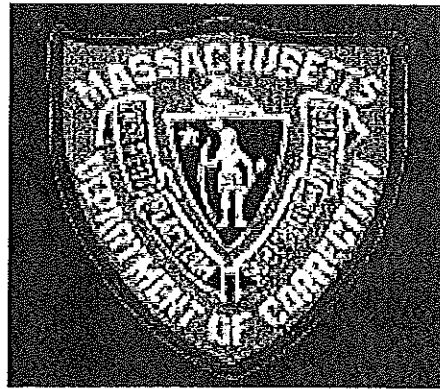
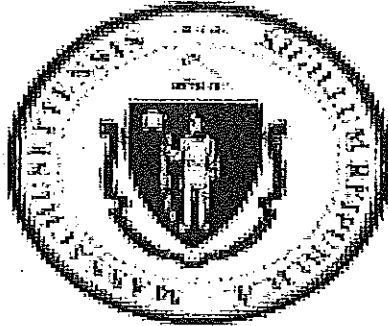


Unit- B2



Forensic Health Services
A wholly owned subsidiary of MHM Services



FHS/MHM
Sex Offender Treatment Program (SOTP)

Therapeutic Community (TC)
Orientation Handbook

MA Department of Correction
Massachusetts Treatment Center

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Dear Therapeutic Community Program participant,

Congratulations on your progress in treatment. Due to your dedication to treatment and your continued personal growth, you have earned a placement in a therapeutic community. Entering a therapeutic community will allow you to continue your personal development, and will allow you additional opportunities to target your risk factors in meaningful ways. The therapeutic community is an environment which will foster the establishment of interpersonal relationships and a sense of community. It is hoped that through participation in the therapeutic community, program participants will expand their social networks, enhance their social skills, and cultivate a sense of pride, belongingness, and responsibility within their communities. Additionally, TC program participants are offered more treatment-related opportunities, due to their progression in treatment and status as therapeutic community members. Community members are offered the remaining Pathways courses, and spend as much time as possible communicating with other members about treatment-related material. TC program participants also benefit from their communities, due to the desire of community members to help one another pursue their treatment goals, their pledge to accept responsibility for their own setbacks, and their agreement to hold others accountable.

Advancement to placement in a therapeutic community is an important step in your treatment progress. We commend you for your perseverance in treatment, and we encourage you to continue working toward your treatment goals.

Sincerely,

FHS Treatment Staff

DESCRIPTION & PHILOSOPHY OF THE SEX OFFENDER TREATMENT PROGRAM

The FHS/MHM Sex Offender Treatment Program (SOTP) is a cognitive-behavioral approach to treatment utilizing the concepts of the Risk-Need-Responsivity model and the Revised Self-Regulation Model (SRM-R) of Sexual Offending. The SRM-R integrates the Good Lives and Self-Regulation models. Within the Risk-Need-Responsivity model, each program participant's risk level is assessed, specific factors related to the program participant's risk are identified and targeted in treatment, and treatment is delivered in a manner consistent with the program participant's personality style, learning style, and cognitive ability. The Self-Regulation Model is a modified relapse prevention model used to help offenders understand the factors that contributed to their sexual offending and to identify pathways which led to their offending. The Good Lives Model is a positive psychology approach, which is utilized to help offenders understand their sexual offending in terms of what they value, and what needs they were trying to fulfill at the time of their offending, in order to help them identify and meet their needs in more pro-social ways in the future.

The purpose of the FHS/MHM SOTP is to assist in reducing an offender's risk to reoffend, to increase the offender's ability to have a successful reintegration into the community, and to increase the offender's overall well-being. Achievement of these goals contributes to the overarching goal of public safety.

The SOTP recognizes that sexual offenders enter treatment with varying levels of motivation, insight, and acceptance of responsibility. The SOTP is designed to help individuals who recognize a need to change, and are committed to altering their patterns of thinking and behaviors. The treatment program encourages its program participants to change their former lifestyles and become honest, responsible, and law abiding citizens with effective self-regulation skills. Whether program participants receive an official "completion" from the treatment program or not, treatment is viewed as a lifelong endeavor, and it is expected that their treatment will continue long after they are released from the Treatment Center.

