

Sex Offender Treatment and
Monitoring Program

Support Education Program

Colorado Department
of
Corrections

SUPPORT EDUCATION PROGRAM OF THE SEX OFFENDER TREATMENT AND MONITORING PROGRAM

MISSION

TO BE A POSITIVE RESOURCE OF EDUCATION AND SUPPORT FOR FAMILIES, FRIENDS, AND OTHERS WHO ARE HELPING A SEX OFFENDER TOWARD RECOVERY AND PREVENTION FROM RE-OFFENDING.

GOALS

TO PREVENT THE SEX OFFENDER FROM VICTIMIZING OR RE-VICTIMIZING. TO ENCOURAGE SUPPORT PERSONS TO "GET ON BOARD" WITH THE SEX OFFENDER TREATMENT AND MONITORING PROGRAM AND BECOME AN EFFECTIVE COMPONENT OF THE OFFENDER'S SUPPORT SYSTEM.

“COME ON BOARD”

Welcome to the Support Education meeting. This meeting is given by the Support Education Program, which is part of the Sex Offender Treatment and Monitoring Program (SOTMP) at the Colorado Department of Corrections (CDOC). You are here because someone you know and care about requested that you be a part of this educational meeting. That generally means that they are involved in sex offender treatment and are considering you as someone who **may** be part of their support system while incarcerated and when they leave CDOC.

The treatment staff, as well as the inmate recognizes the importance of having a **well informed** support system. The purpose of this meeting, along with this packet is to educate you regarding the dynamics of sex offending behavior, sex offender treatment at CDOC, and sex offender management in Colorado. With this information you will be able to make an informed decision about being a part of the offender's support system. If you decide that you will be a part of the support system, we are asking you to “get on board” with us, the Sex Offender Treatment and Monitoring Program, and work as a team, to prevent the offender from victimizing or re-victimizing. Our goal is “**No More Victims.**”

“WHAT IS A SUPPORT SYSTEM?”

You may be asking yourself “What am I going to have to do? What is a support system, anyway?” What does that mean? Pay his/her bills? Feel sorry for him/her? The majority of people are uncertain about what being a support person means. The sex offender needs to have a **healthy and well-informed** support system. You are **not** there to pay his/her bills or make him/her feel better. It is not your responsibility to make him/her feel better. What then, is the role of the support system?

[For brevity, any future reference to gender (ie. his/her, s/he) is meant to be inclusive of both male and female]

We would like to share with you what we’ve learned about sex offending and how you can help.

Sex offenders have led secret lives. They have often manipulated (conned) and/or intimidated people around them. It is important that their support system know and understand how they have used these techniques in the past. The sex offender must begin to live a more public life with **much accountability** to their identified support system. The offender needs to give his support system information about his manipulative tactics. For example, the offender tells you that he manipulates you by offering to help with the yard work (chores, etc.) so that he looks good and you won’t know he is hiding his use of pornography and peep shows. What good would it do for you to know this? Well, maybe no good, if he hasn’t given you permission to confront him on this issue. So, along with informing you of his manipulations and/or intimidations, he needs to ask that you **confront** him when you notice these techniques. He also needs to give you permission to **contact the therapist or parole officer** when you see him doing things that he has identified as part of “his cycle”. (We will explain “his cycle” later).

As a support person for a sex offender in recovery, you should

1. be **informed** about his offending cycle,
2. be **empowered** by his giving permission to you to hold him accountable
3. be **given permission to contact others** in his support system; and
4. **set limits for your supporting that are comfortable** for you.

For example, you may feel comfortable helping him be accountable for his money or budgeting, however, you may not be comfortable hearing about his anger or his fantasies. **You must set the limit!** But be clear, if you can't be the person to hear about his anger or fantasies, then you need to plan with him **who** will be the healthy support person who can do that particular task. **Just because you do not feel up to handling a particular issue does not make it a non-issue**. He will have to get some other person, for example, perhaps a therapist, an AA sponsor, a cousin, to share these areas of his cycle.

