

Family Reintegration Contract

Family: Smith
Client: John Smith
Spouse: Nancy Smith
Therapists: Joel A. Falco, MA, LCSW (individual treatment & group treatment for John), Ron Pestana, MS (family & couples treatment)
Date: June 13, 2003

Summary of Treatment

John Smith is a client in the Center for Contextual Change's sexual offender specific treatment program. He entered treatment after his previous probation officer, John Bushman, required him to attend a therapy group in September 2001. He did not complete a comprehensive sex offender specific evaluation because he had already been in treatment for 18 months with another provider. He transferred his individual treatment to the Center for Contextual Change in February 2001 to defer costs and to receive more consistent treatment. John and Nancy began couples treatment in ??????????????????????. The couples therapy has led to some periodic family treatment when John and Nancy have brought their children in for specific sessions. Currently, John is engaged in three modalities of treatment: weekly group therapy, bi-monthly individual therapy, and regular family therapy.

John, despite tentativeness at the beginning of treatment, has had consistent engagement and progress in treatment from the time he entered our program. He has moved from our first stage of treatment, centering on safety issues, to our second stage of treatment, challenging old patterns and expanding new realities. He has been working to understand how the various treatment issues relate to his life so he can expand his healthy offense-free lifestyle. John has consistently been a strong member of his therapy group, becoming the unofficial leader of the group over one year ago. John participates openly and honestly, leading with examples from his own experience. John has done a strong job of achieving this status in group.

In individual treatment, John consistently challenges himself to look further into his vulnerabilities and resiliencies. He does not avoid difficult topics, despite the emotional strain they provide. John has an analytical mind that enables him to analyze his thoughts and his actions well. John is currently exploring how to build more strength and confidence in himself. He is currently working on revising his cycle and his relapse prevention plan, two essential tasks of the treatment program. Since John does not have a full understanding of his cycle of offending or a comprehensive relapse prevention plan, it is essential that John have a safety plan to manage any risk if he begins the reintegration process. If John continues to make progress and follows an effective safety plan, he can achieve a healthy reintegration with his family. John will need to maintain his progress and his understanding to continue this process.

Reintegration Plan

The Center for Contextual Change believes in the philosophy of restorative justice and the treatment team for the Smith family believes that John can now begin the formal process of reintegration. Although this decision comes with risk, the team believes that the risks can be managed by clear and consistent guidelines, an effective safety plan, and ongoing communication. Both the research and experience with other individuals who have committed sexual offenses suggest that recidivism rates are significantly higher for offenders who do not complete a cognitive-behavioral treatment program. In most studies of child sexual offenders, one out of four offenders, who have begun treatment but not completed it, commits another offense. These studies also demonstrate that recidivism rates drop to less than one in eleven individuals after completion of similar programs. John is currently in treatment and has not completed the program. Despite the expected drop in risk level after completion, the treatment team believes that the added supervision and external controls of treatment and probation outweigh the added gains of waiting to reintegrate after completion of the program. With therapeutic support and a conscientious approach, the Smith family should be able to manage a successful reintegration process.

Various risk prediction tools help with predicting recidivism more individually based and advising safety concerns. The community clearly wants to be aware of riskier individuals so they can create safety within the community despite their presence. This type of prediction is based on both static and dynamic factors. Static factors, as implied, do not change over time. These factors are historically based and precede disclosure of offending behaviors. Alternatively, dynamic factors do change as one makes changes. Consequently, they are useful to explore treatment progress and progress toward goals in addition to safety related issues during reintegration planning. We have used three risk prediction scales on John during this month in treatment. On the Static-99, assessing only static factors, he continues in the *low* range of risk. As previously discussed, this number will not change because it is based solely on historical information. On the Freeman-Longo scale, measuring both static and dynamic factors, John remains in the *moderate* risk category. Lastly, on the SONAR (sex offender need assessment rating), assessing solely dynamic factors, John scores in the *low-moderate* range of risk. It should be noted that this score will increase to *moderate* when John begins the reintegration process because of the increase in contact. Regarding his current understanding of how his vulnerabilities led to his offending behaviors, his management of problematic sexual thoughts, and his progress in treatment, John's risk level is clinically observed to be in the *low-moderate* range. Overall, John appears to be in the *low-moderate to moderate* range of risk. If he completes the treatment program, he can progress into lower levels of risk on these scales. Then, he would be at the lowest possible risk, maximizing safety and minimizing risk. Currently, these scales and John's progress suggest that he is doing the things necessary within his power to decrease his risk to the community, but he has not lowered the risk level to their lowest levels yet.¹

The following recommendations are made to minimize risk and maximize safety during the reintegration process:

Recommendations

¹ See report from February 2003 for lengthier risk assessment, covering dynamic factors. For brevity, they were not included in this progress report.

