

# ANNUAL REPORT FY 2025



**TAYLOR, CALLAHAN & COLEMAN COUNTIES  
SUPERVISION & CORRECTIONS DEPARTMENT**

Kyle Coker, Director

Katrina Beasley, Deputy Director

Deborah Rowland, SATF Director

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**Judicial District of Taylor County, Texas  
Community Supervision and Corrections Department of  
Taylor, Callahan & Coleman Counties  
450 Pecan St., Suite 200  
Abilene, Texas 79602 (325) 674-1247**

KYLE COKER  
DIRECTOR

# Letter from Director

Dear Readers.

As Director of the Taylor, Callahan, and Coleman Counties Community Supervision and Corrections Department, I am honored to present the FY2025 Annual Report to our community, our Board of Judges, and our dedicated staff.

For those who may be unfamiliar with our work, the Department supervises individuals who have been arrested for a crime and placed on community supervision in lieu of incarceration. Community supervision allows individuals to remain in their communities—maintaining employment, supporting their families, and contributing to society—while avoiding the significant costs associated with incarceration in correctional facilities. Certified Community Supervision Officers conduct assessments at intake to evaluate each individual’s risk of reoffending as well as their specific needs. Based on these assessments, officers develop individualized supervision plans designed to guide probationers toward successful completion of their supervision terms and to promote positive behavioral change.

The Department provides a variety of specialized supervision programs for higher-risk populations with specific needs, including domestic violence offenders, individuals convicted of sex offenses, individuals experiencing mental health challenges, and those convicted of driving while intoxicated (DWI) offenses. In addition, we offer a range of services along a continuum of interventions to address issues such as anger management, substance use disorders—through both outpatient and residential treatment—and sex offender counseling.

To further support rehabilitation and successful outcomes, we also collaborate with community partners and stakeholders to provide additional services that are not offered directly within the Department.

# Mission • Vision • Values

## Mission

Our mission is to protect the public through court ordered sanctions and offer services that will allow the offender to become a productive member of the community. The Department will be responsive to the victims of crime, be fiscally responsible with taxpayer's money, and promote the highest professional standards.

## Vision

Taylor County Community Supervision and Corrections Department will be a leader within the state in using evidence-based practices to restore all offenders back to the community.

## Values

The Taylor County CSCD uses technology to provide innovative ways to supervise.

The CSCD staff will maintain integrity, accountability and honesty when performing all aspects of supervision.

The CSCD collaborates with outside agencies to enhance the supervision techniques of the Department.

# OVERVIEW



Taylor County is part of the Abilene, Texas Metropolitan Statistical Area and is located in the West Texas region. The city of Abilene serves as the county seat and the primary hub for the surrounding area. As of early 2024, Taylor County has an estimated population of 148,813. Neighboring counties include Callahan County, with an approximate population of 14,615, and Coleman County, with an estimated population of 7,990.

The demographic composition of the area is approximately 61% White, 24% Hispanic, 7.7% Black or African American, and 2% Asian. Educational attainment among residents reflects that 90% of residents aged 25 and over have graduated high school or higher and 29% of the population holds a bachelor's degree or higher the median household income for the area is approximately \$64,419 and the current employment rate is 96.4%.

Texas is the second most populous state in the United States and had an estimated population of approximately 30.1 million in 2025. According to the U.S. Census Bureau, Taylor County encompasses a total area of 897 square miles. Neighboring counties include Callahan County, which has a total area of 901 square miles, and Coleman County, which covers approximately 1,281 square miles.

The city of Abilene is also home to three Christian institutions of higher education: Abilene Christian University, McMurry University, and Hardin-Simmons University. These institutions contribute significantly to the region's educational, cultural, and economic landscape.

# STRATEGIC GOALS



Prison Diversion  
Accountability  
Improved Program Outcomes

# JUDICIARY

## FELONY DISTRICT COURTS

### **42<sup>nd</sup> Judicial District Court**

The Honorable Judge Arimy Beasley  
300 Oak St., Suite 401  
Abilene, TX 79602  
(325) 674-1314

### **104<sup>th</sup> Judicial District Court**

The Honorable Judge Jeff Propst  
300 Oak St., Suite 402  
Abilene, TX 79602  
(325) 674-1313

### **326<sup>th</sup> Judicial District Court**

The Honorable Judge Paul Rotenberry  
300 Oak St., Suite 403  
Abilene, TX 79602  
(325) 674-1325

### **350<sup>th</sup> Judicial District Court**

The Honorable Judge Thomas Wheeler  
300 Oak St., Suite 404  
Abilene, TX 79602  
(325) 674-1242

## COUNTY COURTS AT LAW

### **County Court at Law #1**

The Honorable Judge Robert Harper  
300 Oak St., Suite 500  
Abilene, TX 79602  
(325) 674-1323

### **Callahan County Judge**

The Honorable Judge Nicki Harle  
1257 FM 2047  
Baird, TX 79504  
(325) 854-5805

### **County Court at Law #2**

The Honorable Judge Harriet Haag  
300 Oak St., Suite 501  
Abilene, TX 79602  
(325) 674-1208

### **Coleman County Judge**

The Honorable Judge Billy Bledsoe  
100 W. Live Oak St., Suite 102  
Coleman, TX 76834  
(325) 625-4218