Does this mean you are acting as a police officer? Does this make you responsible for his behavior? Are you the reason he re-offends? **No, you are not responsible for his behavior!!** However, if you decide to help him, you can assist by **holding him accountable**.

Example: Fred told you that part of his offending cycle is to go jogging so he can find houses to window peep and perhaps find a victim to sexually assault. He tells you that he should never jog alone or in neighborhoods. So, one evening you see him getting on his jogging clothes, you ask "Fred, who are you going jogging with?" He says, "Joe had something to do so I am going alone tonight."

As a healthy support person, you say “Fred, I remember that you told me that this is something you should not be doing alone. I can drive you to the track and wait for you”, OR “You told me it isn’t good for you to be jogging alone, so maybe you should postpone it until another time.” If he says “It will be okay this time” then you could say “It concerns me that even though this is risky for you, you choose to do it anyway. I believe it is best that I tell your therapist (or parole officer) about my concern.”

YOU ARE NOT RESPONSIBLE IF HE DECIDES TO GO ANYWAY, but you have shown that you will hold him accountable and tell others in his support system if he will not do the responsible thing.

A support system can be a variety and range of people: spouse, brother, sister, mother, father, employer, pastor, AA sponsor, friend or many others. The important thing you as a support person must look at is “What makes it difficult for me to view him as a sex offender?”

Although this is difficult to see or accept in someone you care about, it is **essential** to accept this in order to help him remain victim free.

As a part of the offender’s treatment, he will be trying to identify a healthy support person. We ask that he look at the people he has to choose from for a support system to see if they are appropriate. Someone that he identifies initially may later be taken off his list because he realizes that he has abused, intimidated or manipulated that person previously. Or he may realize that it will be too difficult for that person to confront him.

Typically, but not always, mothers are identified as being a support person. Then upon closer examination, a couple of things may occur such as, the mother is unable to believe that her son really did these things, OR the offender decides that he **cannot** tell his mother about his cycle and therefore, she cannot be an informed support system person.

Another common situation occurs when an identified support person has a lifestyle that is not good for the offender. For example, the offender has used alcohol as part of their cycle and therefore should not be around alcohol. The support person may need to decide whether or not they wish to have an alcohol-free environment because it is a problem for the offender. **A support person must change their thinking from “protecting” the offender to monitoring him and holding him accountable.**

YOUR SUPPORT STARTS NOW!

As a support person you must learn to ask questions if you do not understand something. That means asking questions of the offender, his therapist, and others who do not want the offender to commit another crime. No question is unimportant or insignificant. If the one you are supporting had a health problem, you would want to talk with his attending physician about his treatment. By the same token, we want you to talk to us about your loved one’s behavioral problems and treatment.

We believe that it is essential for all of us to “be on the same page.” That is, for the offender, the therapist, **and the support person** to know what is going on in treatment. In order to facilitate this communication the support person must have permission from the offender to talk with his primary therapist about his progress in treatment. The offender must sign a release, a document stating his consent and giving permission for the therapist to share information about him with the support person. **THIS IS VERY IMPORTANT! In order for us to work as a team, and for you to be on board, there must be open and on-going communication between the offender, the support person, and the primary therapist.**

It is also necessary that you understand the philosophy of sex offender treatment, and what we are trying to accomplish with the offender.

SEX OFFENDER TREATMENT

Goals Of Sex Offender Treatment

The goal of the Sex Offender Treatment and Monitoring Program is to reduce recidivism rates of sex offenders by:

1. Learning about the offender's problem offending patterns and behavior.
2. Developing realistic relapse prevention plans (personal change contract).
3. Teaching skills to compensate for problems which contribute to the offending behavior.
4. Developing structure to encourage offenders to implement relapse prevention plans for community reintegration, i.e., community supervision and monitoring.
5. Motivating offenders to internalize changes and continue in treatment before structured supervision ends.

Treatment Definition

Sexual offending is a treatable problem. Treatable is defined as helping the offender learn ways of minimizing the risk of re-offense. It does not imply cure. Sex offending is a learned behavior; behavior can be unlearned.