1. John remain in regular individual and group therapy to address his sex offender specific treatment goals as well as process his feelings, both comfortable and uncomfortable, with the reintegration process.
2. John and Nancy should remain in regular couples/family therapy to help them process their concerns, struggles, and successes to ensure a healthy reintegration.
3. Nancy can help John become aware of his negative patterns or problematic behaviors, but John must take responsibility for his thoughts, feelings, and actions. These issues will be primary issues in treatment as this plan is followed.
4. John must make a commitment to honesty and openness throughout this process, choosing to admit and address any problems as they may arise. John will need to demonstrate honesty to the treatment team, Nancy, and probation for him to continue to progress along this plan.
5. John must follow all rules and recommendations of his family's treatment team.
6. John must follow all rules and requirements of the law, the courts, and his probation.
7. John and Nancy must follow the safety plan to minimize any risk and maximize safety. Any undisclosed violation of the safety plan is grounds for immediate termination of this reintegration plan. Disclosed violations of the safety plan will be explored in the context of treatment and recommendations may be modified to manage future occurrences or the plan may be suspended and/or terminated based on the severity of the violation. These issues will be discussed with the family before any decisions are made.
8. The plan for reintegration will be followed or the treatment team can revoke the plan because of failure to follow through on the recommendations or because of concerns from any family member, probation officer, and/or therapist. These concerns and failures to follow recommendations will be reviewed with John and Nancy, and then the plan will be modified to help the family address the issues. If needed, the plan will be stopped indefinitely if safety seems compromised.
9. Since John has already had supervised contact with his children, this reintegration plan will begin with the supervision being provided by Nancy.
10. Every 4 weeks, the treatment team will review the plan with the family and make recommendations whether to modify the plan.
 - a. Nancy is to become the supervisor for John
 - i. While in this transitional state, they must have one 3-hour visit supervised by Kelli Underwood per month
 - ii. Visits with Nancy can occur anytime between the hours of 8 AM and 9 PM (John must leave before 9 PM if one of the children goes to bed).
 - iii. John must notify probation and his treatment team of any visit with a minimum of 24 hours advance notice. If any one of the members of the treatment team

- or probation does not approve of the visit, they will notify John as soon as possible before the visit is scheduled to begin.
- iv. John can attend his children's activities or family activities (sporting events, recitals, Church, etc.) as long as he legally is able to do so. John must be with Nancy at all times at these events.
 - v. During this transitional plan, John must never be alone with the children.
 - 1. Nancy must be present and within eyesight & earshot of John and the children.
- b. John may begin overnight visitation on weekends
- i. While in this transitional state, they must have one 3-hour visit supervised by Kelli Underwood per month.
 - ii. John will begin with one overnight per week and the rest of the plan from step "a" should be followed for the rest of the week.
 - iii. Upon approval, John will be encouraged to spend an entire weekend at home.
- c. John will move home and reintegrate with his family
- i. For the first four months, they must have one 3-hour visit supervised by Kelli Underwood per month.
 - ii. They must agree to have a minimum of two family/couples sessions per month during the early phases of reintegration to compensate for the decrease in supervision.
 - iii. Before John is allowed to move home, they must incorporate a third bedroom into the house so John and Nancy have a private bedroom. They must have a minimum of three bedrooms before reintegration.
 - iv. The target date for this step in the plan is to be *no later than* December 9, 2003, to ensure six months of reintegration before the expected termination date of John's probation (this date will not be adhered to if safety is compromised).
- d. Other guidelines
- i. The Brookfield Police Department will be notified of this plan as soon as it is approved by probation and/or court.
 - ii. As long as all involved in this case feel safe and comfortable with the visits, John can move home with his family as part of reintegration. Note: since the victim was one of John's children, John must agree to leave the premises if the family becomes uncomfortable/unsafe with his presence. In addition, if a compromise cannot be reached after exploring these issues in treatment, John must agree to move out of the home again because safety is compromised. These issues will be explored with the family.
 - iii. Since risk will never be at zero percent with individuals who have previously committed sexual offenses, John will be required to limit his unsupervised contact with minors to emergency situations ONLY. He will be expected to never have intimate caretaking responsibilities of a child (putting to bed alone,

bathroom events, etc.). *See safety plan for more specific recommendations.* John is committed to an offense-free lifestyle and these limitations are essential to a successful reintegration plan.

- iv. John must initiate contact with the church his family attends to develop a church reintegration plan. This issue should be coordinated with Ron Pestana.

- v. When John completes his relapse prevention plan and presents it to his group and treatment team, John will be able to evaluate whether or not he can have unsupervised contact with his children in the future. This issue is reserved for John's relapse prevention plan because that plan is more comprehensive and effective than a safety plan because of the fact that it is developed by the client and is, therefore, more personal. After completion of the plan, the relapse plan will replace the safety plan. Currently, the safety plan is the only plan to set these guidelines.

By signing this contract, we agree to the terms and conditions of the contract:

Joel A. Falco, MA, LCSW
John's Therapist

Date

Ron Pestana, MS
Family/Couple Therapist

Date

John Smith
Client

Date

Nancy Smith
Spouse

Date