ideas, and in a return e-mail said that they would be useful when the CDOC begins to put together a plan regarding how to move forward. The changes to the SOMB Standards and Guidelines and statutory changes need to happen as well, but it will take longer to get them done.

Because "figure setting" for all of the state departments/programs is happening from now until the end of the legislative session (early May 2013), it is doubtful that there will be big changes this year involving the SOMB and the Legislature – doubtful but not impossible. AFC, however, along with its advocate partners, is pushing for as much change as possible in the short term, especially inside CDOC/SOTMP. The SOMB has recently received the report, and has, as yet, made no public statement regarding its findings, or how those findings may relate to more important changes needed at the SOMB and via the Colorado Legislature. Stay tuned! Representative Claire Levy speaks to AFC's general meeting near the end of March, and in our June newsletter, there will be an update on news we did not yet have for this issue of the Advocate. Representative Levy did say that the CDOC is aware that the JBC/Legislature expects them to make as many changes as they can this budget year per the recommendations in the report without having to run legislation.

### The Report

A significant statement in the report's executive summary says: "While the study's objective is to assess the in-prison program features, it is acknowledged that the

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SOTMP is ensconced within a larger legislative framework including the mandates of the Sexual Offender Management Board. While not the focus of this study, certain areas of this framework greatly impact program efficacy and efficiency and therefore required comment.” This statement is HUGE! At this moment, it is not clear whether the SOMB realizes how much its Standards and Guidelines impact the efficiency and efficacy of the in-prison SOTMP, or perhaps they do, and to this point, have done little or nothing about it.

The study used as its outline the premises of the Risk, Need and Responsivity Model as it pertains to in prison treatment programs. The researchers explain Risk, Need and Responsivity in the following quote from the study: “Simply, the Risk Needs Responsivity (RNR) model indicates that the comprehensiveness, intensity and duration of treatment provided to individual offenders should be proportionate to the degree of risk that they present (the Risk principle), that treatment should be appropriately targeted at participant characteristics which contribute to their risk (the Need principle), and that treatment should be delivered in a way that facilitates meaningful participation and learning (the Responsivity Principle).”

The study found that the SOTMP does not meet the criteria necessary in the area of Risk, and that “to maximize resources and efficacy, the intensity of treatment should be made proportionate to the level of risk presented by offenders with lower risk offenders requiring significantly less treatment in prison than higher risk offenders ...Treatment in prison should be reserved for those who present above average risk and its purpose should be to moderate this risk to the level that can be managed in the community.” The researchers also pointed out that the SOTMP and the Colorado Parole Board needed to work together assertively to move inmates from prison to the community in an expeditious manner, once their level of risk is determined to be manageable in the community.

The team states that the SOTMP only partially adheres to the Need principle. They further delineate that the “one size fits all” model that currently exists at CDOC/SOTMP needs to be replaced by a model of treatment that assesses “psychological factors underlying treatment participants’ offending ...using a structured empirically-based instrument and the treatment provided should be individualized accordingly”. These modifications will increase the efficiency and effectiveness of treatment.

While the SOTMP partially adheres to the Responsivity principle, the implementation of these methods is not without significant problems. Less than optimal therapist style, poor group cohesion, lack of oversight and monitoring of treatment approaches and delivery, and staff who are below the desired skill level for this field present great barriers to the success of the treatment program. The research team wants CDOC/SOTMP to add a “skilled clinician with training skills” who would be “tasked entirely with observing, training and supervising treatment staff in the provision of sexual offense specific treatment.” Further, state the researchers, “problems complying with the Responsivity principle present a serious barrier to effective treatment. Urgent attention is needed here, as at present these problems are significantly impairing the effectiveness of the program, leading to poor use of available resources and potentially endangering the public”.

It is the suggestion of AFC that this clinical person be hired immediately, and that they not be someone who has embraced the sex offense treatment dogma of the State of Colorado. This person needs to be experienced with, and committed to the RNR Model, and not steeped in the approach that currently exists in our state!