# LOCATIONS & FACILITIES



**TAYLOR CENTRAL OFFICE**  
450 Pecan St., Suite 200  
Abilene, TX 79602  
Phone: (325) 674-1247



**CALLAHAN SATELLITE OFFICE**  
100 W. 4<sup>th</sup> St.  
Baird, TX 79504  
Phone: (325) 854-5873

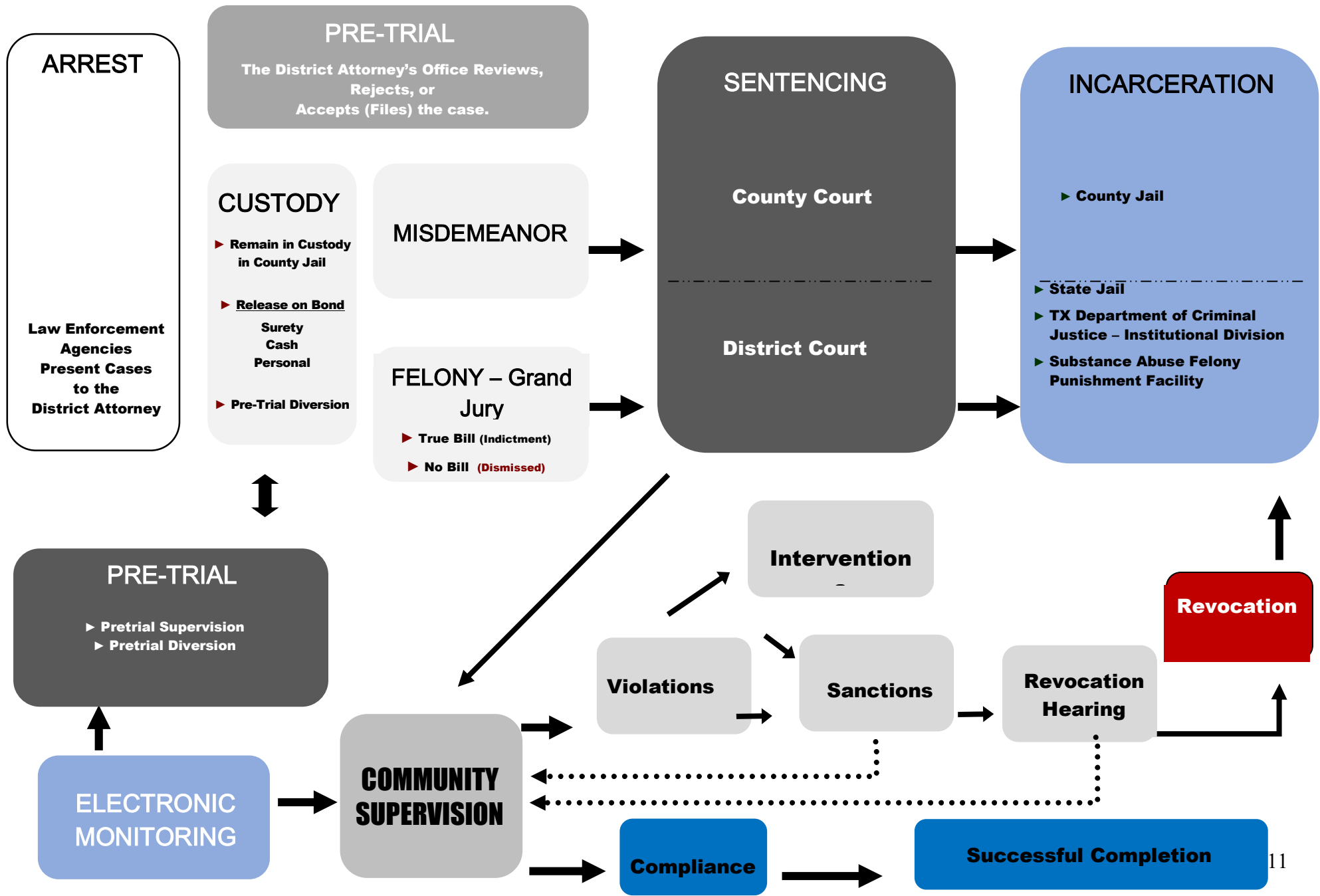


**COLEMAN SATELLITE OFFICE**  
100 Live Oak  
Coleman, TX 76834  
Phone: (325) 625-4125

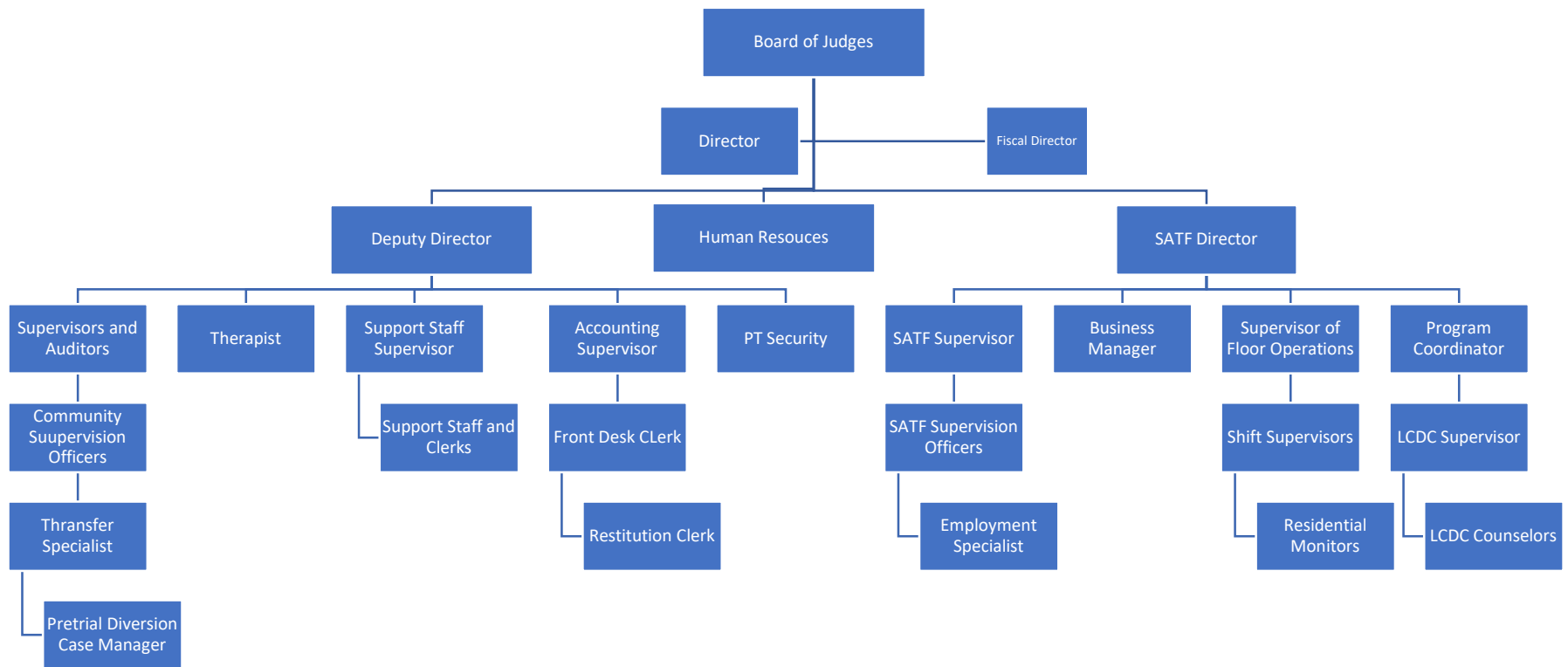


**TAYLOR COUNTY SUBSTANCE ABUSE  
TREATMENT FACILITY**  
1133 S 27<sup>th</sup> St.  
Abilene, TX 79602  
Phone: (325) 691-7407