Residential Treatment Program

The SOTP is a comprehensive program which provides a wide range of services including therapy groups, psychoeducational classes, behavioral treatment, educational and vocational services, and supplemental groups and activities within therapeutic community settings. Any person who wishes to participate must consent to treatment. The first phase of the SOTP is the Treatment Preparation phase, during which time a program participant is provided treatment through the Assessment and Treatment Preparation Unit (ATPU). Consistent with the Risk-Need-Responsivity Model, a comprehensive assessment evaluation is completed to guide and direct treatment, including the identification of treatment intensity level and specific individualized treatment needs. While housed in the ATPU, program participants also participate in therapy groups designed to inform and educate the program participants about sex offender treatment and to motivate and engage program participants to participate fully in

treatment. Once in the process of the comprehensive assessment evaluation, and successful progression in treatment, based on the treatment targets identified while in the ATPU, program participants who are clinically ready will transition into a therapeutic community or a non-residential treatment unit to further address their specific individualized treatment needs. A completed application is required in order for a program participant to move from the ATPU to a Therapeutic Community. Civilly committed program participants in the later stages of the SOTP may apply to the Community Transition House (CTH), and following successful progression of treatment goals while at the CTH, they may apply to participate in the Community Access Program (CAP).

The treatment staff and program administrators will determine when a program participant is clinically appropriate to transition from the ATPU to a therapeutic community or treatment unit. The timing of the actual housing move is dependent upon a variety of factors, including, but not limited to, motivation and engagement in treatment, behavioral stability, and progression in treatment. All moves from one treatment unit to another will need to be approved by the Department of Correction.

Program participants are encouraged to work and participate in activities and programs that promote personal growth and development outside of the SOTP specific activities (e.g., education, vocational training). However, program participants must be aware that participation in the SOTP required activities takes precedence over non-SOTP programming. Program participants will need to devise work and educational schedules that do not interfere with SOTP programming.

Each Therapeutic Community and Treatment Unit will have additional guidelines, goals, and procedures for their respective communities.

Therapeutic Communities

Treatment within a therapeutic community is delivered in various forms including, but not limited to, group therapy, psychoeducational classes, and involvement in the therapeutic community. Living in a community affords the program participant many opportunities to integrate and practice skills learned in classes and groups.

Treatment Modalities

1. *Group Therapy*

Program participants are assigned to groups of approximately eight to ten program participants. Therapy groups are scheduled to meet twice per week. These group meetings are required, and program participants are expected to be in attendance, unless authorization for an excused absence has been provided by the treatment team. During group therapy, program participants are encouraged to honestly discuss their sexual offense history, behavioral patterns, general and sexual self-regulation, thinking errors or cognitive distortions, difficulty empathizing with others, and other personal issues. All program participants will be expected to offer an Offense Disclosure. Guidelines for this disclosure will be discussed on each unit. Program

participants are encouraged to help each other by providing helpful and constructive feedback, support, and confrontation. Specific treatment targets identified in the assessment process, and in collaborative discussion with the program participant, should also be processed within the therapy group.

2. *Psychoeducational Classes*

Program participants participate in weekly psychoeducational classes, facilitated by the clinical staff. The primary goal of this component of treatment is to develop or enhance specific skills required to maintain therapeutic gains and successfully achieve lifestyle change. This component of the program is divided into 12-week sessions. Through the assessment process, specific classes are recommended for each program participant. Program participants then discuss the order in which they should take classes during their group therapy. They receive feedback from other group members and their treatment team concerning the order classes should be taken, based on their individual treatment needs. The psychoeducational class topics are related to a variety of empirically based treatment targets. In order to pass a class, the program participant must not miss more than two classes. If the program participant misses any classes, the absences should be for excused reasons. Please see the Psychoeducation Guidelines for further information. Additionally, the program participant must not only exhibit understanding of the class concepts within the classroom, the program participant must evidence his understanding of the class material through his behaviors and communication outside of the classroom. For example, in order to successfully complete a pathways course, the program participant should do well in the classroom, and he should discuss pathways material in the community and during process groups, in order to exhibit his understanding of the material and his ability to apply the material to his life, outside of the classroom. Instructors and treatment teams will collaborate to determine whether program participants have successfully applied material from the classroom into other aspects of their treatment.

3. *Community Meetings*

Program participants are involved in community meetings facilitated by the community's treatment team. These meetings are required, and program participants are expected to be in attendance, unless authorization for an excused absence has been provided by the treatment team. These meetings are designed to promote community involvement, adherence to the standards of conduct, and to provide an additional venue for program participants to utilize therapeutic skills and knowledge gained through psychoeducational courses and group therapy. These meetings are also intended to provide a forum for the dissemination of information to program participants, a time for program participants to ask questions, and to address issues which impact the entire community. Additionally, the community meeting is a forum in which allows for program participants to ask for support from community members, to provide support, to acknowledge others for their prosocial behaviors, to recognize the accomplishments of others, to accept responsibility for maladaptive behaviors, and to hold others accountable for maladaptive behaviors. The Peer Accountability System will be implemented on each unit. All community members

are expected to share a Statement of Change during a community meeting on their unit. The guidelines for the Statement of Change presentation will be discussed on each unit.