#### History of the SOTMP

The authors relate that the SOTMP has been in existence in the prison system here in Colorado for over a decade, and is founded in criminal thinking literature and the “structured hierarchical therapeutic community model...commonly used in correctional settings with substance abusers.” They further state that “the prison treatment program is designed to fit within the wider context of the containment model for managing sexual offenders in the community. In its current form the SOTMP seeks to comport to the requirements of the Colorado Sexual Offender Management Board (SOMB) that were initially established in 1996.” The research team goes on to say that the SOMB Standards and Guidelines contain the parole eligibility criteria for Lifetime Supervision inmates.

Because of the huge impact the Lifetime Supervision Act has had on the capacity of the SOTMP, “...clearly, the majority of sexual offender inmates in CDOC do not have the opportunity to complete the required treatment program by their PED, inevitably detaining them well past their minimum sentence”. The authors point out that the type of sentence an offender is given – they call it a “bifurcated sentencing scheme” – makes it necessary to prioritize spots in treatment based on the sentence someone is given, rather than on their level of risk. It follows that “...traditionally sentenced sexual offenders may well not be able to get a treatment slot even if they present an exceptionally high risk.” AFC uses the terminology indeterminate (lifetime) or determinate (specific number of years) sentencing. This is the bifurcated sentencing scheme referred to above.

People who could have been managed very well in the community, had they been able to participate in treatment, will unfortunately spend more years in prison than are necessary. The research team points out that “this will represent a great cost to the Colorado taxpayer; divert funds from other important programs; and negatively impact upon offenders and their families”.

Due to the fact that treatment slots are scarce, and lifetime inmates must have treatment to be released, they are likely to feel “coerced” into taking part in treatment. Once in treatment, they may continue to feel coerced, and are not as likely to internalize what they learn under those circumstances. This means that the effectiveness of treatment is liable to be lessened.

#### Comments by AFC

It has been a choice of those in the sexual offense field in Colorado not to utilize risk assessment and psychological assessment tools that are currently utilized by those outside of Colorado and across the world. A Colorado Department of Criminal

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Justice researcher stated in an SOMB meeting several years ago that “we know our guys here in Colorado, and we don’t look at or follow what people are doing in other states or other countries”. One of the crucial things the research team recommends in order for treatment to be efficient and efficacious, is that valid and reliable risk and psychological assessment tools are utilized in assessing risk and determining need for, level of, and length of treatment.

[Back to the Evaluator Study](#)

Results of risk assessment done by the evaluation team – i.e. level of static actuarial risk via the Static -99R showed that “treatment participants as a whole do not show elevated levels of risk. In fact 85% of Phase II treatment participants in the study fell into the lower risk categories on this instrument. Virtually 40% fell into the lowest risk category”.

The psychological risk assessment instrument (SRA-FV) indicated that individuals identified as low risk on the Static 99R, had higher levels of psychological risk factors than are normally seen among offenders who are selected for treatment. About ½ of those people identified as lower risk on the static instrument appeared to have higher levels of psychological risk factors (or criminogenic needs).

It was found that approximately 25% of participants in the therapeutic community were identified as being in one of the two higher risk categories in terms of actuarial risk. Just 4% of those participating in the modified program model were found to be in one of the two higher risk categories. Those people who participated in the therapeutic community who were tested for psychological (criminogenic) needs via the SRA-FV were found to have higher levels of psychological risk factors.

The researchers point out that significant numbers of people who are in maintenance mode, in non-therapeutic community Phase II, and who have already had significant treatment have low static actuarial risk, and do not have high psychological risk factors either. They state that these people are being overtreated! On the other hand, those who actually score in the highest risk categories are being undertreated, and need to receive more intensive treatment. According to the team “...the program offers no structural differentiation between moderate risk offenders and those who truly present an exceptional risk. The latter group is highly likely to be under-treated under present arrangements”.

The report states that no evidence was found that any of the empirically supported instruments to assess criminogenic needs are being utilized. The only exception was the SOTIPS (McGrath et al., 2012), which was listed as a tool to be used in the Phase I manual. The team states that it appeared to have been added into that manual at about the same time as the study commenced!