# COMMUNITY CORRECTIONS CONTINUUM OF SANCTIONS



# CSCD ORGANIZATION TABLE



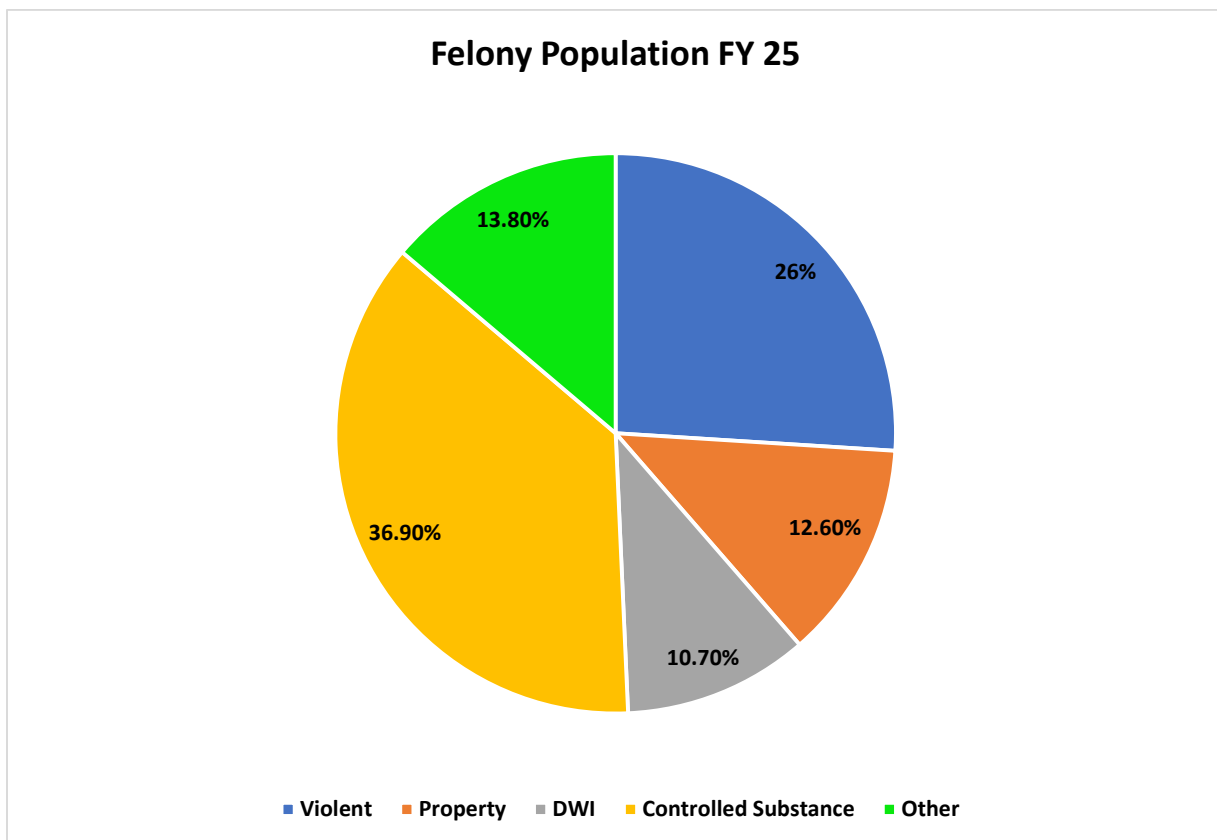
The Department Director assigns staff to related areas to promote efficiency, group similar job duties and provide a clear chain of command from entry level position to the Judges. The organizational chart will be reviewed annually or as needed by the Director for any changes or updates.

# CSCD Overview

The Taylor, Callahan and Coleman Counties Community Supervision and Corrections Department supervise adult offenders placed on community supervision within the jurisdiction. The Department incorporates evidence-based practices, progressive sanctions, specialized caseloads and community correction facilities to effectively supervise offenders within the community. The dedicated and professional staff of the Department is committed to providing quality supervision that is cost effective for the citizens of the jurisdiction.

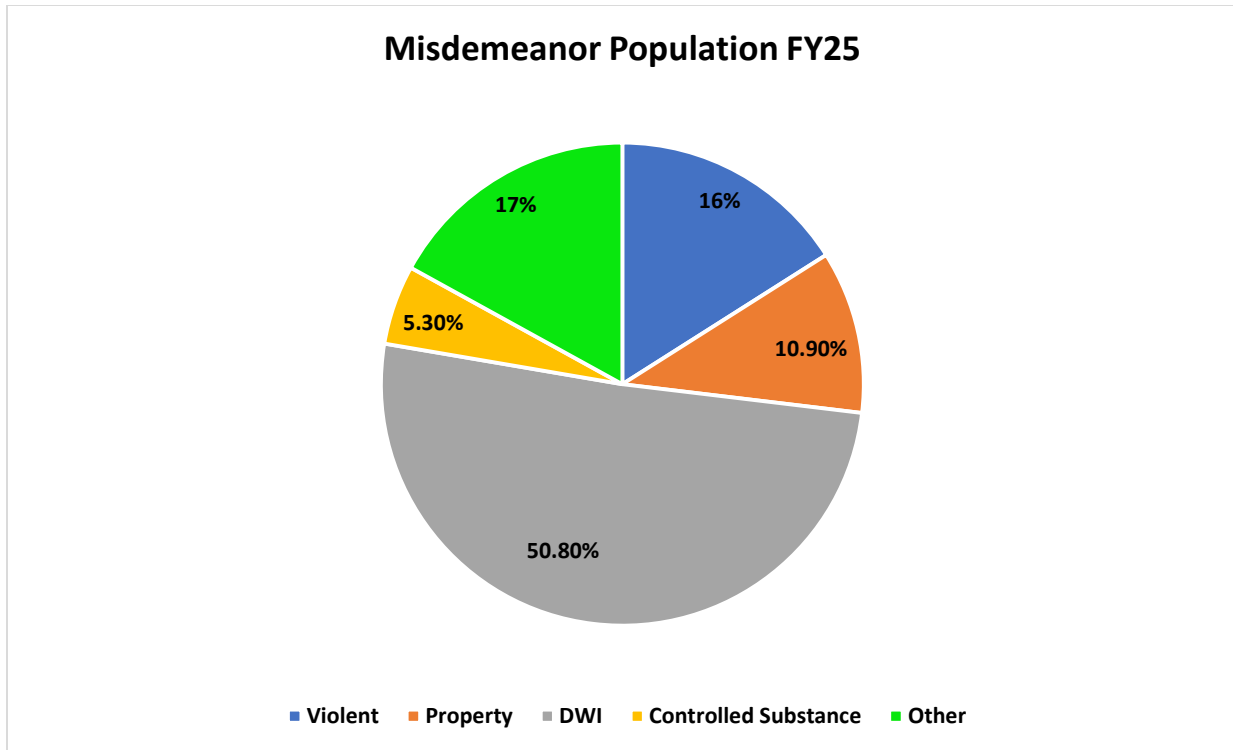
The felony offender population on supervision within this jurisdiction is distributed by offense as follows:

Violent Offenses	26%
Property Offenses	12.6%
DWI	10.7%
Controlled Substance	36.9%
Other Offenses	13.8%



