ALASKA DEPARTMENT OF CORRECTIONS
SEX OFFENDER TREATMENT PROVIDER
QUESTIONNAIRE

INSTRUCTIONS:

1. **Please complete all sections of the questionnaire. The committee will not review a provider application until all materials are received, including references and sample report(s).**
2. **An electronic copy of the questionnaire can be obtained by emailing edward.webster@alaska.gov or calling (907)269-7416**
3. **Application should be mailed to:**

Edward Webster
Offender Programs
Alaska Department of Corrections
550 West 7th Avenue, Suite 601
Anchorage, Alaska 99501

ALASKA DEPARTMENT OF CORRECTIONS
QUESTIONNAIRE
SEX OFFENDER TREATMENT PROVIDERS

**PLEASE TYPE RESPONSES ON THIS QUESTIONNAIRE. **

NAME:_____

MAILING ADDRESS:_____

_____

PHONE:_____ DATE:_____

MESSAGE PHONE: _____

EDUCATIONAL BACKGROUND/LICENSES

Please indicate specific educational degrees associated with your profession (e.g., Ph.D. Counseling Psychology, Masters Degree Social Work), the year the degrees were obtained and from what institutions. ***Applicants must be licensed in their respective fields. Please include a copy of your professional license in your application.***

SPECIALIZED TRAINING IN TREATING SEX OFFENDERS

Indicate any specific training that you have received in the area of sexual offender assessment and treatment. Also indicate related training in treating victims. Include training with colleagues, workshops, seminars, conferences, etc. If you were an intern, please provide the name and address of the institution and the name and title of your supervisor. Indicate the following: dates of the training, the title or subject matter, number of hours of training, and the focus of the training. If a training session included information on both perpetrators and victims, please specify the percentage of the training time that focused on perpetrators.

DATES	LOCATION	TITLE OF TRAINING/ SUBJECT MATTER	HOURS OF TRAINING	FOCUS OF TRAINING (SEE LEGEND)

Legend: **Adult Assessment & Treatment**
Adolescent Assessment & Treatment
Sex Offender Risk Assessment
Victim Treatment
Non-Offending Parent
Other – please specify

PROFESSIONAL EXPERIENCE: Part 1

Describe briefly your professional work experience and areas of specialty. (You may attach a resume to your application for this section of Professional Experience)

PROFESSIONAL EXPERIENCE: Part II

Using the format below, please specify any prior experience in providing assessment and treatment services to sex offenders and/or victims of sexual assault. Using the Legend from the Training Section, indicate the primary area of focus and the estimated actual number of direct service spent delivering clinical services to sex offenders, e.g., 4hrs/wk X 3 yrs equals approximately 600 hrs Adult Assessment; 2hrs/wk X 1 yr equals approximately 100 hrs Adolescent Treatment; 2hrs/wk X 1 yr equals approximately 100 hrs. treatment adult victims of sexual abuse, etc. List Most Recent First. Please reproduce this form if more space is required.

A).

EMPLOYER	EMPLOYER'S ADDRESS	POSITION HELD	DATES OF EMPLOYMENT	FOCUS OF POSITION (SEE LEGEND)

Description of major responsibilities:_____

_____

_____

Focus of clinical assessment/treatment provided (specify from the list in the Legend for the training section):

_____

Total hours per year in direct clinical assessment/treatment with sexual offenders: _____

B).

EMPLOYER	EMPLOYER'S ADDRESS	POSITION HELD	DATES OF EMPLOYMENT	FOCUS OF POSITION (SEE LEGEND)

Description of major responsibilities:_____

_____

_____

Focus of clinical assessment/treatment provided (specify from the list in the Legend for the training section):

_____

Total hours per year in direct clinical assessment/treatment with sexual offenders: _____

FEES

Please list or attach your fee schedule or intended fee schedule. If you work for an agency and intend to bill through this agency, attach a copy of the agency's fee schedule. Please specify if you have a sliding fee schedule.

PHILOSOPHY

Describe the philosophy which underlies the approach you use in providing treatment services to sex offenders, victims (both family & others), non-offending parents (in incest cases), & families. Discuss your thoughts about the etiology of sexual offending. Describe the models and approaches that are most appropriate and most inappropriate when working with the sexual offender. What clinical model do you use to organize your work with this population?

TREATMENT GOAL(S)

What do you see as the primary goal(s) of sex offender treatment? Please be specific and give an example of a treatment plan, including goals for a specific offender. (This may be addressed as part of the Clinical Report).

TREATMENT APPROACH

Please describe your treatment approach with sex offenders. You should incorporate the following in your description:

- Assessment process; list the methods and sources of information you would use in an assessment
- Modalities of treatment, e.g., individual, group, couples, family, etc.
- Treatment techniques employed, e.g., cognitive, behavioral, psychodynamic, etc.
- Frequency of treatment sessions and length of treatment (times per week and duration of sessions).
- Discuss the issue of boundaries as it relates to working with this population. Give examples of problems that you have encountered in the past, or that you expect to encounter, with this population. Describe how you would handle these situations.

- Please describe any significant differences in your treatment approach with sex offenders versus other client populations.
- Please indicate if your treatment approach varies with different categories of sex offenders, e.g., adult rapists, pedophiles, intra-family offenders, etc.

CLIENT PROGRESS/COMPLETION OF TREATMENT

Please describe how you assess progress with sex offenders and specifically how you determine when an offender has completed treatment. Describe typical stages you might expect an offender to go through as he/she progresses through the treatment process. Include a copy of a Relapse Prevention Plan that you use, if available. ***Describe your procedure for establishing the risk of re-offense and the dangerousness of the individual being treated.***

COORDINATION WITH CORRECTIONS PERSONNEL

The treatment provider is part of a multi-disciplinary team that includes probation officers, polygraph examiners and others. There is an expectation that the treatment provider will readily communicate with the other team members. Please indicate how you presently coordinate or propose to coordinate with Corrections personnel for those sex offenders under our jurisdiction. Specifically address the role of the treatment provider as a member of the team, the obligation of the provider to provide written documentation of treatment progress and your policy on confidentiality of communication with sex offenders referred by the DOC.