Treatment With Accountability

A philosophy of the Sex Offender Treatment and Monitoring Program is to instill in the sex offender **accountability** for their behavior. In order to do this, sex offender treatment is based on the following:

1. We emphasize the inmate's responsibility for change. As treatment providers we will not always be with the offender. The offender needs to implement what he is learning into all areas of

his life. We cannot do this for the offender. Change for a sex offender is a lifetime process and is effected by the offender's motivation to change and willingness to be honest.

2. **We use a “cognitive behavioral approach.”** In other words, we believe that if the offender can change his unhealthy thoughts (distortions) into healthy thoughts, he increases his ability to make good, healthy choices.
3. We emphasize the inmate always has choices and there are consequences for every choice. Sex offenders typically distort situations as happening *to* them and react accordingly. We teach that situations are responded to through a series of choices that they are responsible for making. By learning this, an inmate will react to his choices versus the situation.
4. We provide consequences for directives not followed. This reinforces the above principle that they are responsible for the consequences of their actions.
5. We focus on the present. The **cognitive-behavioral model** focuses on changing current distorted thought patterns, thus changing maladaptive behaviors. In order to accomplish this we focus on the present instead of the past or what may happen in the future.
6. We look for change in behavior, not just an increase in awareness. Inmates may understand why they do something but that does not mean that they will stop the behavior. Again, real progress is monitored through internalizing information and changing behavior.

7. We look for external verification of behavior. We verify the behavioral change through ongoing consultation with correctional staff and work supervisors.
8. We work from a non-trust basis. Sex offenders have spent most of their lives being secretive, deceitful, and manipulative. We work from the premise that this behavior may continue. They are held accountable through their actions as opposed to their words. We decrease secrets. The offender has led a secret life. As part of the recovery process, we expect offenders to disclose problems and information they have kept secret in the past and share this information with support systems, parole officers, and treatment providers.
9. Group therapy is the treatment of choice. Sex offenders live lives of secrecy, denial, manipulation and minimization. They need to be made aware of these characteristics and how they use them in their everyday lives. They also need to develop better peer relationships. Group therapy affords the opportunity to work on these issues and to hear feedback from therapists and other group members about these issues. Recent research notes that recidivism rates are lower for sex offenders who have participated in treatment utilizing group therapy, as opposed to individual therapy.
10. Child molesters and rapists are placed in the same groups. It has been our experience that child molesters, rapists and other sex offenders have the same core problems and beliefs. Research and our own experience show that sex offenders have usually committed more than one kind of sex offense. In group, we expect the group members to talk about the other types of sex offending behaviors they have exhibited in their lives. There is no sex offense that is better or worse than another. All sex offenses hurt people regardless of the victim's age, relationship with the

perpetrator and type of abuse. There is research which indicates that treatment is more effective when you mix different types of sex offenders together in group.

Guidelines For Treatment

What do we expect from sex offenders in group? The expectation is that group members will actively participate. That would involve:

1. **Disclosure** - Talking about their thoughts, feelings and behavior, honestly. This is scary, but is actually empowering when they are honest and open.
2. **Feedback** - Giving and receiving feedback is an essential part of the group process. Allowing others to help the offender with his problems and conversely, helping others using their own observations provides a valuable opportunity for insight and learning.
3. **Investment** - "You get out what you put in to something." This is one you've heard for years. It takes a great deal of work to make changes but someone who is motivated and motivated to do the work, can do so.

SOTMP TREATMENT CURRICULUM

Core Curriculum

The basic mental health educational program consists of seven topics of instruction:

- The Thought Process
- Assertiveness Training
- Problem Solving
- Distorted Thinking
- Anger Management
- Personal Responsibility
- Stress Management

It is essential for the offender to utilize these basic mental health concepts in the process of responsible self-improvement. You may hear the offender using terms or phrases he has learned in the core curriculum. We would encourage you to inquire about what the offender is learning and reinforce positive efforts of change and taking responsibility.