Program participants are expected to become involved in the community and to chair at least two community meetings per year. Additionally, community members are asked to become involved in ongoing community committees, or to form their own committees, in order to propose modifications or additions to the community privileges.

4. *Support Teams*

Support teams offer an additional venue for program participants to seek out and receive support and constructive feedback from their peers. Each program participant involved in the therapeutic community will be asked to construct a support team. Each Therapeutic Community will set guidelines for Support Teams to include the total number of support members and how many will and will not be from their primary group. These guidelines will also dictate the number of teams in which they are required to participate. The program participant will discuss his chosen support team during group therapy, and explain why he chose each member for his team, why they are beneficial to have on his support team, and what they will offer him in terms of constructive feedback. Primary group members and the treatment team must offer approval of the team, before it is finalized. Each program participant is required to meet with their support team once a week for a meaningful length of time (e.g. 30 minutes or longer) to discuss treatment related issues. Support teams may need to be modified over time. Any modifications to a support team should be first discussed with the program participant's primary group, and then must be approved by the program participant's treatment team.

5. *Unit Aides & Peer Aides*

Therapeutic community program participants are encouraged to become actively involved in the community. As part of this involvement, program participants can apply to become peer aides and unit aides for a specific quarter. Peer aides will assist instructors of a specific class for the quarter. The peer aides will also have time allotted in which other program participants can approach them for help on their classwork. Unit aides will offer support for program participants on the unit, and will also offer scheduled times in order to listen to program participants and offer feedback. Unit program participants can offer assistance with classwork in addition to providing support and offering feedback to other community members. Following the quarterly application period, peer aides and unit aides will be selected by the treatment team.

6. *Treatment Team Meetings*

The treatment team may request individual meetings with program participants for a variety of reasons. Program participants are expected to attend and participate in these meetings, if requested by the treatment team. These meetings may be related to problems an individual is experiencing on the unit, to discuss treatment planning, to

review a treatment evaluation with a program participant, or to assist a program participant in progressing in treatment. Program participants may also request treatment team meetings for important issues that cannot be discussed in group; however, if the treatment team identifies that a meeting is not necessary, and the issue could be discussed in group, community meetings, or support team meetings, then the program participant will be directed to discuss the issue in those forums and will not be granted a team meeting. If a program participant's problem pertains to a specific security, mental health, or medical issue, he may be referred to mental health or medical staff.

7. *Individual Behavior Plans*

Individual Behavior Plans (IBPs) are plans which help to further direct individuals in their treatment. These plans may be established to help program participants who are struggling to make treatment gains and for program participants who appear to need a more structured plan with specific and time-delineated goals for treatment.

Conversely, IBPs may also be created for individuals who are evidencing behavioral or emotional difficulty, or who have engaged in maladaptive behaviors within the institution. If a community member receives an IBP, the individual is expected to meet with the treatment team to discuss the plan and to comply with the requirements outlined in the plan.

8. *Treatment Review Panel*

The Treatment Review Panel (TRP) is a panel which consists of three senior level clinicians who are not directly involved in the treatment of the program participant in question. The TRP meets with program participants for a variety of reasons; however, the three main reasons program participants normally meet with the TRP include: the program participant is failing to make progress in treatment, the program participant engaged in or was suspected of engaging in inappropriate behaviors, or the individual submitted an application for the CTH, and the treatment team approved the application. If a TRP meeting is scheduled with a therapeutic community program participant, the program participant is expected to participate in the meeting. During the TRP meetings, at least one member of the program participant's treatment team is present. Following the meeting with the program participant, the TRP deliberates without the treatment team members or program participant present, and then calls the program participant and team members back into the room in order to inform the program participant of the outcome of the deliberations. Additionally, a TRP report concerning the outcome is also written and later provided to the program participant.

9. *Participation in Assessment*

All therapeutic community program participants are expected to participate in the assessment process. This potentially involves interviews, psychological testing, and review of assessment results. The assessment process is used in order to identify current risk factors and needs in treatment in order to individual treatment for each program participant. Failure to participate in the assessment process can lead to removal from a therapeutic community.

