



Application
Civil Commitment Treatment
Contractor

COUNCIL ON SEX OFFENDER TREATMENT
1100 West 49th Street
Austin, Texas 78756-3183
Phone (512) 834-4530
Fax (512) 834-4511

Please Print or Type

Applicant Profile Data

Name	(Last)	(First)	(Middle)
Mailing Address	(Street & Number)	(Apartment Number)	(Home Telephone) ()
	(City)	(State)	(Zip Code)
	(Business Email Address)		(Cell Telephone Number) ()
Business Address	(Street & Number)	(Suite Number)	(Business Telephone) ()
	(City)	(State)	(Zip Code)
			(Fax Number) ()

Highest Level of Education <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Doctorial (MD)	Social Security Number
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Degree:	VIN Number
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University of Highest Level of Education:	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list below)	Date of Birth / /
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Name(s)	Date(s) of Change	Copy of the legal document accomplishing name change <input type="checkbox"/> Yes <input type="checkbox"/> No	Age
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Bilingual in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No

Other License(s)/Certification(s) List below the type, State issued, and the license/ certification number

Type of License/Certification	State Issued	License/Certification Number

- 1) How many years have you been providing sex offender treatment? _____ years
- 2) What are the components of your treatment program? _____

- 3) How many hours of sex offender treatment have you conducted in the last year?
_____ Group _____ Individual _____ TOTAL HOURS
- 4) How many hours of experience do you have conducting or managing groups of sex offender treatment within a consecutive five-year period? TOTAL _____
- 5) How many hours of experience do you have formally evaluating and/or conducting individual sex offender treatment within a consecutive five-year period? TOTAL _____
- 6) What is your typical group size?
 Under 10 clients
 10-12 clients
 12-15 clients
 Over 15 clients
- 7) What is the length of group sessions?
 Under 60 minutes
 60 minutes
 90 minutes
 Other Explain _____

- 8) What is the length of your individual sessions?
 30 minutes
 45 minutes
 60 minutes
 Other Explain _____

- 9) Check the type of sex offender you have experience in treating?
 Psychopaths
 Serial offenders
 MHMR offenders
 Dual Diagnosis offenders
- 10) When a client violates the treatment plan and/or contract, how do you address those issues?

- 11) Have you personally facilitated a sex offender group therapy in the last 3 years?
 Yes No
What is your current group treatment schedule? _____

- 12) How do you address deviant arousal in sex offenders? _____

- 13) Plethysmographs are required by the order of commitment. Are you willing to refer the client for a plethysmograph? Yes No
If yes, to whom would you refer your client for a plethysmograph? _____

- 14) Do you use cognitive behavioral techniques? Yes No
If you are not, explain why. _____

- 15) Polygraphs are required by the order of commitment. Are you willing to refer the client for routine polygraphs? Yes No
If you do not, explain why. _____

- 16) Have you been convicted or adjudicated of any criminal offense? Yes No ____ If
yes, please explain and provide a certified copy of the official judgment and disposition, including
dates, charges, city, and any other pertinent information concerning the offense(s).

- 17) Have you received an adjudication or deferred adjudication for a sex offense? Yes No
If yes, please explain and provide a certified copy of the official judgment and disposition,
including dates, charges, city, and any other pertinent information concerning the offense(s).

18) Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding? Yes No

If yes, please explain. _____

19) Has a disagreement over your sex offender treatment plan ever occurred with a judge or parole/probation officer? Yes No

If yes, how did you resolve the disagreement? _____

20) How do you deal with a client who is resistant to therapy? _____

21) How do you deal with a client who is hostile and aggressive in groups or individual sessions?

22) Are you willing to work closely with a case manager, Department of Public Safety Officer, District Attorneys, CPS, Judges, and other members of the Interagency Case Management Team? Yes No

If no explain why? _____

AFFIDAVIT

I attest that I understand and meet all the requirements to practice as a sex offender treatment contractor. Further, I understand that it is a violation of the Texas Penal Code. Sec. 37.10 to submit a false statement to a government agency. I understand and agree to follow all recommendations, guidelines and policies set forth by the Council.

Signature of Applicant

Date

STATE OF TEXAS

COUNTY OF _____

Sworn and subscribed to before me, the undersigned authority, on this ____ day of _____, ____ .

NOTARY SEAL

Notary Public in and for The State of Texas

Typed or Printed Name

My Commission Expires

Council on Sex Offender Treatment Survey

Name: _____

Social Security No. _____

Type of service (Check those that apply):

Outpatient Inpatient Residential Institutional - Criminal Justice

Services provided (Check those that apply):

Individual Group Family Victim

Parent of juvenile sex offender

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 Dev. Disabled Adjud. Adults Only Adjud. Juveniles Only

Of the following, which most closely applies to your program model?

