



COUNCIL ON SEX OFFENDER TREATMENT QUESTIONNAIRE

Name	Mental Health License Number - -
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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, then 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 1-2yrs

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 _____

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 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?
- Do you measure the change in 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: _____