After the offender successfully completes Core Curriculum, they are interviewed for Phase I treatment. To be eligible for treatment, an offender must:

- Admit to sex offending behavior
- See that behavior as a current problem he needs to work on
- Be willing to do that work in a group setting

Phase I

Phase I is a time-limited therapy group focusing on the following common problem areas of sex offenders: Why people commit sex

offenses, developing victim empathy, cognitive restructuring, sex offense cycles, relapse prevention, sex education, sex roles, social skills, and relationships. At the Fremont Correctional Facility (FCF), Sterling Correctional Facility (SCF), Colorado Territorial Correctional Facility (CTCF), and Colorado Women's Correctional Facility (CWCF) the group meets four times a week and lasts approximately six months.

The goals of Phase I are for:

1. The offender to demonstrate, understand, and apply the above-mentioned material and concepts (presented in Phase I) to his sex offense behaviors, problem areas, and lifestyle;
2. The offender to take full responsibility for his sexually abusive behavior;
3. the offender to identify, in depth, problem areas he needs to continue to work on in Phase II;
4. the offender to define his sexual abuse cycle and positive coping skills to interrupt the cycle;
5. the offender to demonstrate a willingness to utilize the treatment program, and demonstrate change through participation in the treatment group, in his behavior within the institution and with his support system;
6. To further evaluate the offender's motivation for treatment and continue only those who are willing to commit themselves to the change process.

When offenders have completed Phase I, their motivation to participate in Phase II is assessed in an exit interview. SOTMP treatment providers may approve transition to Phase II, or may recommend that the offender repeat Phase I.

Phase II

SOTMP provides specialized testing and evaluation with offenders who progress to Phase II at Arrowhead Correctional Center (ACC). This involves completing psychological testing and clinical interviews which serve as the basis of a sex offense specific evaluation. This assessment will be utilized during treatment within the Department of Corrections, (including Parole or Community Corrections) as needed. The offenders write their individual sexual history during this time.

Phase II focuses on changing the offender's distorted thinking and patterns of behavior as well as helping the inmate develop a comprehensive personal change contract (relapse prevention plan). This phase is offered as a Therapeutic Community (TC) treatment program at ACC. The TC houses sex offenders together in a therapeutic milieu operating 24 hours a day, seven days a week.

The goals of Phase II are for:

1. The offender to apply and incorporate the material learned in Phase I into his lifestyle;
2. The offender to identify and change distorted thinking;
3. The offender to prepare for living a responsible lifestyle in the community;
4. The offender to realize the importance of developing a balanced lifestyle and monitoring his thoughts and behaviors for the rest of his life;
5. The offender to identify his relapse cycle and methods for intervention in the cycle;
6. The offender to realize the importance of sharing his relapse cycle and methods of intervention with his support system
7. The offender to practice and incorporate a model for solving problems;
8. Further evaluation of the offender and his problem areas.

There are five levels of treatment in the TC. The following is a description of the treatment and tasks which must be completed at each level of treatment.

Basic Orientation Level

During this level, the focus of treatment is on learning, identifying, and changing thinking errors and learning the expectations for living in a therapeutic community. Inmates also participate on a task team and in recreational therapy.

Orientation Level

During orientation level, inmates complete a sexual history and baseline polygraph evaluation, maintain a daily interaction journal and attend journal processing group, complete an interpersonal communication workshop, complete rational behavior training, attend concept group to process problems and behaviors in the T.C., participate on a task team, and participate in recreational therapy.

Commitment Level

During commitment level, inmates complete a personal change contract (relapse prevention plan), disclose their deviant sexual history and personal change contract to their identified support system, become a peer sponsor to a new T.C. member, monitor on a rotating basis each other's journals and attend journal processing group, participate in and complete problem solving group, participate in concept group, participate on a task team, attend specialized seminars, participate in recreational therapy, and identify a community service project.

Senior Level

During this level of treatment, sex offenders complete a victim clarification project, monitor each other's journals and attend journal processing group, participate in relapse prevention rehearsal group, teaching assistance for basic orientation, problem solving, and

journaling, participate in concept group, participate on a task team, attend specialized seminars; participate in recreational therapy, and work on community service activities.

Maintenance Level

During this level of treatment, sex offenders participate in relapse prevention rehearsal group, maintenance group, concept group, recreational therapy, maintain journals and monitor each other's journals, participate in specialized seminars, and work on community service activities. Inmates stay in this phase of treatment until they are accepted into Community Corrections or Parole.