The following quote addresses the program’s lack of ability to identify criminogenic/psychological needs of program participants. “Treatment providers showed limited ability to identify criminogenic needs. Treatment providers showed no evidence of being able to identify the marked presence of problems with emotional intimacy, callousness, or grievance thinking. They did show some evidence of being able to identify sexual interest in children, sexual preoccupation, lifestyle impulsiveness and dysfunctional coping in about half the cases where the factor was a marked problem”.

The research team feels that there is plenty of room for improved cost-efficiency and efficacy of the SOTMP. Specific recommendations around improvements in the area of criminogenic/psychological needs include the following: 1) Decrease group size – 14 is too many for a group; 2) Treatment providers must become motivated to assess for treatment needs; 3) The model through which offenders currently must try to understand and make sense of their offending is “based on the kinds of thinking errors that are part of a general criminal personality (largely based on the work of Samenow on general criminal thinking,

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### **EDITORIAL POLICY**

The Advocate newsletter is published by Advocates for Change, providing information on efforts of this group to affect change in legislation, treatment, and re-integration into the community, primarily for those who have been convicted of a sexual offense.

Submissions from inmates/offenders and parolees are encouraged. Articles should be no longer than 300 words. Content should be about a single issue, be original, and accurate, citing sources if appropriate. Contributors will be identified by first name only if requested.

**Readers should know that AFC makes no representation as to the accuracy of any submission and does not necessarily endorse the opinions of any author. Nothing offered by AFC is intended to be legal advice, and any information provided should never be a substitute for obtaining counsel and/or conducting your own research.**

The editor reserves the right to publish all, part or none of the contributions submitted. Send contributions for publication and/or comments on the newsletter to: Advocates for Change, Newsletter Editor, PO Box 351032, Westminster, CO 80035-1032.

**Editor: Susan Walker**

**Publisher: Mark Walker**

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1984), but which ignores other relevant pathways to sexual offense specific problems. For example, research indicates other kinds of sexual offender specific distorted thinking such as that identified in Ward's (2000) analysis of sexual offenders' implicit theories."

4) Relapse prevention and offense cycles is the model through which offenders are told to make sense of their offending. The following quote very nicely states that relapse prevention is no longer the model of choice for most of the rest of the world: "Since this theory became popularized, the field has matured in its research and understanding of sexual offense pathways. The idea of a standard offense cycle is misleading since it fails to represent the multiple diverse paths through which sexual offenders come to offend (Ward & Hudson, 1998). Further, programs that are predominantly relapse focused tend to over-focus on internal resistance and underemphasize proactive striving as a route to amend sexual offending problems. These outdated features limit the efficacy of CO SOTMP and may be combining in an unhelpful way, with the intense pressure treatment participants feel to appease their treatment providers. Thus much of what is 'disclosed' in various clinical exercises is quite likely offenders giving treatment providers what they think treatment providers want to hear rather than valid information regarding real treatment needs that would be garnered from treatment that feels like a good fit to participants."

#### AFC Comments

It has been clear for a very long time via personal comments from program participants, letters from program participants, and comments from family members that the SOTMP Program is coercive in nature. We feel that this report vindicates all of us who have been expressing this concern over the past several years! Participants who are coerced into saying whatever the therapist wants them to say are less likely to internalize treatment than to regurgitate, out of fear, what they have been told is true. Lack of transparency, unkind comments from program leadership and therapists such as "if it were up to me, none of you would ever get out", "well, we have to be confrontational" and "I want your family to know just how dangerous you are" – all of this leads to a "hammer" approach to treatment rather than one that encourages program participants to embrace and internalize what they are learning about how to live a more successful and fulfilling life.

#### Back to the Report

To conform to the Responsivity Model, "treatment should use methods and be delivered in such a way as to maximize participants' ability to learn...Further, participants' response to treatment will be enhanced by effortful attendance to their individual learning style, abilities, and culture". The report's authors suggest strongly that programs that are effective are respectful of "treatment participants' sense of autonomy...little internal motivation for change will be created if participants feel they are being brutally coerced into compliance (Miller & Rollnick, 2012)". The researchers go on to suggest that treatment programs that are voluntary in nature actually reduce recidivism more effectively, and that the more treatment participants are coerced, the less effect that treatment has upon recidivism (Parhar et al., 2008).