Please explain how you would respond to or handle typical problems that you might encounter with a sex offender in treatment, such as violating conditions of probation/parole, absence or lateness for treatment sessions, use of alcohol or other drugs.

CONTACT WITH VICTIMS/COORDINATION WITH VICTIM SERVICE PROVIDERS

Under what circumstances do you believe it is appropriate for a sex offender to have contact with past victims and/or potential victims? What preliminary steps must be taken prior to this occurring? What coordination should occur with other agencies?

Address your beliefs about family resolution/clarification when the victim is related to the offender. Address your beliefs about sex offender contact with his/her own children when they are not the victim of record.

PERSONAL INFORMATION

Have you ever been the subject of a criminal, civil or review board investigation regarding an alleged violation of ethical standards? (yes/no)

If yes, please describe the alleged violation as well as the outcome of any legal or investigative proceedings. Please use additional sheets if necessary.

Have you ever been arrested for or convicted of a misdemeanor or felony offense? (yes/no)

If yes, please describe the offense, dates of arrest and/or conviction and outcome of any legal proceedings. Please use additional sheets if necessary.

REFERENCES

Please list the names and phone numbers of three individuals who are familiar with your professional qualifications and experience, particularly as they relate to your clinical experience. **You will be responsible for sending the Letter of Reference to those individuals you have listed**. The Alaska Department of Corrections will be unable to process your application until responses are received from your references. Types of references should be varied and should not consist of all co-workers from the same agencies. **Employees may not be used as references. At least once reference should be from a former clinical supervisor.**

Opinion is divided whether or not reference letters open to review are more helpful in assessing an applicant's professional and personal credentials. Should you wish to waive your right to review your letters of reference, you may do so by signing the waiver on **EACH** letter of reference. In either case, your application will be carefully considered.

NAME	PHONE #	RELATIONSHIP

CLINICAL REPORT

A copy of a clinical report that **you** have written **must** be submitted with your application. DOC prefers that this be a report written about a sex offender, but understands that applicants with less experience may not have such a document readily available. The goal is to get a sense of the applicant's general ability in assessment and/or evaluation of treatment progress. A report for the courts, evaluation or other clinical assessment (including a treatment plan) is preferred, although a termination report would be acceptable. In either case, the sample submitted should be a comprehensive report on the individual --- case notes/progress notes are not sufficient. Please attach **a non-returnable copy** to this questionnaire and remember to:

-erase or black out all names or specific information which could identify your client.

-if the report was written for, or sent to another individual, please remove/black out that information.

CONFIDENTIALITY

Please attach a copy of release of information forms you use in your practice.

I, _____, certify that I have completed the above questionnaire and certify that the information contained therein is accurate and true to the best of my knowledge.

_____ _____

Date Signature of Applicant

RE:_____
Name of Applicant

Dear Professional,

The Alaska Department of Corrections has established a resource list of professionals designated as approved sex offender treatment providers.

The person named above has made application to DOC to be considered for approved provider status. You have been listed as a reference pertaining to the personal and professional qualifications of the applicant. It would be appreciated if you would complete the enclosed statement and return it to me, at the address noted on the reference letter, as soon as possible.

We appreciate your candid comments, whether favorable or unfavorable. If more space is required, please attach additional sheets. If, for any reason, you are unable or unwilling to complete the enclosed statement, we would appreciate advising us of your intention. Your assistance in this matter is greatly appreciated. Thank you for your cooperation.

Sincerely,

Edward Webster
Criminal Justice Planner
Offender Programs

Alaska Department of Corrections
Offender Programs
550 West 7th Avenue, Suite 601
Anchorage, Alaska 99501

LETTER OF REFERENCE

I waive any right I might have to review this letter of reference. I understand that the Alaska Department of Corrections does not require me to execute this waiver and is willing to review my application whether or not I sign it.

_____ _____
Applicant's Signature Date

(NOTICE TO PERSON MAKING RECOMMENDATION: If the applicant has not signed the above waiver, you should consider this form to be non-confidential.)

I understand that_____ has applied to be an approved treatment provider for Alaska Department of corrections and has requested that I provide a Confidential Statement regarding the applicant's professional and ethical qualifications.

I certify that the answers and statements below are true and complete, to the best of my knowledge.

1. Name: _____

   Address:_____

   Phone:_____

2. My occupation is_____

3. I have been personally acquainted with the applicant for_____

4. Have you ever employed the applicant?_____

   If so, during what period?_____

   In what capacity?_____

   Why did the applicant leave your employment? _____

5. Have you ever provided clinical supervision to the applicant?_____

   Did the practice supervised provide sex offender specific assessment and/or treatment?

   What was the nature of the practice supervised? _____

   _____

For how long did you provide clinical supervision to this person?_____

What are this applicant's strengths as a clinician?_____

_____

What are his/her weaknesses? _____

_____

6. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior? _____

If not, why?_____

_____

7. To the best of your knowledge has the applicant ever:

a) been charged or convicted of a felony?_____

b) been accused, investigated, and/or involved in unprofessional or unethical conduct? _____

c) been denied membership in, or terminated from, a professional organization?_____

(IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE ATTACH AN EXPLANATION ON A SEPARATE PAGE)

Further comment: _____

_____
Printed Name of Reference

_____ _____
Signature Date