“STAY ON BOARD”

You may continue to hear terminology that is unfamiliar to you as the offender participates in treatment. We recommend that you ask the offender questions about what he is learning and maintain open communication with the offender’s primary therapist. “Splitting” occurs if the offender is telling you one story and the therapist a different story. This is never beneficial and can impede the offender’s progress in treatment, as well as keep you in the dark about how he is really doing. We all need to be on board and open, if the offender is going to progress in his treatment.

Disclosure Meetings

The support education coordinator conducts pre-disclosure meetings with the offender’s identified support system to determine their concerns, fears, and hopes for the disclosure meeting. The goal of the pre-disclosure meeting is to further assess the readiness of the support system and to prepare them emotionally for the disclosure. Disclosure meetings provide the support system an opportunity to hear the offender make a full disclosure of his deviant history and discuss his personal change contract. If the support system is intending to provide shelter to the offender, they are given an opportunity to contract their expectations with the offender.

Support For You Too!

Disclosure meetings can be stressful, as a result, you may need support too. The support education coordinator will be available to help you talk about your experience and feelings you may have following the meeting.

The Support Education Program also offers small educational groups for you to work on the following topics:

- Stress Management
- Self Care
- Grief, Loss, Anger and Other Feelings
- Assertiveness Training
- Problem Solving
- Research Findings
- Offender Distorted Thinking and Tactics
- Confrontation and Accountability
- Offender Sex Offending Cycles
- Offender Treatment
- Resources

Please ask the Coordinator of the Support Education Program, Ann Greenwood, more about the small groups.

THIS IS HOW SEX OFFENDER MANAGEMENT WORKS IN COLORADO

(From the Colorado Sex Offender Management Board
Division of Criminal Justice Colorado Department of Public Safety)