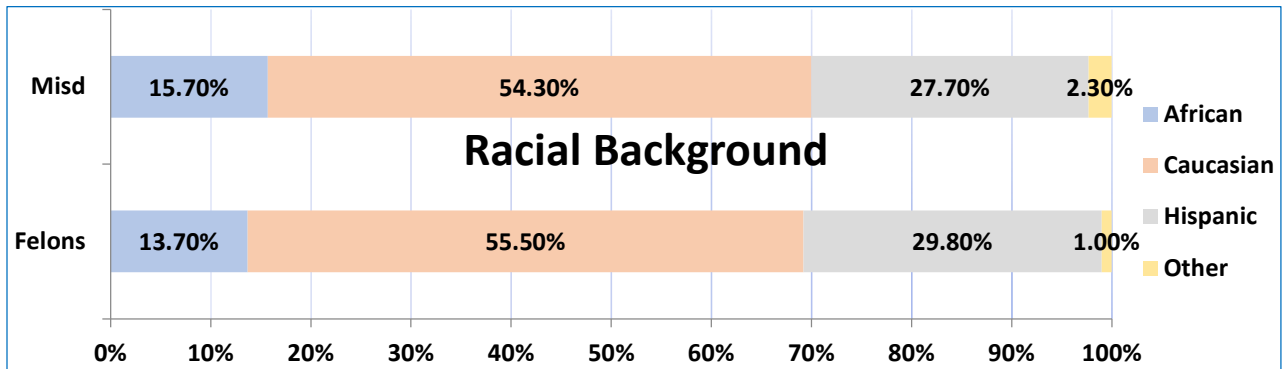
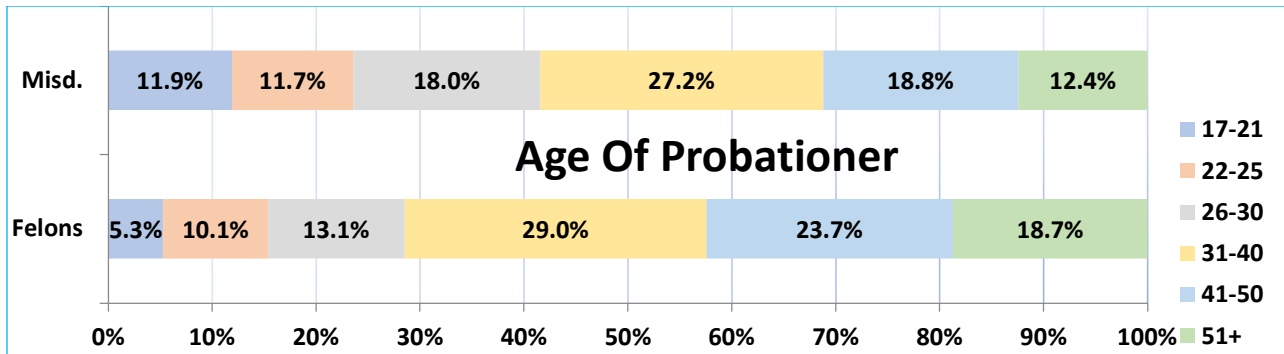
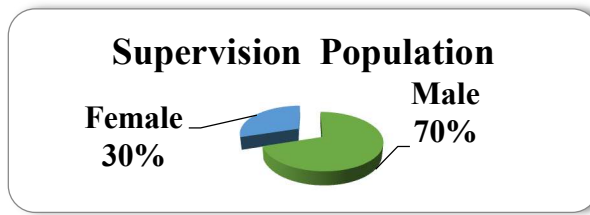
The misdemeanor offender population is distributed by offense as follows:

Violent Offenses	16%
Property Offenses	10.9%
DWI	50.8%
Controlled Substance	5.3%
Other Offenses	17%



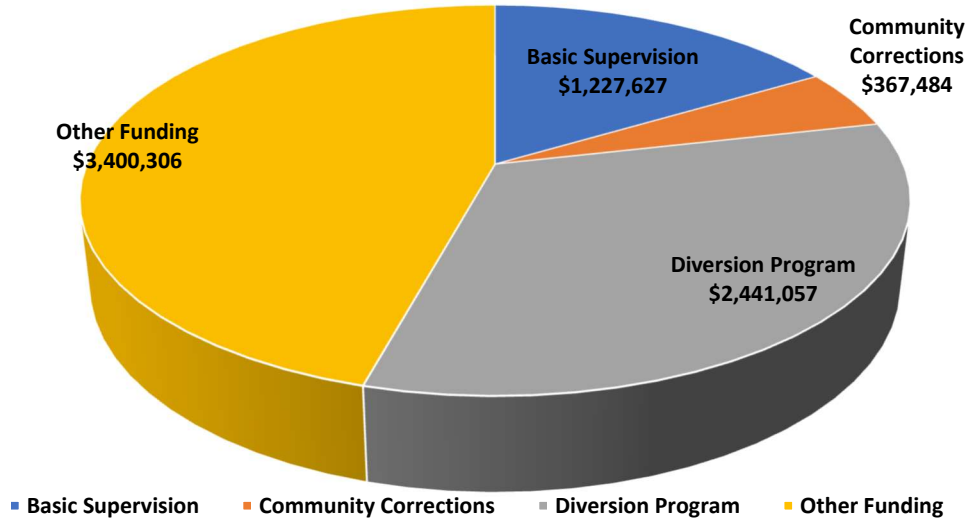
The most prevalent felony offenses supervised by the Department in FY 2025 are possession of a controlled substance (36.9%) and violent offenses (26%). Among misdemeanor cases, driving while intoxicated represents the highest percentage (50.8%), followed by violent offenses (16%). Given the significant proportion of offenders with substance use issues, it is essential for the Department to provide access to substance abuse counseling services, including both outpatient and inpatient treatment.

## Offender Demographics:



# CSCD Budget

## State Aid



Basic Supervision (BS)	
Program	State Aid
Basic Supervision	\$1,227,627
Rider 62 Targeted Salary Increase	\$152,007
Dedicated Salary	\$952,960
High/Medium Reduction	\$178,079
<b>Total BS Funding</b>	<b>\$2,510,673</b>

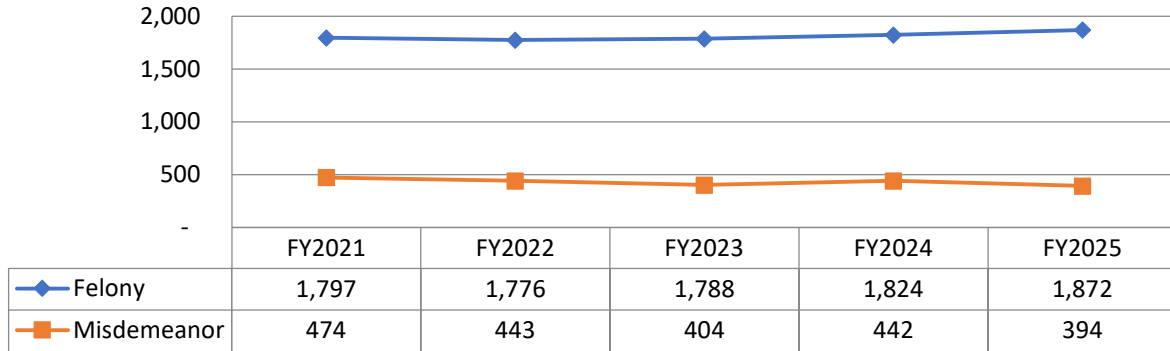
Community Corrections (CC)	
Program	State Aid
Sex Offender Counseling	\$90,000
Orientation, Intake, Transfer	\$227,484
Substance Abuse Caseload	\$50,000
<b>Total CC Funding</b>	<b>\$367,484</b>

Diversion Program (DP)	
Program	State Aid
Substance Abuse Treatment Facility (SATF)	\$1,871,820
Aftercare Caseload	\$55,012
Outpatient Substance Abuse Counseling	\$188,979
Mentally Impaired Caseload	\$100,450
Surveillance	\$102,812
Aggressive Behavior Violence Caseload	\$70,391
Pre-Trial Services	\$51,593
<b>Total DP Funding</b>	<b>\$2,441,057</b>