- ***Identifying & Understanding Risk Factors***
 Program participants will be asked their understanding of the stable-dynamic risk factors, and will be asked which factors they think apply to them currently and in the past. Additionally, through the assessment process, the treatment and assessment staff will identify, in collaboration with the program participant, the risk factors present for the program participant. The program participant will work with the treatment team to further identify which factors should be addressed first through psychoeducational classes, and program participants are expected to discuss their risk factors during their primary groups, and to receive feedback from their peers. Program participants are also expected to discuss their assessment results in group, and to ask for the groups' feedback concerning the next steps they should take in treatment.
- ***Phallometric Assessment – Civil Residents***
 All program participants are encouraged to participate in phallometric assessment. This assessment tool offers program participants and treatment providers additional insight concerning a program participant's deviant sexual arousal. Results from this assessment can further inform treatment, and additional recommendations may be given, such as enrolling in behavioral treatment. All program participants involved in therapeutic communities are **strongly** encouraged to participate in an updated phallometric assessment (within two years of current date), if recommended by the treatment team. Program participants should utilize their support teams and primary groups to discuss the opportunity for phallometric assessment. A phallometric assessment must be completed in order to transition to the CTH.
- ***Phallometric Assessment – State Inmates***
 All program participants are encouraged to participate in phallometric assessment. This assessment tool offers program participants and treatment providers additional insight concerning a program participant's deviant sexual arousal. Results from this assessment can further inform treatment, and additional recommendations may be given, such as enrolling in behavioral treatment. All program participants are **required** to participate in a phallometric assessment as a part of the assessment process and/or upon clinical recommendation by the treatment team. Program participants should utilize their support teams and primary groups to discuss the opportunity for phallometric assessment. Program participants are expected to abide by any clinical recommendations that result from the phallometric assessment.

10. Annual Treatment Review

All therapeutic community program participants are expected to participate in their Annual Treatment Review (ATR). This includes participation in an interview with the treatment team to review progress made over the past year, and a second meeting with the team to review and sign the ATR report.

11. Reintegration Planning

As program participants progress in treatment, community reintegration becomes an essential component of their treatment program. It is intended to help them maintain therapeutic gains and offer support for potential reintegration into the community. Program participants who reside at the Community Transition House (CTH) or who have an upcoming Section 9 (within 1 year) are encouraged to increase their focus on community reintegration. For program participants not housed in the CTH, they should consider applying, because placement in the CTH can further assist in building skills useful for community reintegration.

- ***Community Transition House for Civil Residents***

Program participants who have made significant progress in treatment within the therapeutic community are eligible to apply to the Community Transition House (CTH). Prior to completing a CTH application, program participants are required to discuss their desire to apply during their primary group. Additionally, program participants must complete the PPG prior to applying to the CTH. Program participants must solicit feedback from group members and group facilitators concerning their eligibility and appropriateness for applying to the CTH. Following the submittal of the application, the treatment team is required to make a determination concerning whether the team approves the program participant's appropriateness for the CTH. If the team approves the application, the application is forwarded to the Treatment Review Panel (TRP). If the TRP approves the application, it is forwarded along to the Department of Correction for security clearance and final approval by the Superintendent. If the team, the TRP, or the DOC denies the application at any point in the process, the program participant remains within the therapeutic community and further recommendations for treatment are given.

- ***Support Visits***

In addition to continued attendance in community meetings, primary group and psychoeducational classes, program participants are strongly encouraged to actively plan for community reintegration. One method of preparing for reintegration in the community is through support visits with outside community members.

A support visit is an opportunity to interact and engage with a support person while discussing offending, treatment goals, and preparing for the community. The treatment team will be involved in the support visit in order to facilitate an open, honest, and directive relationship that will serve as an aid in recovery and success after release.

More information about support visits can be gathered by reading and reviewing the Support Visit Guidelines. These guidelines may be requested through treatment teams.

- ***Successful Reintegration Plan***
Program participants are encouraged to develop a Successful Reintegration Plan. As part of the program participant's reintegration plan, they should identify appropriate post-release housing, possibilities for employment, community-based treatment options, and they should gain knowledge concerning community supervision and registration requirements. Additionally, program participants should have completed and passed the Successful Reintegration class, where many of these issues are addressed.

Standards of Conduct

Therapeutic community program participants are expected to adhere to a high standard of conduct in order to continue their good standing within the program. This not only requires that program participants comply with all rules and regulations set forth in DOC policy number 431 but to also strictly adhere to standards of conduct consistent with individuals who are committed to permanent abstinence from deviant sexual behavior and living a healthy lifestyle. Adherence to DOC policy and the SOTP Policies and Procedures is an integral component of treatment. Program participants' behavior must always evidence strict observance of these policies. Learning to live by rules is critical to succeed in treatment. Violation of DOC policy or SOTP Policies and Procedures, or failure to progress in treatment may result in program suspension.

