# COUNCIL ON SEX OFFENDER TREATMENT

## QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary Mental Health/Medical License Number:</th>
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### Type of Service (check those that apply):
- [ ] Outpatient
- [ ] Inpatient
- [ ] Residential
- [ ] Institutional-Criminal Justice

### Services Provided (check those that apply):
- [ ] Individual
- [ ] Group
- [ ] Family
- [ ] Marital
- [ ] Victim
- [ ] Parent of Juveniles

### Which of the following groups of sex offenders do you treat? (Check those that apply):
- [ ] Adult Males
- [ ] Adult Females
- [ ] Juvenile Males
- [ ] Juvenile Females
- [ ] Mentally Retarded
- [ ] Developmentally Disabled
- [ ] Adjudicated Adults Only
- [ ] Adjudicated Juveniles Only
- [ ] Misdemeanor Offenders

### Of the following, which applies to your program? (Check those that apply):
- [ ] Behavioral
- [ ] Behavioral/Cognitive
- [ ] Bio-medical
- [ ] Family Systems
- [ ] Psycho/Socio/Educational
- [ ] Psychoanalytic
- [ ] Psychotherapeutic
- [ ] Relapse Prevention
- [ ] Other: __________________________

### Fees and Payments:
- Your fee per session:  
  - Group: _______  
  - Individual: _______
- Do you provide an assessment? [ ] Yes  [ ] No
  - If yes, what is your fee for a full assessment? _______
- Do you use a sliding scale for fees? [ ] Yes  [ ] No
- Do you accept insurance co-payments? [ ] Yes  [ ] No

### General Questions:
- I shall comply with CSOT Standards of Practice? [ ] Yes  [ ] No
- Are you willing to work with a probation officer/parole officer? [ ] Yes  [ ] No
- Are you willing to provide court-ordered therapy? [ ] Yes  [ ] No
- Do you refer for polygraphs? [ ] Yes  [ ] No
- Do you refer for penile plethysmographs? [ ] Yes  [ ] No
- Do you utilize aversion techniques? [ ] Yes  [ ] No
- Do you offer therapy in any foreign language (s)? [ ] Yes  [ ] No
  - If yes, what languages (s)?  
    - [ ] Spanish
    - [ ] French
    - [ ] German
    - [ ] Other: __________________________
- Do you treat sexual trauma survivors? [ ] Yes  [ ] No
- How long is your treatment program? [ ] <6 months  [ ] 6 month-1 yr  [ ] 1-2 yrs
  - [ ] Other: specify ________________
- How long is each individual session? [ ] <60 mins.  [ ] 60 mins.  [ ] 60-90 mins.  [ ] 90 mins
- How long is each group session? [ ] <60 mins.  [ ] 60 mins.  [ ] 60-90 mins.  [ ] 90 mins
- How frequent is each group session? [ ] 1x/week  [ ] 2x/week  [ ] Other: specify __________

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Check what applies to your assessment

- Comprehensive Clinical Review
- Intellectual Testing
- Psychological Testing
- Psychopathy Assessment
- Phallometry Assessment
- Substance Abuse
- Trauma Assessment
- Social Competence
- Educational Competence
- Risk Assessment-
  - Static 99/99-R
  - MnSOST-R
  - SONAR
  - SORAG
  - ERASOR
- JSOAP
- JRAT
- RRASOR
- VRAG
- HARE-PCL-R
- HARE-YV
- Other specify ________________________________

Check what applies to your treatment program

- Do you complete the initial treatment plan within 30 days? If no, when? _____________
- Do you complete subsequent treatment plans at least once a year? If no, when? _____________
- Do you do behavioral work with clients to modify their deviant sexual arousal? If yes how? _____________

Issue Addressed in Treatment (Check those that apply)

- Victim Empathy
- Arousal Control
- Offense Cycle
- Cognitive Distortions
- Relapse Prevention
- Family Reunification
- Aftercare Treatment
- High Risk Factors
- SUD
- Chaperon Training
- Child Avoidance/Safety Plans
- Polygraphs (☐ Instant Offense, ☐ Sex History, ☐ Maintenance, ☐ Monitoring)

Adjunct Treatment Utilized (Check those that apply):

- Alcoholics Anonymous
- Adult Children of Alcoholics
- Anger Management
- Survivors of Sexual Abuse
- Narcotics Anonymous
- Stress Management
- Social Skills
- Sex Education
- Biofeedback
- Relaxation Techniques
- Sexually Transmitted Diseases
- Conflict Resolution
- Positive Sexuality
- Interpersonal Communication

Medication Utilized

- Anti-psychotic
- Anti-androgens
- Minor Tranquilizers
- Anti-depressants
- Other: ________________________________