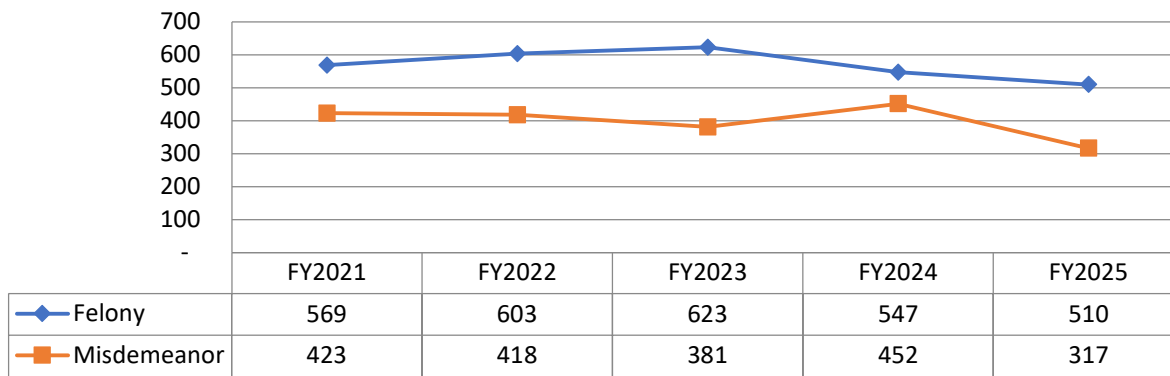
County/ Outside Grant/ Other Funding	
Program	Funding
Community Supervision Fees (including pre-trial diversion)	\$1,320,000
Payment by Program Participants (for classes, drug tests, GPS, room and board at SATF, etc.)	\$389,950
Interest/Carryover of Unspent Funds	\$1,300,000
Other Revenue (transaction fees, county funds, SATF phone)	\$390,356
<b>Total</b>	<b>\$3,400,306</b>

# Probation Population

## Direct CSCD Population FY 21-25

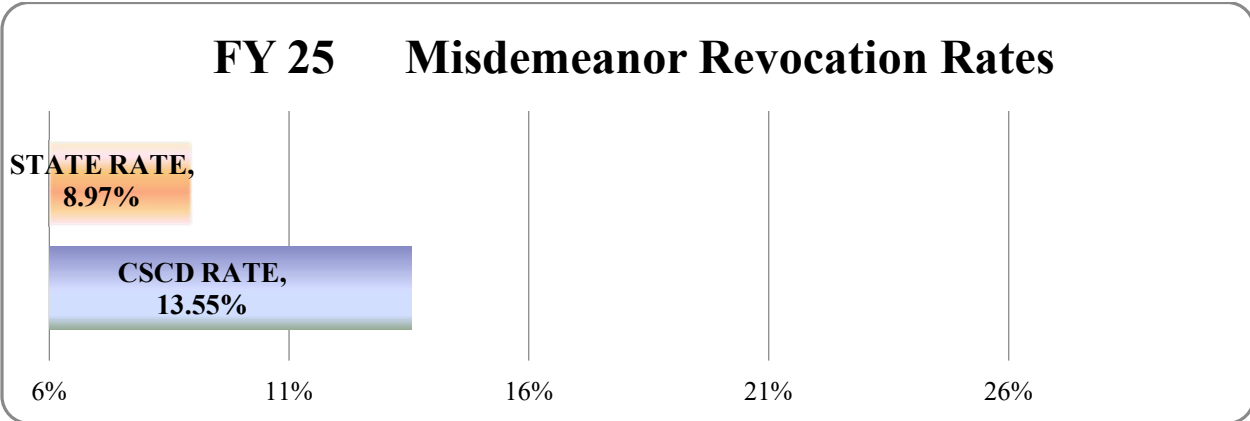
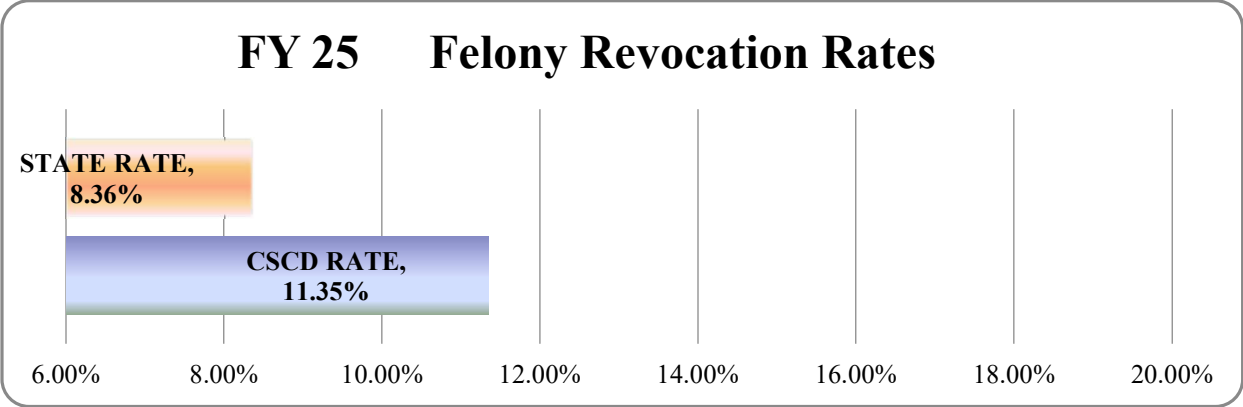


## Original Community Supervision Placements FY 21-25

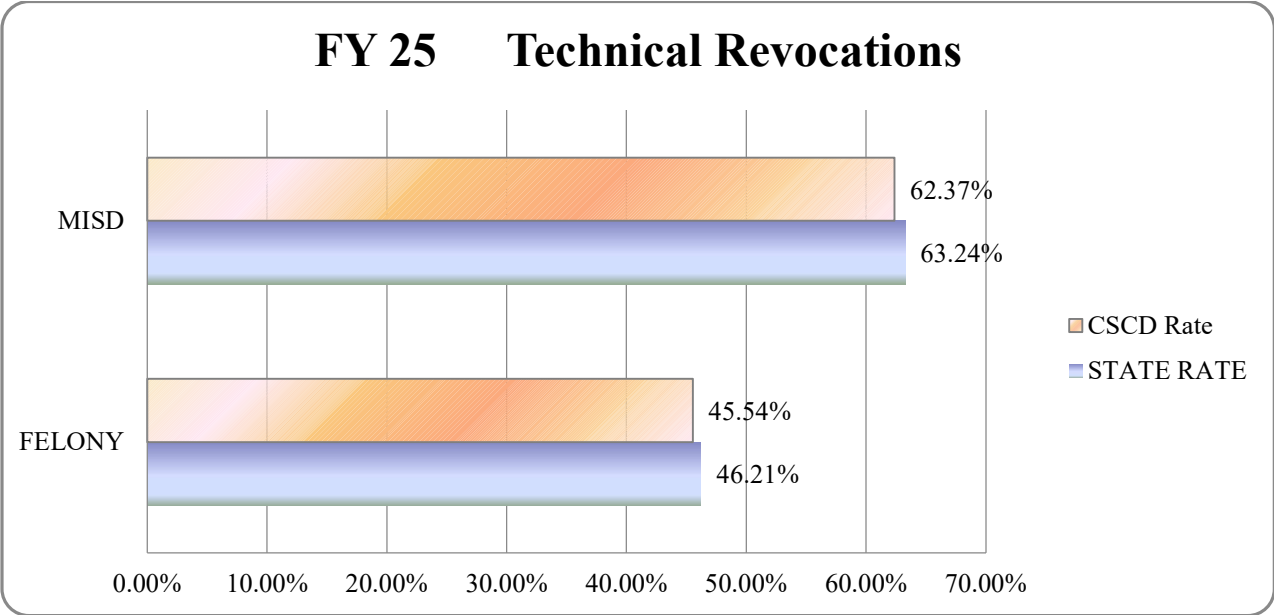


In FY 25 the Taylor County CSCD supervised a total of 2,853 offenders; 1,872 direct felony offenders, 394 direct misdemeanor offenders, 415 indirect felony offenders, and 172 indirect misdemeanor offenders.