It is each SOTP program participant's personal responsibility to adhere to the SOTP standards of conduct. In addition, as a member of a therapeutic community it is each program participant's responsibility to assist other program participants in adhering to the SOTP standards of conduct. This may include addressing violations of the standards during treatment activities such as community meetings, primary group, and informing the treatment team.

Expectation for Treatment Activities

1. Program participants are expected to be dressed appropriately according to DOC policies. Clothes should be clean and free of holes.
2. Program participants are required to be in attendance during their twice weekly primary groups, weekly community meetings, monthly administrative community meetings, psychoeducational courses, and support team meetings. If not in attendance, the program participant must have cleared the absence with the treatment team, and it must be for an approved reason.
3. The television in the community area should remain off during the time period of treatment activities (8:00 a.m. – 4:00 p.m.)
4. Between 8:00 a.m. – 4:00 p.m. program participants are expected to keep the noise level to a minimum.
5. The unit washer and dryer can be used between 8:00 a.m. and 4:00 p.m., but can only be operated by the laundry worker. However, the machines must be turned off when therapy staff are on the unit for groups and community meetings.
6. Utilization of phones during the time period of treatment activities (8:00 a.m. – 4:00 p.m.) should be done while maintaining a respectful volume as to not disrupt others. Each unit may implement further phone regulations, as needed.

- If any medical issues result in a conflict with the above mentioned requirements, a discussion will take place with the program participant, treatment team, and medical providers. If there is a medical conflict, it is up to the program participant to initiate these discussions with the treatment team immediately, and he must do so prior to failing to comply with these requirements.

Confidentiality

Confidentiality is essential to the integrity of the program and the therapeutic community. It is important to protect the confidentiality and privacy of everyone in the program. Personal information about other program participants is not to be shared with anyone. Information discussed within the therapeutic community (e.g. in groups or within the community meeting) should not be discussed outside of these forums. Violations of confidentiality may result in treatment suspension. Confidentiality continues beyond the therapeutic community, whether you are suspended from the program, are transferred to another institution or are released to the community. Additionally, confidentiality rules cover not only verbal information, but also program materials such as handouts or notes.

The requirements regarding confidentiality and the limits to that confidentiality are an important part of informed consent to treatment and are as follows:

I have been informed and acknowledge that there are limits to confidentiality regarding my treatment in the MHM/FHS Sex Offender Treatment Program at the Massachusetts Department of Correction. I understand that anything I say to any member of the treatment team (including therapists, evaluators on the assessment team, work supervisors, instructors, and Department of Correction personnel) may not be private and may be documented and placed in my MHM/FHS clinical file. I also understand that anything I say to any member of the treatment team may be shared with Department of Correction personnel. I have been informed that my MHM/FHS clinical file is subject to review by any member of the treatment team and by anyone else with legal authority to view the file (including attorneys, Qualified Examiners, Sex Offender Review Board, Board of Probation, Board of Parole, and others with such legal authority).

Interpersonal Guidelines & Behavioral Requirements

Therapeutic community program participants are expected to adhere to all DOC rules. Additionally, program participants are expected to follow additional behavioral guidelines. Below is a list of behavior that is expected from therapeutic community program participants, but this is not an exhaustive list.

1. Appropriate Sanitation, Hygiene, & Dress

- a. Program participants are expected to maintain appropriate hygiene (e.g. washing hands, brushing teeth, and showering regularly).
- b. Colognes and other scented products should not be worn to any treatment activities (e.g. treatment groups, psychoeducational classes, treatment team meetings, etc.).
- c. Clothes should be clean and free of holes.

- d. When outside your cell, including walking to and from the shower, you must wear, at a minimum, a shirt and either athletic shorts or sweatpants. It is not acceptable to wear only underwear (including boxer shorts) or a bath towel to and from the shower. Bathrobes are permitted.
- e. When changing your clothes, your door should be closed. Do not unnecessarily expose yourself. Use appropriate judgment.
- f. When sleeping, if clothed only in boxer shorts, program participants should sleep covered by a sheet or blanket.