Program participants suggested 7 major concerns regarding the SOTMP Treatment Program in terms of responsivity issues:

- 1) "The program seeks to influence and control patients through invoking fear"
- 2) "The program is under-resourced"
- 3) "The program is insufficiently individualized"
- 4) "The program operates in a way that is inefficient with available resources"
- 5) "The use of the containment model"
- 6) "An over-reliance on treatment run by inmates within the Therapeutic Community"
- 7) "An overuse of the polygraph"

#### Evaluator Recommendations

"It is recommended that a thorough internal review of program procedures and decision-making that is designed to specifically target participants' fear and sense of being coerced is conducted. Results derived from over authoritative control will not generalize to future real life opportunities to reoffend. Participants must be able to openly express feelings and beliefs that the program does not like without fear of negative consequences."

"It is recommended an additional position be created within the central office team supporting the program. This would be filled by a skilled clinician that is adept at clinical training. This work should be conceptualized as clinical staff development, designed to enable individual treatment providers to improve their style and skills. The research team states that part of the position would be for the provision of staff training, clinical supervision and the development of training resources".

"It is recommended that three kinds of training be provided to new clinicians in a timely way: 1) practical training, in how procedures are carried out at particular sites". 2) "didactic training, including clinical demonstrations, intended to provide basic knowledge about sexual offenders and the factors that underlie sexual offending; how the program is intended to work, assessment procedures, what good therapist style looks like etc." 3) Practicing clinical skills with feedback, in simulated assessment and treatment sessions or providing real treatment services under direct supervision".

#### **Polygraph Related Concerns of Treatment Program Participants Elicited in Focus Groups**

According to the researchers, polygraph use by the SOTMP "aroused strong sentiments. Concerns that were strongly endorsed by at least 80% of the focus groups are listed below".

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- "The program overuses polygraph to an extent that it prohibits meaningful treatment progress. It is seen as a strategy to delay advancement".
- "There is an overbroad definition of sexual contact used in the polygraph and a need for better clarification and consistent use of this term".
- "There is a lack of clarity and consistent application of what is meant by passing and completing the polygraph criteria of the program".
- "When the polygraph is completed in a probation program, it is not counted toward SOTMP requirements. If the polygraph is completed in the DOC SOTMP program, it is ineligible to be counted toward parole treatment requirement".
- Failing polygraphs leads to revocations/extended sentences despite all other behavior (i.e. good motivation and participation, good completion of assigned tasks and homework)".
- "If the polygraph is deemed deceptive, participants are required to provide new disclosure (tell something you are lying about) even when it is a false positive. Many participants report they fabricate false confessions to "get around" this requirement".
- Inability to move on to next phase until polygraphs are completed; there is a long waiting list for polygraph which creates long periods of stagnancy".
- Failure means you go to the bottom of a list that is not made known to participants and can lead to very long wait and extreme anxiety".
- Multiple inmates report they have completed their Personal Change Contract and are ready for review, however they cannot move forward with the PCC review process until polygraphs are completed (which are delayed by waitlist and high failure rate)".
- "There is a lack of transparency about how individuals are chosen for next polygraph appointment or individual appointments which engenders suspicion of unfair practices, prejudice, favoritism".
- "Polygraph failure is catastrophized by participants which causes them undue anxiety at the time of assessment".
- "All have to take it regardless of dual diagnosis, medical conditions etc. Some say they have had many attempts but have never been able to pass a polygraph which is interpreted by them to mean they will never be released".

The research team states: "Clearly, the SOTMP Polygraph Examination procedures are experienced as a coercive process by participants...in this coercive environment, the process seems also to be generating some false disclosures. This is an inevitable consequence of combining coercive incentives to "pass" the polygraph process with a less than perfect test generating false positives. This is all made worse by the treatment participants believing that the treatment team manipulates the results of polygraph examinations. This results in a strategy of seeking to comply with whatever it is thought treatment providers want. Thus some treatment participants will respond to Deception Indicated Findings by inventing offenses. Others may feel that it is safest to admit whatever treatment providers seem to suspect may be true (regardless of whether it occurred) even prior to their first examination".