# Revocations



# Technical Revocations



# SPECIALIZED CASELOADS, PROGRAMS AND COUNSELING

- Aggressive behavior-domestic violence caseload
- Driving While Intoxicated (DWI) Caseloads
- High Risk Caseload
- Mentally Impaired Caseloads
- Sex Offender Caseloads
- Substance Abuse Caseload
- Surveillance Caseloads
- Pretrial Diversion Program
- Aftercare Caseload
- Substance Abuse Treatment Facility
- Outpatient Substance Abuse Counseling
- Sex Offender Counseling

# AGGRESSIVE BEHAVIOR-DOMESTIC VIOLENCE CASELOAD

The Aggressive Behavior Violence Caseload (Domestic Violence) is designed to hold offenders of domestic violence accountable to the conditions of supervision and modify the offender's behavior through behavioral cognitive programs. Domestic Violence Offenders are supervised for 12 months on the caseload. All caseload participants have been placed on community supervision for domestic violence or domestic violence related charges.

Due to the low ratio of offender to officer (45-75:1), the officer has more opportunity to provide an increased level of supervision of each offender. The officer is trained and experienced in working with domestic violence offenders.

The offender will be ordered to complete the Battering Intervention and Prevention Program (BIPP) or the Family Violence Education Class. The Battering Intervention and Prevention Program is designed to help men and women eliminate violent, aggressive, and abusive behaviors in their intimate relationships. The classes of the program target the dynamics that support violent behavior including patriarchal attitudes, denial and blame, lack of empathy, distorted thinking, poor impulse and emotional control, intense conflict and escalation, and substance abuse. In a group format, participants explore and challenge old beliefs, learn new skills, and experience the opportunity to practice these behaviors.

The Battering Intervention and Prevention Program is designed to help men and women eliminate violent, aggressive, and abusive behaviors in their intimate relationships. The classes of the program target the dynamics that support violent behavior including patriarchal attitudes, denial and blame, lack of empathy, distorted thinking, poor impulse and emotional control, intense conflict and escalation, and substance abuse. In a group format, participants explore and challenge old beliefs, learn new skills, and experience the opportunity to practice these behaviors.

The Family Violence Education Class is for defendants at low-risk of re-offense. This includes first-time perpetrators of mild to moderate violence (i.e., violence that has low to moderate risk-of-harm including grabbing, shoving, restraining, slapping, etc.) who do not exhibit controlling behavior or patriarchal attitudes that support violence against women.

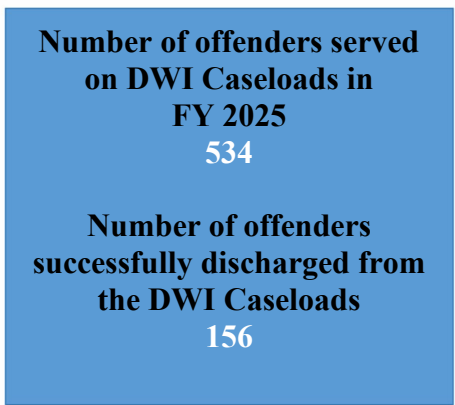
**Number of offenders served  
on Domestic Violence  
Caseload in  
FY 2025  
94**

# DWI CASELOADS

Early in FY10 Taylor Callahan & Coleman Counties County CSCD instituted special Ignition Interlock caseloads/DWI Caseloads across the department in an effort to provide more streamlined supervision for this population. There are 3 trained officers supervising special ignition interlock caseloads for both felony and misdemeanor offenses; 534 offenders were served on these caseloads during FY25. Seventy four (74) percent of the offenders were discharged successfully and 260 offenders remain on the caseloads at the end of FY25.

Officers review ignition interlock reports each month and also conducts visual inspections of the interlock devices inside offenders' vehicles. The offenders are tested for alcohol and drug use through random urine and hair testing.

In addition to ignition interlock caseloads, all DWI offenders are required to participate in a variety of programs including DWI Education or Repeat Offender Education, substance abuse screening and/or evaluation, and attend a Victim Impact Panel. During FY-2025 534 offenders were referred to the DWI Victim Impact Panel. By addressing the needs of offenders, this reduces the probationer's risk to the community.



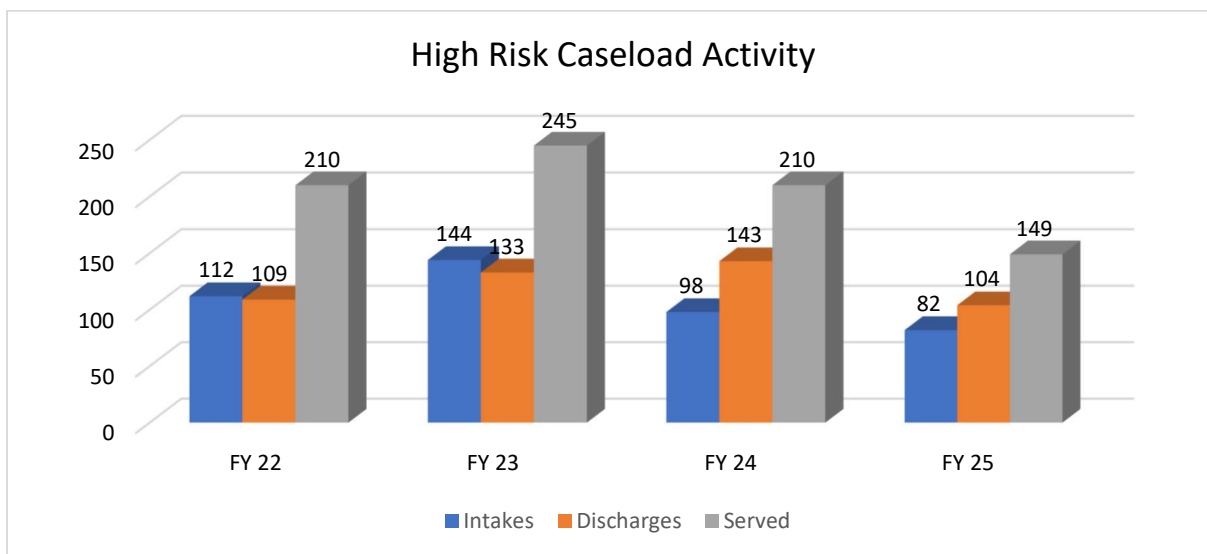
# HIGH RISK CASELOAD

High Risk Caseload is incorporated into the progressive sanctions model of the Community Supervision and Corrections Department of Taylor, Callahan and Coleman Counties. This program is responsible for the intensive supervision and management of offenders assessed as having a high likelihood of reoffending or presenting significant risk to community safety.

Individuals assigned to this caseload often have extensive criminal histories, prior supervision failures, substance abuse issues, violent offenses, or other criminogenic risk factors. The Supervision Officer provides enhanced supervision through frequent office visits, home contacts, employment verification, collateral contacts, and coordination with treatment providers. Officers utilize evidence-based risk and needs assessments to identify criminogenic needs and develop individualized supervision plans aimed at reducing recidivism.

In addition to monitoring compliance with court-ordered conditions, officers facilitate referrals to appropriate treatment services and swift intervention strategies are implemented when violations occur to promote accountability and behavioral change.