2. Meetings on Unit

- a. No shorts or sweatpants are allowed during any treatment related activity.
- b. No liquids are allowed in the group room, with the exception of water.
- c. No KOP cards are allowed in the group room.
- d. Refrain from bringing documents and pens into the group room, unless you were encouraged to do so by group facilitators.
- e. Make every effort to schedule medical appointments and obtain KOPs outside of treatment times.
- f. If you must leave group for KOPs, you are expected to return to group promptly.
- g. If you have a medical appointment, program participants are expected to attend group prior to or following the appointment, if at all possible.
- h. It is unacceptable for program participants to schedule their work or other non-SOTP activities so that they conflict with SOTP programming. Missing all or part of a group or class due to work will be considered an unexcused absence. Program participants are encouraged to work with their employers to ensure that their non-SOTP activities do not interfere with SOTP programming. If the program participant is unable to rectify the situation himself, he must take proactive measures and discuss the conflict with the treatment team in order for the team to resolve the issue with the specific employer.

3. Rooms

- a. Be considerate of your roommate. Keep your space neat and clean. Participate in cleaning the shared sections of your room. Keep your bed made and your personal effects organized.
- b. Come to an agreement with your roommate regarding the window. No one should be controlling of the window, or insist it always remain closed or always remain open.
- c. Any problems with the roommates should be appropriately resolved between the roommates. If this is not possible, the issue should be discussed with support teams and primary groups. Any request for a room change should first be discussed in these venues, and should go through the treatment team for approval.

4. Community Area

- a. Be considerate of community members. Clean up after yourself, and do not leave messes for others. Participate in cleaning community areas with the rest of the community.

- b. No one in the community should be controlling of the community area. This is a shared area and should be used by everyone. No one should be controlling of the windows, or insist they always remain closed or always remain open.
- c. Program participants are not allowed to place anything on, or remove anything from the Treatment Community bulletin boards without treatment team approval. Anything placed on the boards must have the signature of the Unit or Assistant Unit Directors. If an item is to be removed the board, the team must approve its removal.

5. *Media*

- a. The television in the community area should remain off during the time period of treatment activities (8:00 a.m. – 4:00 p.m).
- b. Outside of the time period for treatment activities, the television should be kept at a low volume, so that it does not disturb others.
- c. Any programming viewed on the television should be appropriate. Any reading materials, drawings created or viewed, or pictures should also be appropriate.
 - i. For example, Law and Order SVU is an inappropriate television program, due to its violence and sexual content. Additionally, shows created for children and adolescents are inappropriate, due to the content of the shows.
- d. Regarding your media use, think about the following:
 - i. Would I be uncomfortable if someone saw what I am looking at?
 - ii. Does the material fuel my or someone else's deviance?
 - iii. Does my choice of media content give the appearance of impropriety?

6. *Communication*

- a. Program participants are expected to address one another appropriately, and by name, not nicknames.
- b. Program participants are expected to communicate appropriately and respectfully with all staff members (e.g. no swearing, no yelling, no inappropriate comments, and no asking staff members personal questions).
- c. Program participants are expected to address staff members by their title and surnames (e.g. Deputy Smith, Dr. Smith, Ms. Smith, Mr. Smith, Officer Smith, etc.).
- d. If program participants choose to communicate with staff members in writing, the writing should be appropriate, it should have a specific purpose, and it should not be excessive.

Inappropriate Behaviors

All therapeutic community program participants are expected to follow DOC rules and to conform their behaviors to the guidelines listed previously. If program participants engage in inappropriate behaviors, the consequence will vary depending on the magnitude of the problematic behavior. Examples of inappropriate behaviors are included below, but this is not an exhaustive list.