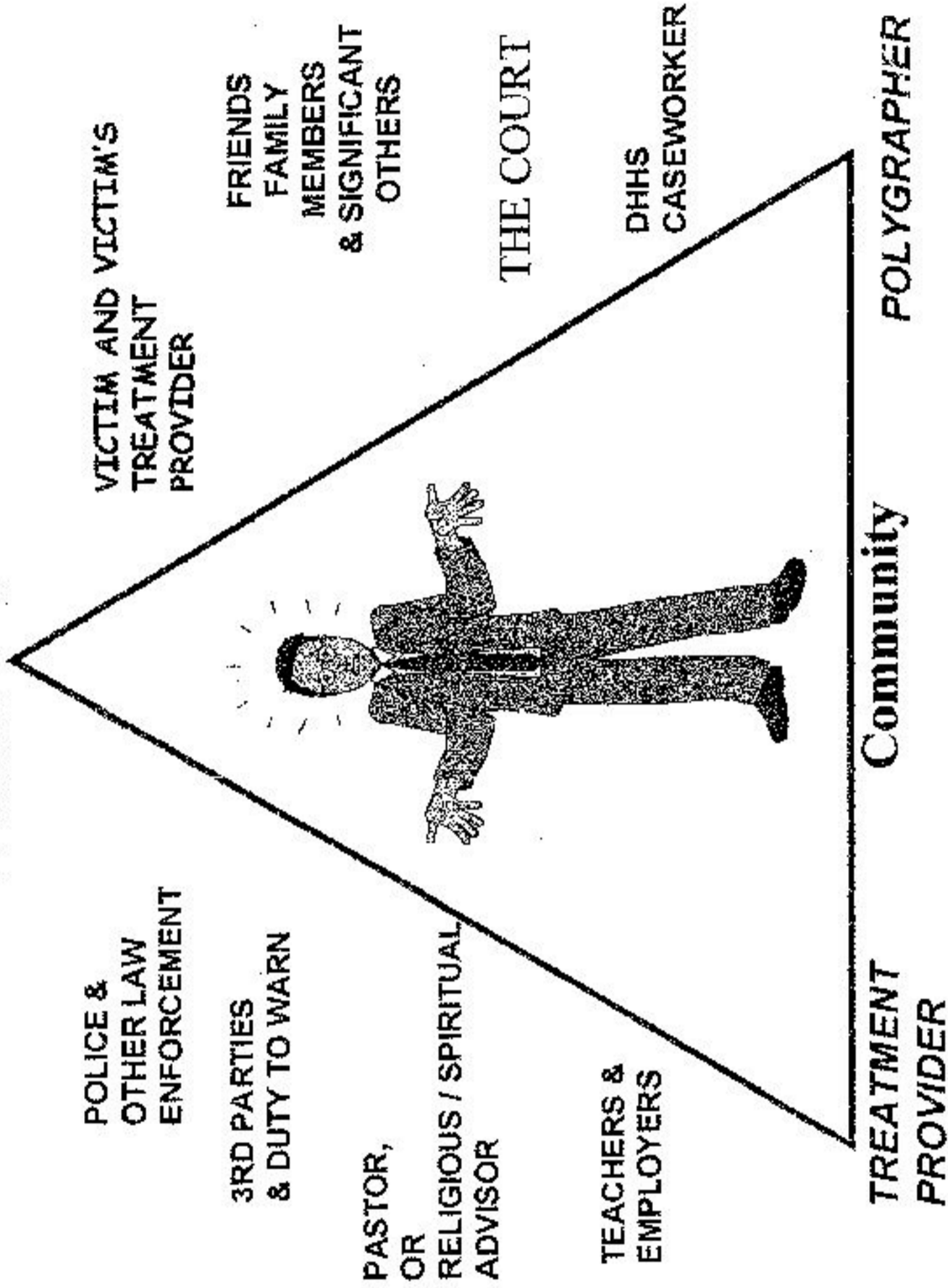
- **Successful containment, treatment and management of sex offenders is enhanced by the involvement of family, friends, employers, and others who have influence in sex offenders' lives, when these people are willing to support the conditions and requirements of the criminal justice system.**
- Most convicted sex offenders in Colorado are subject to the supervision of a criminal justice agency, either probation, parole or community corrections. In Colorado, this supervision is called Sex Offender Management.
- The Colorado Sex Offender Management Board (SOMB) is a multi-disciplinary board of professionals created by legislative mandate to oversee the management of sex offenders in Colorado.
- Colorado Statute and the SOMB conclude that sex offenders are dangerous because of the harm they cause and their risk to re-offend.
- According to the SOMB, community safety is paramount and comes before the needs of the offender. Community safety means that the primary goal is to prevent the offender from victimizing another person.
- Sex offender management practices assume, based on available research, that sexual offending is a behavioral disorder which cannot be "cured".
- While sex offenders cannot be cured, it is believed that some can be managed. The combination of comprehensive treatment and carefully

structured and monitored behavioral supervision conditions may assist some sex offenders to develop internal controls for their behaviors.

- In Colorado, the system used to manage sex offenders who are placed in the community is called the **Containment Approach**. In order to best protect the public, sex offenders are never managed by an individual person, rather, they are managed by community supervision teams, consisting of supervising criminal justice officers (probation, parole officer or community corrections), polygraph examiners and treatment providers. Supervising officers set conditions for the offender, monitor their behavior and can impose sanctions for the infractions. Treatment providers gather information about the offender, assist with monitoring and administering a long-term comprehensive set of planned therapeutic interventions designed to change sexually abusive thoughts and behaviors. The polygraph examiner assists in gathering a full and accurate history of the offender's behavior and monitors current compliance with conditions and risk behaviors.
- Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes. All members of the team managing and treating each offender must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public safety. This approach has been identified through research to be the best way to manage adult convicted sex offenders in the community.
- Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors. Offenders must agree to intensive and sometimes intrusive accountability measures. These measures are designed to increase the likelihood that the offender can safely remain in the community rather than in prison. Offenders must learn to be accountable to maintain the privilege of remaining under community supervision.