The primary goals of the High-Risk Offender Caseload are to enhance public safety, promote offender rehabilitation, reduce recidivism, and ensure compliance with judicial orders through structured supervision, risk management strategies, and collaborative community partnerships.

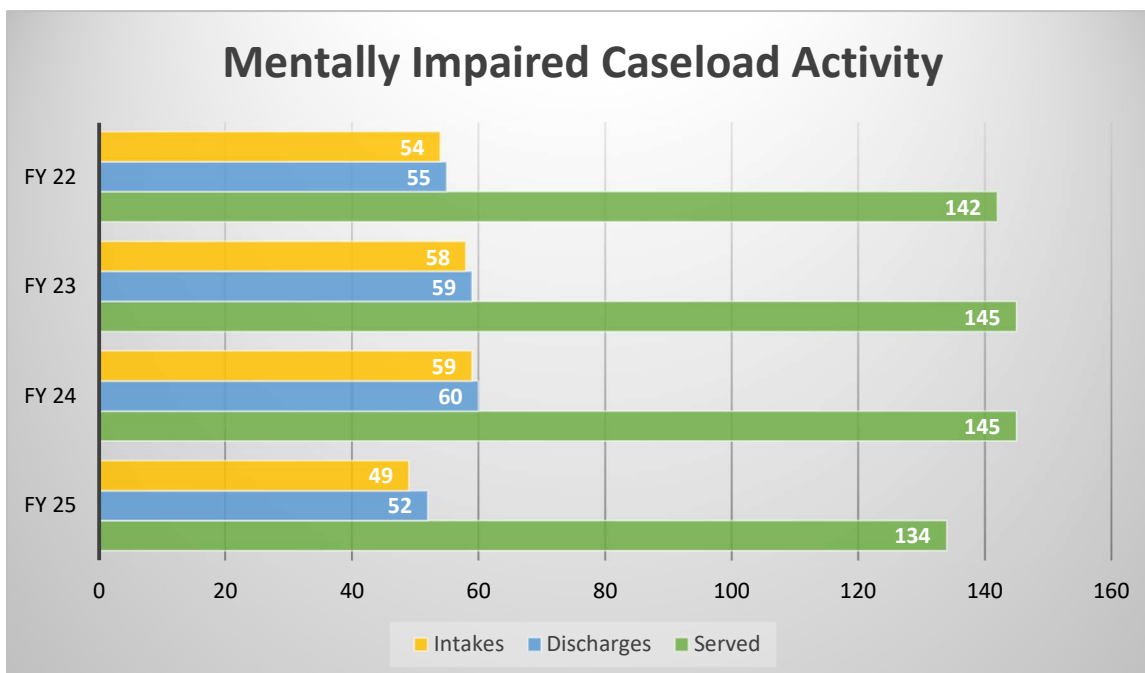


# MENTALLY IMPAIRED CASELOADS

The Mentally Impaired Caseload is a specialized supervision program designed for high-risk/high-need probationers diagnosed with significant mental health disorders (such as Schizophrenia, Bipolar Disorder, or Major Depressive Disorder). Unlike traditional supervision, the MI caseload prioritizes holistic rehabilitation and stability to reduce recidivism among a population that often struggles with the standard requirements of community supervision. The core objectives are:

- **Clinical Stabilization:** Ensuring defendants have consistent access to mental health resources.
- **Recidivism Reduction:** Addressing the intersection of criminal behavior and untreated mental illness through specialized cognitive-behavioral interventions.
- **Resource Coordination:** Acting as a liaison between the judicial system and the local mental health provider.
- **Technical Compliance:** Reducing "revolving door" incarcerations caused by technical violations that stem from a defendant's mental health.

The caseloads operate on the principle that legal compliance is often a byproduct of clinical stability. By addressing the root causes of instability, the program fosters long-term behavioral change. Success is measured not just by the absence of new arrests, but by the offender's increased integration into the community and adherence to mental health treatment.



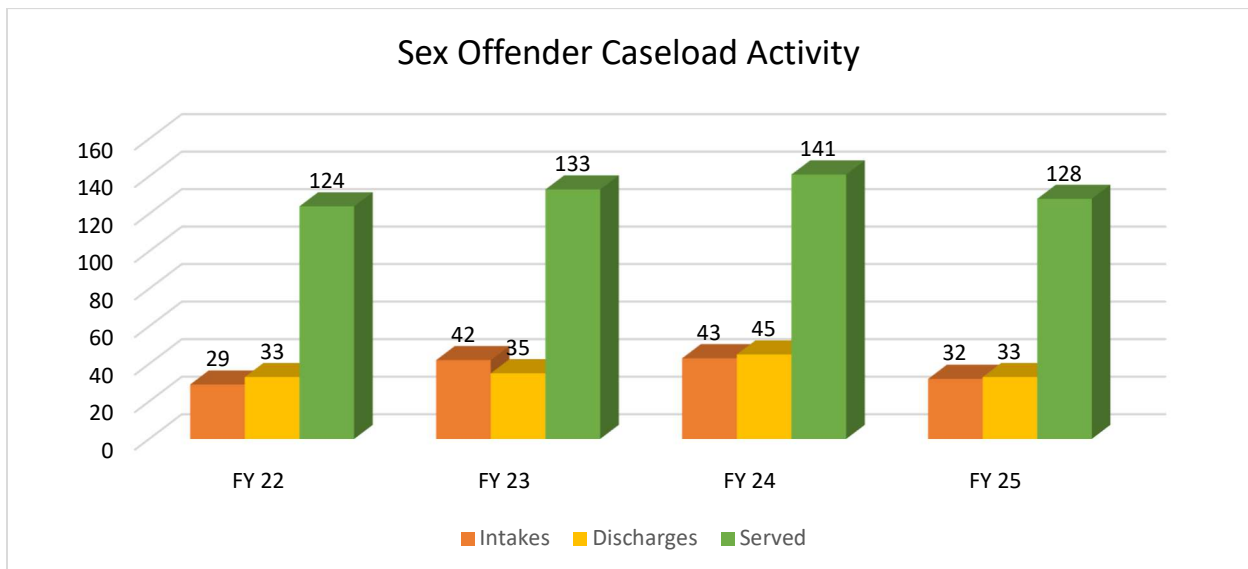
# SEX OFFENDER SUPERVISION

The two Sex Offender Caseloads are designed to manage offenders convicted of sexual offenses who have been placed on community supervision. Due to the unique risks and treatment needs associated with this population, supervision is structured to provide enhanced monitoring, accountability, and intervention strategies that prioritize community safety while supporting offender rehabilitation.

Offenders assigned to this caseload are supervised under strict conditions that may include specialized treatment programs, regular polygraph examinations, electronic monitoring, residence restrictions, and limitations on internet use or contact with minors. Supervision officers assigned to this caseload receive specialized training in sex offender supervision, risk assessment, victim awareness, and behavior management.

The supervision model emphasizes a collaborative, multidisciplinary approach involving supervision officers, treatment providers and law enforcement agencies. Evidence-based practices, including validated risk and needs assessments, are used to guide supervision levels and case management decisions. Officers maintain frequent contact with offenders through office visits, field visits, collateral contacts, and compliance checks to ensure adherence to court-ordered conditions.

The primary goals of the sex offender caseloads are to reduce recidivism, protect victims and potential victims, promote offender accountability, and facilitate successful reintegration into the community under structured supervision.