1. ***Sexual Acts***
 - Engaging or suspicion of engaging in sexual acts.
 - Grooming other inmates for sexual behavior.
2. ***Physical & Verbal Aggression***
 - Using violence or making threats of violence.
 - Using coercion or intimidation to manipulate others.
 - Breaking confidentiality.
 - “Putting down” others because of their sexual deviance, sexual history, sexual orientation, race, culture, or religious beliefs.
 - Engaging in hostile behaviors, intimidating body language, or verbal aggression toward other program participants or staff.
3. ***Contraband, Gambling, & Theft***
 - Making, possession and use of alcohol or drugs.
 - Distribution or possession of any contraband.
 - Stealing from other program participants or the facility. This includes stealing food from the Inmate Dining Room.
 - Gambling of any kind or being in possession of gambling slips
 - Participating in “hustles,” or perpetuating the demand for other inmates’ or residents’ hustles. This includes buying stolen goods or food. This also includes buying “services” from other inmates or residents, or receiving things of value from other inmates or residents for your service.
4. ***Pornography & Other Explicit Materials***
 - Possessing, distributing, or creating any explicit materials.
 - Any kind of pornographic or sexually explicit material such as photographs, drawings, and written materials.
 - Any picture, drawing, photograph, or “cut out,” from any publication, of a nude, or partially nude, adult or child.
 - A “cut out,” from any publication, of a child.
 - A photograph of a child who is not known to the program participant or otherwise should not be in the program participant’s possession.
 - Any sexual apparatus or paraphernalia.
 - Any collection of photographs, pictures, or drawings depicting children.
 - Any material that depicts, describes, or encourages activities, which may lead to violence, sexual crimes, or exploitation.
 - Any media designed for children or featuring children as main characters.
 - Any materials or media that glorify criminal acts.
 - Any other material that in the clinical opinion of the treatment team is considered to have the potential to contribute to future sexual offending behavior.
5. ***Any violations of the treatment day rules and interpersonal guidelines***
6. ***Interactions with Staff***
 - Splitting staff (e.g. asking multiple staff members the same thing, despite receiving an answer previously).
 - Unnecessarily and continually requesting treatment team meetings.
 - Writing inappropriate letters to program participants, staff, or individuals in the community.

- Engaging in excessive letter writing to staff members.

Violations of SOTP Policies & Procedures

If violations of the aforementioned policies and procedures occur, consequences will be dependent on the violation type. Program participants are expected to comply with all Standards of Conduct and Policies and Procedures outlined in this handbook. While this handbook does not contain an exhaustive list of all possible inappropriate behaviors, program participants are expected to maintain appropriate behaviors, acceptable for a therapeutic community, regardless of whether the behavior is mentioned in the handbook.

Review of Requirements for Therapeutic Community Members

Requirements for maintaining placement in a therapeutic community are outlined below (this is a non-exhaustive list and is subject to change).

- Program participants are required to be in attendance during groups, community meetings, and psychoeducational classes.
- Program participants are required to be active members in the community and during primary groups.
- Program participants are required to chair at least two community meetings per year.
- Program participants are required to have a support team and participate in at least two other support teams within their therapeutic community, unless otherwise agreed upon with their treatment team.
- If requested by staff, program participants are expected to attend treatment team meetings and treatment review panel meetings.
- Program participants are required to maintain confidentiality.
- Program participants are required to sign the annual informed consent for treatment.
- Program participants are required to participate in the assessment process.
- Program participants are required to meet the Standards of Conduct requirements outlined in this handbook, which include interpersonal guidelines and behavioral requirements.
- Program participants must not engage in any inappropriate behaviors.
- Program participants must comply with the Expectations for Treatment Activities.
- Program participants must comply with all stated requirements in this handbook and recognize that this handbook and requirements are subject to change.

Possible Consequences

Possible consequences for failing to meet any of the above requirements, or for inappropriate behaviors are outlined below (this is a non-exhaustive list and is subject to change).

- *Acceptance of responsibility in primary group and in the community meetings*
Following a noncompliant or inappropriate behavior, the team may request that a program participant accept responsibility for the behavior in group and/or the community

meeting. The individual must accept responsibility to the satisfaction of the team and fellow program participants. The program participant must inform group and community members what he plans to do differently in the future. The program participant must solicit feedback from community members regarding how his behavior affected others.

- ***Individual Behavioral Plan***
Following a noncompliant or inappropriate behavior, or continued lack of progress in treatment, the treatment team may elect to create an Individual Behavioral Plan for an individual. The program participant is expected to meet with the team about the plan and to comply with all requirements outlined in the plan. The team may require that the plan be presented in group and community meetings.
- ***Additional treatment work***
The treatment team may assign additional treatment work to program participants as a consequence for failing to comply with a treatment requirement. The individual may be required to present this additional treatment work in group and/or community meetings.
- ***Referral to the Treatment Review Panel (TRP)***
If, following a noncompliant or inappropriate behavior, or continued lack of progress in treatment, the treatment team desires a second opinion regarding consequences for the individual; the team can refer the program participant to the TRP.
- ***Loss of privileges***
If, following a noncompliant or inappropriate behavior, a program participant remains on the TC, the program participant may be subject to a loss of privileges.
- ***Removal from the Therapeutic Community***
If it is determined that a program participant is not suited for a therapeutic community, a program participant can be transferred to the ATPU, suspended from treatment, or can be moved to a Transition-focused primary group to target specific issues prior to returning to a therapeutic community.
- ***Suspension from Treatment (Civil Residents)***
A program participant can be suspended from the program for treatment refusal, failure to make treatment progress, failure to comply with policies and procedures, and for negative or inappropriate behaviors. Program participants can also choose to discontinue their involvement in treatment at any time. If a program participant chooses to withdraw from treatment it will be for a 90 day period. See FHS/MHM Policy 1.17B for further information. Upon the conclusion of the suspension period, if the program participant desires to return to treatment, it is up to the program participant to contact the designated program officials to inform them of his interest in returning to treatment.
- ***Termination from Treatment (State Inmates)***
A program participant can be terminated from the program for treatment refusal, failure to make treatment progress, failure to comply with policies and procedures, and for negative or inappropriate behaviors. The termination period is usually for a 6 month period; however, in limited circumstances, the termination period is designated as 5 years. See FHS/MHM Policy 1.17A for further information. Program participants can also choose to discontinue their involvement in treatment at any time. If a program participant chooses to withdraw from treatment it will be for a 6 month period. Upon the conclusion of the termination period, if the program participant desires to return to treatment, it is up to the program participant to contact the designated program officials to inform them of his interest in returning to treatment.