(Check those that apply):

Behavioral Behavioral/Cognitive Bio-Medical

Family Systems Psycho/Socio/Educational Psychoanalytic

Psychotherapeutic Relapse Prevention Sexual Addictive

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

General Questions:

Are you willing to work with a case manager? Yes No

Are you willing to work with DPS? Yes No

Are you willing to follow the Council's Treatment Program for SVPs Yes No

Do you believe community safety takes precedence over any conflicting situations when dealing with SVPs? Yes No

Do you offer therapy in any foreign language(s)? Yes No

If yes, then what languages(s)? _____

Do you treat sexual offenders in a separate group? Yes No

How many sex offenders are you currently treating? _____

Of the following treatment modalities, which do you include in your treatment program? (Check all that apply):

Assessment

- Clinical Polygraph Penile Plethysmograph Psychological Testing
 Abel Screening Other Specify: _____

Cognitive Restructuring

- Thinking Errors Distortions Journal Keeping Writing Assignments

Sexual Assault Cycle

- Pre-assault/assault cycle Relapse Cycle Addictive Cycle

Aftercare Planning

- Alcoholics Anonymous Adult Children of Alcoholics
 Incest Survivors Anonymous Narcotics Anonymous

Behavioral

- Covert Sensitization Masturbatory Conditioning Biofeedback
 Modified Aversive Masturbatory Training Fantasy Work
 Behavior Rehearsal Sexual Arousal Card Sorts Shaming
 Aversive Techniques _____ Olfactory _____ Faradic _____ Sexual Arousal

Personal Victimization

- Trauma

Social Skills Training

- Relaxation Techniques Stress Management

Medication

- Antipsychotic Depo-provera Minor Tranquilizers
 Anti-depressants Other: _____

Frustration Tolerance

- Impulse Control Communication Assertiveness Training
 Conflict Resolution Victim Empathy Sex-role Stereotyping
 Values Clarification Victim Apology Sex Education
 Prosocial Sexuality Homosexuality Homophobia
 Sexual Attitudes Assessment Sexually Transmitted Diseases



**Letter of Reference
&
Affidavit for a Civil Commitment
Treatment Contractor**

**COUNCIL ON SEX OFFENDER TREATMENT
1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-4530
(512) 834-4511 (fax)**

I understand that _____ has applied with the Council on Sex Offender Treatment to provide treatment to sexually violent predators who have been civilly committed. He/She has requested that I provide an affidavit regarding the applicants' experience assessing and providing cognitive behavioral treatment with sex offenders.

pp I certify that the answers and statements provided below are **TRUE & COMPLETE**, to the best of my knowledge.

My Name is _____

Address: _____ **City:** _____ **State:** _____

Employment: _____ **Job Title:** _____

Business Number: _____ **Office Hours:** _____

I have been personally acquainted with the applicant for _____

Have you ever supervised the applicant? **9 Yes** **9 No**

If Yes, during what period? _____

Why did the applicant leave your supervision? _____

To the best of your knowledge, has the applicant ever:

a. *been charged or convicted of a felony?* **9 Yes** **9 No**

b. *been accused, investigated, and/or involved
in unprofessional or unethical conduct?* **9 Yes** **9 No**

c. *been denied membership in, or terminated
from, a professional organization?* **9 Yes** **9 No**

Signature

Date

THE STATE OF TEXAS

COUNTY _____

*Before me, the undersigned authority, personally appeared _____,
who being duly sworn, deposed as follows:*

*My name is _____ . I am over _____ years of age, capable of making this affidavit,
and personally knowledgeable of the facts stated in it.*

_____ *Further, affiant sayeth not.*

Affiant

*SUBSCRIBED AND SWORN TO before me by the said _____ on this the _____ day
of _____, _____, to certify which witness my hand and seal of office.*

NOTARY SEAL

Notary Public in and for The State of Texas

Typed or Printed Name

My Commission Expires:

Texas Department of Health Child Support Certification

The Texas Family Code, '231.006, places certain restrictions on child support obligors. Contractors with governmental entities or nonprofit corporations are not subject to '231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one) An individual or sole proprietor, or
A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies that the following is a complete list of the names and Social Security numbers of either (a) the individual or sole proprietor who is the contractor or (b) each partner, shareholder, or owner with an ownership interest of at least 25 percent of the contractor /business entity (attach additional sheet if necessary):

(A) Printed Name: _____
Social Security Number: _____

(B) Printed Name: _____
Social Security Number: _____

3. Under the Texas Family Code, '231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is eligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25 percent.

4. Printed Name of Contractor: _____

Printed Name of Authorized Representative
Signing this Certification: _____

Signature of Authorized Representative: _____

Date: _____