They go on to say: "Where they occur, false admissions have two consequences. First, they give an inflated picture of past offending, potentially leading the program to over-estimate the dangerousness of the offenders they work with. Second, they give a distorted picture of the kind of offending particular individuals have engaged in, thus potentially leading to their treatment not being appropriately focused. It is not easy to quantify the scale of this problem, however, Kokish et al (2005) report relevant results from polygraph examinations of sexual histories. Overall, polygraph examinations appeared to be relatively accurate. However, the results revealed that about a third of Deception Indicated Findings were false positives. Kokish et al's results are consistent with the statements made by SOTMP treatment participants in focus groups and suggest that this problem occurs sufficiently often that it needs to be taken seriously".

#### AFC Comments

We followed up with the researchers after the study was completed, and asked whether the team agreed that the polygraph did not have to be utilized, but if utilized with sexual offense treatment, should be surrounded by some clear and specific parameters. Here is the response we got from Dr. D'Orazio:

"Yes, we are all in agreement that polygraph can be used as an effective adjunct to a quality treatment program" (underlining is the editor's). The editor looked up the word "adjunct" in the Webster's on-line dictionary, and found this definition: "something joined or added to another thing, but not essentially a part of". Dr. Anthony Beech also responded individually to the query, and stated that it could be utilized successfully with "certain caveats". The caveats are clearly outlined in the section above from their report!

The outside evaluators also stated that they would be happy to do more work with the sex offense system here in Colorado, to answer more specific polygraph questions, and evaluate other issues of sexual offense treatment and oversight. Additionally, the statement was made that this was a "can of worms" issue in Colorado, and that it would not be right for objective researchers to get involved in that discussion (unless invited to do so, of course). Their assignment from the Colorado Legislature was to evaluate the efficiency and efficacy of the SOTMP Treatment Program inside of CDOC, which they did very well!

You are all to be commended for your courageous defense of the truth about sex offense specific treatment inside of CDOC/SOTMP! The evaluators gave you high marks for keeping the treatment milieu intact when therapists were not performing that role.

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Thank you for doing such a great job at potentially great personal risk. You made a huge difference for everyone involved in the SOTMP system, and hopefully for those in the system on the outside as well. AFC is truly hopeful that there will be trickle down to the outside treatment milieu, and that there will soon be a review and evaluation of the Sex Offender Management Board (SOMB) and its Standards and Guidelines! Additional happenings and new details available soon in the June issue of The Advocate.

**Publisher's Note:** After the above article was written AFC was made aware that the DOC would not have its revised treatment and management proposal ready in time for figure setting. Apparently the proposal will not be submitted until sometime in June. We will keep you up to date in future editions of The Advocate.

## **BEYOND CONTAINMENT**

*Circles of Support & Accountability / Family & Friends Group*

*By Mark Walker*

*Beyond Containment* is the Circles of Support and Accountability (CoSA) program being developed by Where Grace Abounds (see the article by AFC Board Chair Ann Harris on page 1 of this issue for more information). The program is in the very early stages of development, and right now the main focus is on recruiting and training volunteers to form Circles. *Beyond Containment* will be mailing out regular progress updates to anyone who is interested. You can write to them at the address below if you would like to be on the mailing list.

Another service of *Beyond Containment* is the Family & Friends Group, which has been meeting for the past two years for the purpose of providing support, educational resources, and encouragement for family and friends of people who have been affected by sexual offending. Each Family & Friends Group gathering includes a helpful talk or presentation, and provides a safe place for the friends and family members of people dealing with sexual offense convictions to get together, support and encourage one another, and share their struggles and experiences. The group meets at 6:00 p.m. on the second Friday of each month at the downtown Denver offices of Where Grace Abounds, and averages between six and fifteen attendees. *Beyond Containment* hopes to start a second group in the south Denver Metro Area in the near future. If you know anyone who might be interested in the Family & Friends Group please share this information with them.