Specific Consequences for Unexcused Absences

Program participants are expected to attend every group, community meeting, and psychoeducational class. If a program participant fails to attend group, community meeting, or a class, and did not receive an excused absence by the treatment team or class instructor, the following consequences will ensue:

- ***If a program participant does not attend one group, community meeting, or psychoeducational class, and does not receive an excused absence, the program participant must then comply with the consequences outlined below:***
 1. Accept responsibility in the following group, apologize to group members for the absence (if it was from group), explain the reason for the missed group, class, or meeting, and identify how they will prevent a reoccurrence of the behavior.
 2. Accept responsibility in the next clinical community meeting, apologize to community members (if the absence was from the community meeting), explain the reason for the missed class, group, or meeting, and identify how they will prevent a reoccurrence of the behavior.

- ***If a program participant has a second unexcused absence from group, community meeting, or a psychoeducational class, within the quarter, then the program participant must then comply with the consequences outlined below:***
 1. Accept responsibility in the following group, apologize to group members for the absence (if it was from group), explain the reason for the missed group, class, or meeting, and identify how they will prevent a reoccurrence of the behavior.
 2. Accept responsibility in the next clinical community meeting, apologize to community members (if the absence was from the community meeting), explain the reason for the missed class, group, or meeting, and identify how they will prevent a reoccurrence of the behavior.
 3. The treatment team will assign the individual a treatment task to present in group and/or the community meeting. The program participant will be required to request feedback from the group or community.

- ***If a program participant has a third unexcused absence from group, community meeting, or a psychoeducational class, within the quarter, then the program participant must then comply with the consequences outlined below:***
 1. Accept responsibility in the following group, apologize to group members for the absence (if it was from group), explain the reason for the missed group, class, or meeting, and identify how they will prevent a reoccurrence of the behavior.
 2. Accept responsibility in the next clinical community meeting, apologize to community members (if the absence was from the community meeting), explain the reason for the missed class, group, or meeting, and identify how they will prevent a reoccurrence of the behavior.

3. The treatment team will initiate an Individual Behavior Plan for the program participant. Any subsequent absences from group or community meetings can result in suspension from treatment.
4. If the treatment team or community identifies a pattern of absences, additional consequences may be put into place.

Inappropriate Behaviors within the Institution

Depending on the severity of the inappropriate behavior, the consequences will differ. The program participant does not necessarily need to receive an Observation of Behavior Report (OBR) for consequences to take place. Any extremely inappropriate behaviors, such as sexual misconduct or physical aggression can lead to an immediate suspension from treatment for up to 90 days. For lesser inappropriate behaviors, individuals can also be suspended from treatment for up to 90 days. The treatment team can suspend an individual from treatment for inappropriate behavior, or can refer a program participant to the Treatment Review Panel for further consideration regarding their appropriateness for a therapeutic community. If the community member remains on the therapeutic community, the treatment team can create an Individual Behavior Plan for the program participant outlining specific behavioral requirements for the program participant to comply with in order to retain his placement in a therapeutic community.

All the aforementioned is subject to change and review.

RECOGNITION

The majority of information provided in this handbook was developed by civil therapeutic community program participants, therapeutic community state inmates, treatment staff, and security staff at the Massachusetts Treatment Center who worked collaboratively to outline therapeutic community policies, procedures, and expectations. Additionally, portions of the material contained within this handbook were obtained and adapted from the SOTP Program participant Orientation Handbook (revised August 2008) created at the Federal Medical Center, Devens.