CONTAINMENT MODEL

PROBATION OFFICER



SEX OFFENDER CHARACTERISTICS

(From the Colorado Sex Offender Management Board
Division of Criminal Justice Colorado Department of Public Safety)

- Most offenders commit multiple crimes against multiple types of victims with whom they have varying types of relationships (adults, children, male, female, known and unknown). This behavior is known as crossover.
- Sex offenders rarely commit just one type of offense. Many offenders have NO official criminal record or sex crime history of any kind.
- There is no such thing as a "typical" sex offender, however all tend to be manipulative, deceptive, and secretive. Sex offenders come from all backgrounds, ages, income levels, and professions.
- The majority of offenses (78-90%) are committed by someone the victim knows.
- Sexual deviancy often begins in adolescence.
- Sex offenders usually do not commit their crimes impulsively. They usually carefully plan their crimes.
- 20% of child sex offenses are committed by women

FACTS ABOUT SEX OFFENDERS

(From the Colorado Sex Offender Management Board

Division of Criminal Justice Colorado Department of Public Safety)

- In 1994, there were approximately 234,000 convicted sex offenders in United States
- In 1994, nearly 60% were under correctional supervision in the community.
- Most sex offenders (80-90%) assault people they know.
- At least half of convicted child molesters report that they also have sexually assaulted an adult.
- Over 80% of convicted adult rapists report that they have molested children.
- Approximately one-third of sex offenders report assaulting both males and females. Research shows that most convicted sex offenders have committed many, many assaults before they are caught.
- Most sex offenders report that they have committed multiple types of sexual assault (sexual assault crimes include exhibitionism, voyeurism, oral sex, vaginal penetration, attempted penetration, fondling, and incest).
- Over two-thirds of offenders who reported committing incest also said they assaulted victims outside the family.
- Studies of victims have found that not more than 16% of sex crimes are reported to law enforcement.
- Young victims who know, or are related to, the perpetrator are least likely to report the crime to authorities.

COMPONENTS OF AFTERCARE

Relapse Prevention Plan (Personal Change Contract)

An actual plan outlining what coping responses are needed to intervene at certain points of high risk lapse.

Support System

Here we are at last! The role you may choose to continue with the offender when they parole or discharge. Your ongoing task is to really “know” the individual. There are high risk behaviors and “red flags” (signs) that you need to look for as a person supporting the offender. The person needs to give you permission to call them on questionable behavior. They have to educate you as to what their “cycle” looks like in recognizable terms, i.e., “When I cannot account for my money, then there should be a question asked of me.” The offender needs to identify the coping responses for you ahead of time - “When I can’t account for my money, then I need to seek out someone to help monitor me and make me be accountable for it.”

The sex offender must be in therapy and give you, as a support person, permission to contact the therapist. If the sex offender is in serious trouble, i.e., drinking, not talking, isolating, they need you to contact their parole officer. If you suspect the offender has re-offended, you need to call the parole officer and/or the police. This is a difficult task, but you must decide which is worse - **ANOTHER VICTIM** or risk of a false alarm.

The sex offender is asking you to be a support person. This will require a willingness on your part to question the offender when you have concerns about his thoughts, feelings, or behaviors. You will also need

to be willing to learn about the offender's past history of sex offending behavior. The purpose of the Support Education Meeting is to help you understand more about sex offenders and the change process.

Hopefully, you will get the information you need to decide if you want to be a support person. It can be demanding to be a support person. If you feel you will not be able to question the offender or hear about his past sex offending behavior, then it is better to say no to being a support person.

Education Support Groups

We will continue to offer support while the offender is out in the community. Many community treatment programs also offer these groups.

Balanced Life Style

It is a goal of our program that sex offenders learn how to have a more balanced life style. The balanced life style plan is a component of the Personal Change Contract and defines a healthy life style for the offender. **We also offer a "Living Contract" for family and/or support persons to state in writing the terms and conditions of their support and to obtain the offender's signed commitment to abide by the contract.**

Sex Offender Treatment

We will always recommend that a sex offender coming out of prison get sex offender treatment as soon as possible. **This needs to be the first priority for the offender.** The treatment the offender receives needs to be "offense specific", which means that the treatment needs to be about sex offending by an approved treatment provider. The offender faces new challenges and opportunities to offend when he walks out the prison door. Without a therapeutic place to address those challenges and opportunities, he is at higher risk to re-offend.