Where Grace Abounds is a Christian ministry serving individuals who are struggling with a broad range of sexual and relational issues, and the *Beyond Containment* CoSA program is an extension of that ministry. While *Beyond Containment* does not require volunteers, Family & Friends Group members, or potential CoSA Core Members to share their beliefs, they also make no apologies for their Christian faith. Since the program is based on Christian principles, their activities are conducted and their materials are written from that perspective. Anyone considering seeking a CoSA through *Beyond Containment*, volunteering, or attending the Family & Friends Group should understand these Christian commitments in advance so they can decide if the program is right for them.

For more information on *Beyond Containment* contact:

**Mary Heathman • P.O. Box 11871 • Denver, CO 80218 • 720-288-4368 • heathmanm@aol.com**

## **SPONSORSHIP**

**Our numbers continue to rise!**

	<u>3-1-2013</u>	<u>8-10-2012</u>
Family Members	<b>184</b>	161
Affected Ones	<b>372</b>	319
Affected ones out of state	<u><b>16</b></u>	<u>15</u>
<b>Total Membership</b>	<b>572</b>	<b>495</b>

AFC members: Please help us stay up to date by alerting us if your address, e-mail or phone numbers change.

Affected ones: If you change facilities, drop us a note so you will not miss any issues of THE ADVOCATE Newsletter.

*Rose Graf, Membership Chair*

### AFC Calendar Information

Because this is a quarterly newsletter only the AFC meeting dates that occur on a regular basis will be posted. Other dates will be available by email (make sure AFC has your current email address) and on the AFC website.

#### **Calendar for AFC Meetings:**

Denver area general meetings are the 3<sup>rd</sup> Tuesday of the month from 7:00 pm to 9:00 pm at St. Paul's Lutheran Church, 16<sup>th</sup> and Grant St., Denver, CO.

Colorado Springs General Meetings are on the 2<sup>nd</sup> Tuesday of the month from 7:00 pm to 9:00 pm. This meeting is held at 3615 Roberts Road (ComCor Building-next to the power plant). These meetings are a cooperative effort between the Southern Chapter of CURE and AFC

Fort Collins meetings are also in conjunction with the Northern Colorado CURE meetings and are held on a quarterly basis. The next Fort Collins meeting is to be announced. This is a much smaller venue and you are required to contact us ahead of time if you would like to attend.

AFC also holds its BAG (Breakfast Action Group) meetings every Monday morning at 7:00 am – 9:00 am at the Perkins on I-25 and Colorado Blvd. The first BAG meeting of each month is now a combination BAG/Board meeting.

#### **JOHN PINEAU: MORE DOCCA CLASS REPRESENTATIVES NEEDED**

Attorney John Pineau, who is spearheading the legal team for the Department of Corrections Class Action Lawsuit (DOCCA), recently contacted AFC and asked us to put out the call for more class representatives. If you are an inmate currently serving an indeterminate life sentence for a sexual offense under the Colorado Lifetime Supervision Act, and are interested in being named as a class representative for the DOCCA lawsuit, please contact Mr. Pineau as soon as possible with the following information:

1. Your name;
2. DOC number;
3. Current facility and address;
4. Conviction and sentence; and
5. Detailed treatment / non-treatment history, including:
  - a. Participation in phase one and/or phase two, and any other DOC S.O. treatment;
  - b. Waitlist and length of time on waitlist;
  - c. Terminations and basis for termination; and
  - d. Parole hearing history.

The DOCCA legal team of John Pineau, Ingrid DeFranco, and Alison Ruttenberg has been working tirelessly to make the DOCCA lawsuit a success. If you are able to help by becoming a named class representative please contact them immediately:

**Law Offices of John Kenneth Pineau, P.C.**  
**2305 Broadway**  
**Boulder, Colorado 80304-4106**

## **DOC Response to Outside Evaluators' Report**

***Publisher's Note: We have reproduced below the content of a letter dated March 8, 2013 from Mr. Tom Clements to Hon. Pat Steadman, the Chair of the Joint Budget Committee of the Colorado General Assembly.***

Dear Senator Steadman:

I appreciated the opportunity the two of us had recently to discuss the external study that the JBC funded during the 2012 Legislative session, on the efficacy and cost-effectiveness of the Sex Offender Treatment Program. The Department is excited to use the study recommendations to improve the quality of the treatment program while at the same time reduce the long-term resource requirements.

