

SEX OFFENDER TREATMENT CONTRACT

I, _____, hereby enter into this Treatment Contract with the Counseling Service of Any County, Inc. to allow their staff to provide me with treatment services for my sexually aggressive behavior. I understand that the four primary goals of treatment are: (1) to help me reduce my risk to reoffend; (2) to protect the community from my sexually aggressive behavior; (3) to help repair damage perpetrated on my victims by my sexually aggressive and other abusive behavior; and (4) to help incest families reunify when it is in the best interest of the victim.

1. I agree to be honest and assume full responsibility for my offense(s) and my behavior. I understand that successful treatment depends upon full acknowledgement of my offense(s), regardless of my plea in court (i.e., nolo or Alford).
2. I agree, if and when it is deemed appropriate by treatment staff, to make a clarification to my victim(s) of my responsibility for the sexual abuse.
3. I agree to sign an acknowledgement of limited confidentiality and waiver and to sign any releases of information required to obtain information about my behavior.
4. I will attend all treatment sessions and attend on time. I understand that the only acceptable excuse for absence or lateness is a verifiable medical or other personal emergency. I will notify the appropriate staff member as soon as possible about any situation that affects my attendance or promptness.
5. I will pay my assigned fee at the time of each session unless I have made other arrangements with the staff.
6. I will not engage in the illegal use of alcohol or other drugs or use alcohol or drugs to the extent that it interferes with my employment or the welfare of my family, others, or myself. I agree to submit to alcosensor and urinalysis testing as requested by treatment staff. I will not purchase, possess, or use sexually stimulating materials of any kind as defined by my treatment staff. I will not become verbally threatening or assaultive toward any staff member or client either inside or outside the office. I will advise treatment staff of any change in my residence or employment status.
7. I will not disclose any information regarding another client to anyone outside this program. I agree to have no contact with other sex offenders outside my treatment group without prior approval of treatment staff. I will keep treatment staff informed of the nature of any contact I have with another client outside treatment sessions.
8. I will actively participate in treatment. I understand that treatment typically consists of weekly group therapy and may include periodic individual, couples, and family therapy sessions. Treatment can generally be expected to last an average of two years followed by approximately one year of periodic aftercare meetings.

I understand that my treatment will focus on seven areas: (1) accepting responsibility for my offense behaviors; (2) developing a supervision network of carefully selected family and/or friends who can help me with my recovery; (3) changing thinking patterns that contributed to my offenses; (4) developing empathy for my victims and others; (5) controlling my sexual arousal patterns; (6) improving social skills related to my offending behavior such as anger management, conflict resolution, self-esteem, alcohol and drug abuse, and stress management; and (7) developing relapse prevention skills by identifying and learning how to avoid high risk situations and intervening in my offense cycle. I understand that treatment techniques that will be used in the program include talk therapy, writing, reading, films, lecture, role-play, and discussion. I understand that I may be asked to discuss my treatment progress and treatment assignments in group treatment, with my supervision officer, and other significant adults in my life. I understand that treatment will include aversive conditioning, which is a procedure that pairs deviant sexual thoughts with aversive elements. Aversive elements may include noxious scenes, boredom, and noxious odors. I understand that I may be asked to engage in masturbation in the privacy of my own home for treatment purposes.

9. I understand that my offense behavior has had an impact on my living partners. To help my living partners and myself in the recovery process, I will actively encourage my current partners, or any future significant living partners, to participate in treatment on an as-needed basis as determined by treatment staff.

10 I understand that ongoing assessment of my progress through psychological and physiological evaluation (penile plethysmograph and clinical polygraph) may be part of my treatment.

11. I understand that treatment involves certain risks and I have discussed these with treatment staff. I understand that I may find certain aspects of my treatment stressful. For example, discussing possibly embarrassing personal issues in treatment, undergoing physiological evaluations, and completing aversive conditioning may cause me to feel anxious, nervous, upset, angry, guilty, ashamed, or depressed. Discussion of treatment assignments with my family and significant others may place stress on my relationships with these individuals. I will inform staff if I experience undue stress as a result of any treatment intervention and understand that treatment will be available if any such symptoms should persist.

12. I understand that I have the right and will have the opportunity to have each treatment method explained to me before being requested to carry out each new treatment method. I understand that I have the right to refuse to participate in any assessment or treatment method. I also understand that if I refuse to participate in one or more assessment or treatment methods, that I may become ineligible for continued treatment.

13. I understand that treatment staff may provide periodic verbal and written reports to supervision agents and other individuals and agencies involved in my treatment. I understand that the information in reports provided by treatment staff may influence matters such as court decisions regarding modifications or revocation of existing court orders.

14. I am aware that the practice of mental health treatment is not an exact science and I acknowledge that no guarantees have been made to me about the results of assessments and treatment. I understand that some recent research suggests that the prospects of controlling my sexually deviant behavior may be increased by my enrollment in and successful completion of a specialized sex offender treatment program.

15. I acknowledge that I have been provided with information about programs that would be alternatives to this sex offender treatment program.

16. I agree to avoid situations and behaviors that will place me at high risk of reoffending. I also agree to provide staff with a weekly "contact log" that details any accidental, incidental, or intentional contact that I have had with potential victims.

17. I agree to abide by the following special conditions: _____

18. I understand that my probation/parole officer may be notified of any violation of this contract. I also understand that local or state police departments may be contacted if necessary to maintain victim or community safety. I also understand and agree that any violation of the conditions of this contract may be grounds for termination from the program at the discretion of the staff. I agree that the staff may terminate my treatment for any other problem behavior not outlined above.

19. I understand that a staff member is on call for emergencies on a twenty-four (24) hour basis by calling _____

I have read, understand, and acknowledge that I am required to follow all the conditions listed above regarding my treatment and behavior. If I have any questions about this Treatment Contract, I have discussed them to my satisfaction with the person in charge of my treatment. By signing this Treatment Contract, I give voluntary consent to participate in all the above.

Signed: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____