S.A., A.A., N.A

Sexaholics Anonymous, Alcoholics Anonymous, and Narcotics Anonymous are self-help organizations available in most communities. Numerous offenders find these groups helpful to stay focused on recovery. Since many offenders have multiple problems such as a drug and/or alcohol addiction, these twelve-step groups can be very beneficial. **Sexaholics Anonymous does not take the place of ongoing sex offense specific treatment with an approved treatment provider, however.**

Supervision

Supervision is an important component of success for the sex offender. Accountability is important for a sex offender because he has led a secret life of offending previously. If the offender paroles, he will be assigned a **RAM** (Risk Assessment Management) parole officer who is trained in supervising sex offenders. The parole officer needs to be in close communication with family, work and treatment providers so they can assess how to help the offender not re-offend. The parole officer can be a positive support in the offender's readjustment to society. The parole officer knows the resources available in the community. Accountability can increase the likelihood of success for the sex offender.

Specialized Conditions

Sex offenders are most likely going to be given special conditions of parole that some other parolees might not get, such as "no contact with minor children." Another condition for a sex offender is, "no pornography." Someone who has a drug and alcohol problem might be required to attend drug and alcohol treatment in addition to sex offender treatment.

Law Enforcement Notification

Most sex offenders currently paroling or discharging from prison are required by law to register with the local law enforcement agency where they reside. Failure to do so can result in a felony or jail time.

Blood Test

Most sex offenders are required to give a blood sample before they discharge their sentence. This sample is kept by the Colorado Bureau of Investigations for purposes of comparing DNA in the event the offender is suspected of another crime. We, of course, believe this would be beneficial if it proves a person innocent and if, in fact, the person is guilty then it will help protect society.

Urinalysis

Most sex offenders will be required to give urine samples, at random, at the demand of parole.

STATE OF COLORADO

COLORADO DEPARTMENT OF CORRECTIONS

ARROWHEAD CORRECTIONAL CENTER

Sex Offender Treatment and Monitoring Program

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Bill Ritter, Jr.
Governor

Arturo W. Zavala
Executive Director

COMMUNITY CORRECTIONS PLACEMENT AND PAROLE

The SOTMP believes that sex offenders can be more safely returned to the community if they transition back into the community with supervision, treatment and support. We believe community corrections placement and parole can provide these transition components. In order to receive a positive recommendation for community corrections placement or parole, the inmate must meet the following criteria:

1. The inmate must be actively participating in Sex Offender Treatment and applying what he is learning.
2. The inmate must have completed a non-deceptive polygraph assessment on his deviant sexual history. If he has taken a recent monitoring polygraph exam, it must also be non-deceptive.
3. The inmate must have completed a comprehensive Personal Change Contract, which is approved by the SOTMP team.
4. The inmate must have, at a minimum, one identified support person who has attended family/support education meetings and has reviewed a copy of his Personal Change Contract.
5. The inmate must be practicing relapse prevention with no institutional acting out behaviors within the last year.
6. The inmate must be able to be supervised in the community without presenting an undue risk to public safety.
7. The inmate must be compliant with any DOC psychiatric recommendations for medication which may enhance his ability to benefit from treatment and/or reduce his risk of re-offense.

STATE OF COLORADO

COLORADO DEPARTMENT OF CORRECTIONS

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IMPORTANT NUMBERS THAT YOU MAY NEED

Sex Offender Management Board (SOMB)

303-239-4442

1-800-201-1325

www.dcj.state.co.us/odvsom

e - mail: somb@cdps.state.co.us

Arrowhead Correctional Center (ACC) 719-269-5662

Colorado Territorial Correctional Facility (CTCF) 719-275-4181

Colorado Women's Correctional Facility (CWCF) 719-269-4704

Fremont Correctional Facility (FCF) 719-269-5002 5024

Sterling Correctional Facility (SCF) 970-521-5010

Support Education Program (SEP) ~~719-429-2242~~

Ann Greenwood 303-918-7244