The study detailed a number of needed fundamental changes to both the current structure and the implementation of the sex offender treatment program. It also made recommendations on how to achieve these suggested changes. The Department of Corrections is deeply committed to fully and completely addressing the recommendations the report puts forward. This letter is the first of many communications that will address the changes and restructuring of the sex offender treatment program.

Outlined below are the initial steps that the Department is taking to implement recommendations outlined in the study.

Major actions **already underway** based on the findings and recommendations of the study include:

- The recent hiring of a new sex offender program administrator to oversee implementation of recommended changes and program restructuring.

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- Initiating the process of contracting Central Coast Clinical and Forensic Psychology Services Inc., to provide assistance in the development of the CDOC's implementation plan.
- Commencing coordination with the Division of Criminal Justice (DCJ) within the Department of Public Safety (DPS) to ensure CDOC's program changes are compatible with the Sex Offender Management Board's (SOMB) guidelines.

In addition, based on the results of the study, the Department **will**:

- Ensure transparency throughout the restructuring process and beginning May 1, 2013, provide quarterly updates to the JBC and relevant stakeholders on implementation progress.
- In consultation with Central Coast and Forensic Psychology Services Inc., Develop a comprehensive training program that is specific to sex offender treatment clinicians.
- Apply a risk-based approach through a risk assessment tool to correlate the duration of treatment based on the assessment of risk.
- Hire a skilled clinician for training and mentoring of program therapists.
- Hire a staff psychologist to oversee the risk classification process.
- Develop individualized treatment plans that address risk and specific criminogenic needs of individual treatment participants.
- Through consultation with Central Coast Clinical and Forensic Psychology Services Inc., begin the process of curriculum changes to ensure proper levels of treatment for each risk group and develop the ability to individualize program steps.
- Adjust therapy group size based on study recommendations.

Preliminary work on the new program structure indicates that adjustments to curriculum established on the risk-based approach are expected to drop the average treatment time for lower risk offenders by approximately 66% and to drop the average treatment time for moderate risk offenders by approximately 33% compared with the current program. There are also recommended changes that will increase resource requirements such as the recommendation to decrease the size of the therapy groups from the current size of 14.

While it is important to proceed forward with additional resources to begin to address the backlog of 1,537 treatment ready offenders, the requested \$2.1 million expansion of the Sex Offender Treatment Management Program (SOTMP) is likely to be more than required after the study recommendations are implemented. However, the program restructuring is still in its developmental stage; final numbers on the specific amount needed for the restructured program are not yet available.

The Department will present JBC with a detailed plan as additional data pertaining to offender risk and programming needs becomes available and will have a detailed budget plan by June 30, 2013. The Department recognizes that this is an extremely important program for public safety as well as to the impacted offenders and is moving forward with implementation as quickly as possible.

Furthermore, the Department recognizes that given the recommendation of a risk-based approach to treatment there is the potential to increase the number of sex offenders that will need to be monitored in the community. This may result in an increased need for funding of specialized parole supervision or other community corrections impacts. Critical to the successful re-entry of these offenders will also be availability of sex offender treatment and funding to support their treatment. There has not been sufficient time to project these potential needs, however, as these potential impacts are delineated they will be communicated through the normal budget process.

Finally, it is important to begin to address the issue of the backlog of treatment-ready sex offenders, and thereby address the concerns brought up in offender lawsuits by providing the treatment required and/or necessary to be considered a viable candidate for parole.

Thank you for providing the resources to evaluate our program and for your consideration of our November 1, 2012 funding request. We look forward to collaborating over the next few months as the study recommendations are fully implemented. As always, if there is any concern or question, please do not hesitate to contact myself or any member of my staff.

Respectfully submitted,

Tom Clements  
Executive Director  
Department of Corrections

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