



## SEX OFFENSE TREATMENT AND ASSESSMENT PROGRAMS INFORMED CONSENT FOR PRISON TREATMENT

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_

Deciding to participate in sex offense treatment is an important decision you are making. The goal of treatment is to help you understand the factors associated with your past sexual offending behaviors and develop strategies to reduce your risk of future offenses. Participating in treatment can be uncomfortable at times. Your Sex Offense Treatment and Assessment Programs (SOTAP) provider and team will support you as needed. Deciding not to participate in treatment may result in continued thinking and behaviors that put you at risk for future offending. Not participating in treatment may impact your release date if you are under the Indeterminate Sentence Review Board.

By agreeing to participate in treatment with SOTAP, you will be held to certain expectations. This document will help you become familiar with what is expected of you and what you can expect from the Prison program.

### **As a participant in Prison-based SOTAP with the Washington State Department of Corrections, I agree to the following:**

1. SOTAP treatment is approximately 24 months and requires your participation while in Prison and upon release to the community.
2. I understand I am voluntarily participating in Prison-based SOTAP and may leave the program at any time.
3. I will actively participate in all treatment sessions by demonstrating that I am:
  - a. Applying treatment concepts to myself and discussing with the group.
  - b. Being transparent and forthcoming with information regarding my risk factors and other treatment relevant topics.
  - c. Providing meaningful and relevant feedback to my fellow group members.
  - d. Open to feedback from my group members.
  - e. Completing all assignments, treatment activities, safety plans, and other requirements.
  - f. Making progress on my goals as outlined in my treatment plan.
4. I understand I may be unsuccessfully discharged if:
  - a. I am making no progress, despite the best and repeated efforts of myself and Prison SOTAP employees.
  - b. I refuse to participate in treatment after admission (e.g., drop-out/withdraw)
  - c. I refuse to follow the rules, my treatment plan, and/or treatment agreement.
  - d. I breach confidentiality rules
  - e. I am placed in a higher custody level.
  - f. My behavior is harmful to others.
  - g. My behavior is consistently aggressive and/or disrupts treatment progress.
5. Any concerns regarding your participation will be brought to your attention to provide you an opportunity to improve your behavior before action is taken. Failure to participate may result in a 557/810 violation.

6. Any unsuccessful discharge from Prison-based treatment will result in an 810 violation. Time in treatment is not likely to count toward required court-ordered treatment.
7. If you are unsuccessfully discharged from treatment, you have the right to submit an appeal to the SOTAP Director/designee within 3 business days. Appeal meetings will be held within 10 business days of receiving your request.
8. Your treatment plan has been designed specifically for you and will address your specific treatment needs. As your treatment team learns more about you, your treatment plan and targets may change, which will be explained to you. You will have the opportunity to work with your treatment team and ask questions to fully understand any changes.
9. Any unsuccessful discharge from Prison-based treatment may result in an infraction.

### **WHAT TO EXPECT DURING TREATMENT**

1. You will be provided DOC 02-025 Sex Offense Treatment and Assessment Programs Limits of Confidentiality detailing how your treatment information will be used by SOTAP and the Department. You will be given the opportunity to discuss and understand your limits of confidentiality with the SOTAP member who reviews it with you.
2. You will be treated with respect and dignity throughout your treatment experience. If you feel that you are not being treated respectfully or with dignity you may submit a concern to:
  - a. Your provider,
  - b. A program supervisor,
  - c. The SOTAP Program Manager,
  - d. The SOTAP Director,
  - e. The resolution program per DOC 550.100 Resolution Program, and/or
  - f. Office of Correctional Ombuds.
3. We want you to have a positive treatment experience. If you have any issues that are causing you difficulty in treatment, please speak with your provider or a supervisor right away to assist with your needs. Appropriate accommodations may be provided per DOC 690.400 Individuals with Disabilities.
4. Upon admission to treatment you will participate in an assessment to ensure your treatment plan is specific to your treatment needs. An assessment will be conducted at the end of treatment to assess your ongoing needs and document your treatment progress.
  - a. Your treatment provider will work with you to develop your treatment plan. You will be asked to review and sign your treatment plan when it is completed.
  - b. Remember, you might not agree with everything in your treatment plan; however, try to keep an open mind. SOTAP employees/contract staff consider what is in your best interest for you to be successful when you return to the community. Talk to your provider if you do not agree with something.
5. During treatment you may be asked to participate in additional assessments to help us understand you better and to target treatment to your specific needs and learning style. Assessments are typically conducted by the SOTAP Psychologist, who will provide you with assessment information.

6. You will be offered groups and individual treatment sessions specific to your needs while you are incarcerated and when you continue treatment in the community. Groups and individual sessions will help you learn how to manage your risks to reoffend and help you be more productive in your current setting and in the community.
  - a. Your provider will help you identify, understand, and challenge your past thoughts, feelings, and behaviors that may have led to your sexual offending and other problematic behaviors. They will assist you in identifying your specific risk factors to sexual reoffending and how to manage those risk factors.
  - b. Your group providers will help you identify your values and how to develop positive life strategies to help you live the life you hope for.
  - c. Group is a safe environment where you will be asked to share personal thoughts, feelings, and experiences. It is the expectation of all treatment participants to respect the information shared by others and to not share information outside of group or in an open setting.
7. Throughout treatment your case will be discussed in meetings called “staffings” or “treatment team meetings”.
  - a. Staffing means information is shared with and received from other health services personnel, including mental health.
  - b. Meetings are done in large and small groups of professionals to assist in treatment planning and problem solving. Your information will only be shared with individuals who have shared responsibility for your case.
8. Sex offense treatment is very hard. Your treatment team and SOTAP employees/contract staff are committed to helping you through treatment and the emotional stress that may come up when you are reflecting on your life. Appropriate referrals necessary to help support you will be made, if needed.
  - a. You are encouraged to continue treatment until successful completion and will be supported in achieving your goals and reducing risk to the community.
  - b. If you are struggling in treatment, a treatment staffing, or Success Planning Meeting, will be conducted to address specific treatment-related items to help you be successful.
9. SOTAP offers study hall hours with tutors who are past program graduates to support you in your treatment journey. You will be encouraged to take part in study hall and work with the tutors to further your treatment knowledge.
10. SOTAP is supportive of all treatment programming, vocational, and educational opportunities provided within the Department. SOTAP will make every effort to work collaboratively with you to ensure you can continue to participate in other positive programming as long as it does not interfere with scheduled SOTAP activities.
11. If you are recommended and accepted into Aftercare, a specialty group within SOTAP, you will be provided additional treatment following your main, Prison-based treatment. Aftercare is a short-term group designed to bridge the gap between your successful transition from Prison-based to Community-based treatment.

12. Upon your release to community supervision, you will continue treatment for at least 12 months with a community SOTAP provider, unless directed by the SOTAP Community Program Manager. Treatment may be extended past 12 months if clinically appropriate.
- a. Community treatment will assist you in using and refining your new skills while living in the community.
  - b. An intake appointment will be scheduled with you to review DOC 02-402 Sex Offense Treatment and Assessment Programs Informed Consent for Community Treatment.

**ACKNOWLEDGEMENT**

By signing this form, I acknowledge that I have read and understand what is expected of me in sex offense treatment with SOTAP and what I can expect of the program. I have had the opportunity to ask any questions before signing and my questions were answered by a SOTAP employee/contract staff. I understand if I have additional questions, I can ask any member of the SOTAP team for help.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment provider

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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