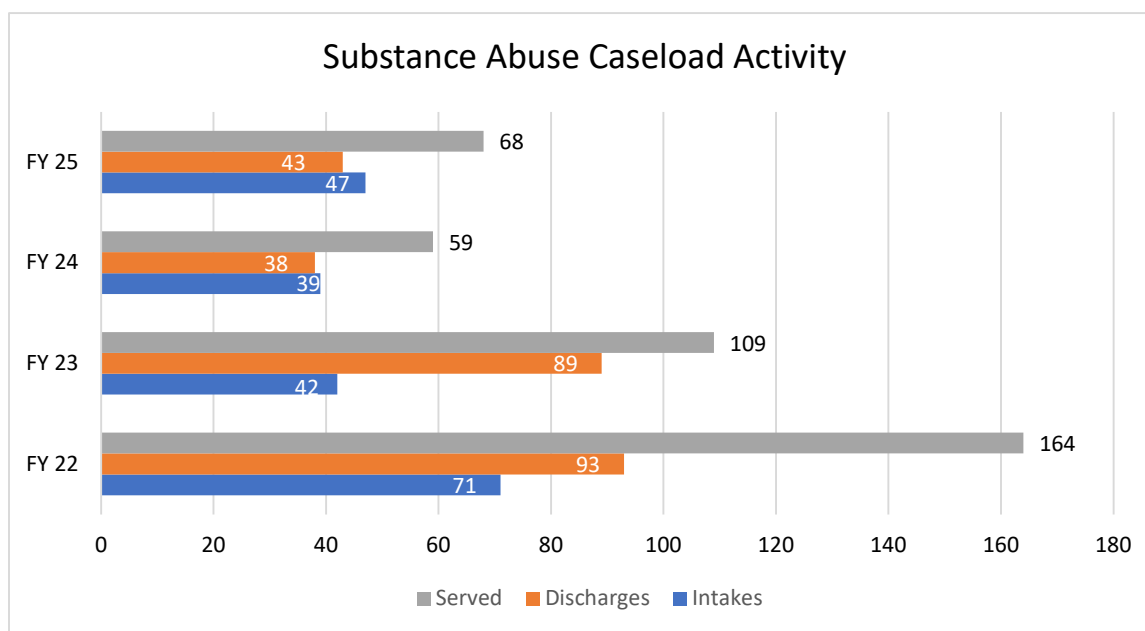


# SUBSTANCE ABUSE CASELOADS

The substance abuse caseload consists of individuals under community supervision who have been identified as having substance use disorders that contribute to their criminal behavior. This caseload requires a balanced approach of accountability, treatment, and support to reduce recidivism and promote long-term recovery. Probation officers working with this population are responsible for closely monitoring compliance with court-ordered conditions, including drug testing, treatment participation, and abstinence from alcohol and illicit substances.

Effective supervision involves collaboration with treatment providers, counselors, and community resources to ensure clients receive appropriate services such as outpatient or inpatient treatment, counseling, and support groups. Officers must also assess risk and needs, respond to relapses with graduated sanctions or interventions, and reinforce positive behavioral changes. Frequent contact, both in-office and in the field, is essential to monitor progress and address barriers such as housing, employment, and mental health issues.

Overall, managing a substance abuse caseload requires strong communication, motivational skills, and a rehabilitative focus, while maintaining public safety and holding individuals accountable for their actions. The goal is to support behavior change, reduce substance dependency, and assist individuals in successfully reintegrating into the community.



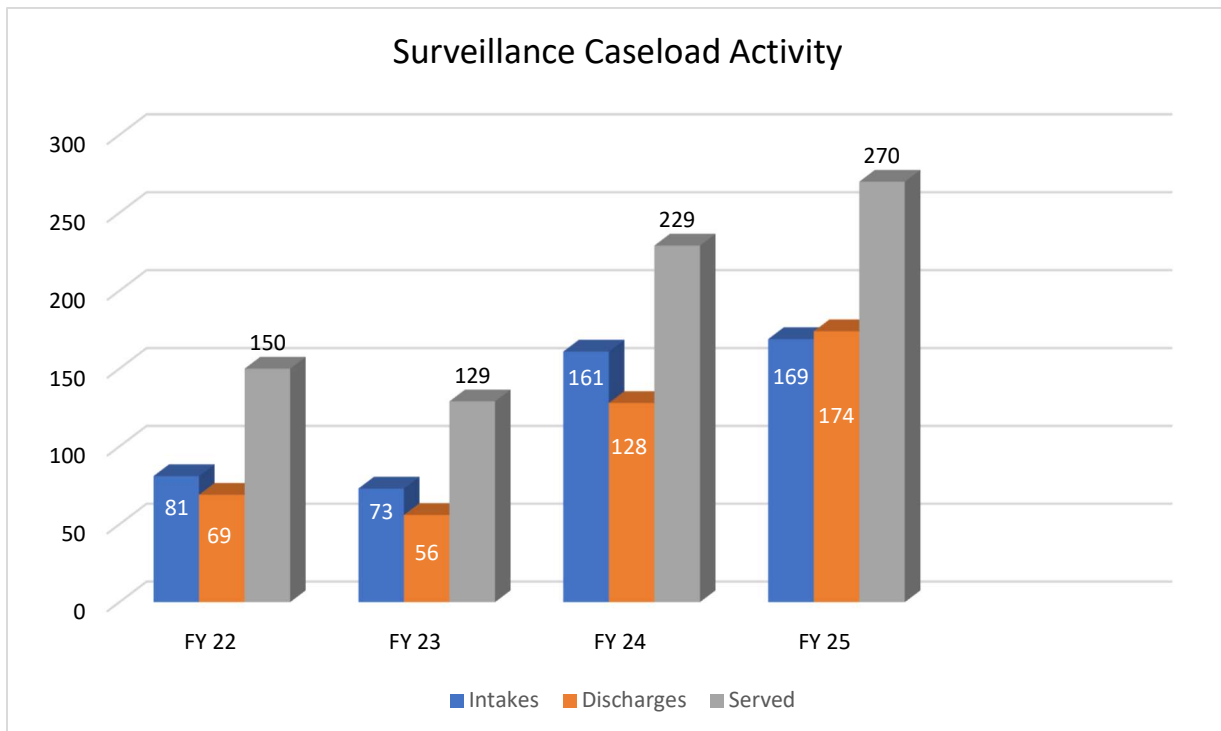
# SURVEILLANCE CASELOADS

An adult probation surveillance caseload consists of high-risk and high-needs offenders who require intensive supervision to ensure compliance with court-ordered conditions and to enhance community safety. Individuals assigned to this caseload typically have a history of violent offenses, repeat criminal behavior, substance abuse, or demonstrated noncompliance with prior supervision.

Supervision strategies emphasize frequent and direct contact, including unannounced home visits, employment verification, curfew checks, and collaboration with law enforcement. Officers utilize evidence-based practices to monitor behavior, assess risk, and respond swiftly to violations. Drug and alcohol testing, electronic monitoring, and strict reporting requirements are commonly implemented.

The primary goals of a surveillance caseload are to reduce recidivism, deter criminal activity, and hold offenders accountable while promoting behavioral change. Officers also work to connect individuals with appropriate treatment services, such as substance abuse counseling, mental health support, and cognitive-behavioral programs, to address underlying criminogenic needs.

This specialized caseload requires a proactive, enforcement-focused approach balanced with case management strategies to support rehabilitation and long-term compliance.



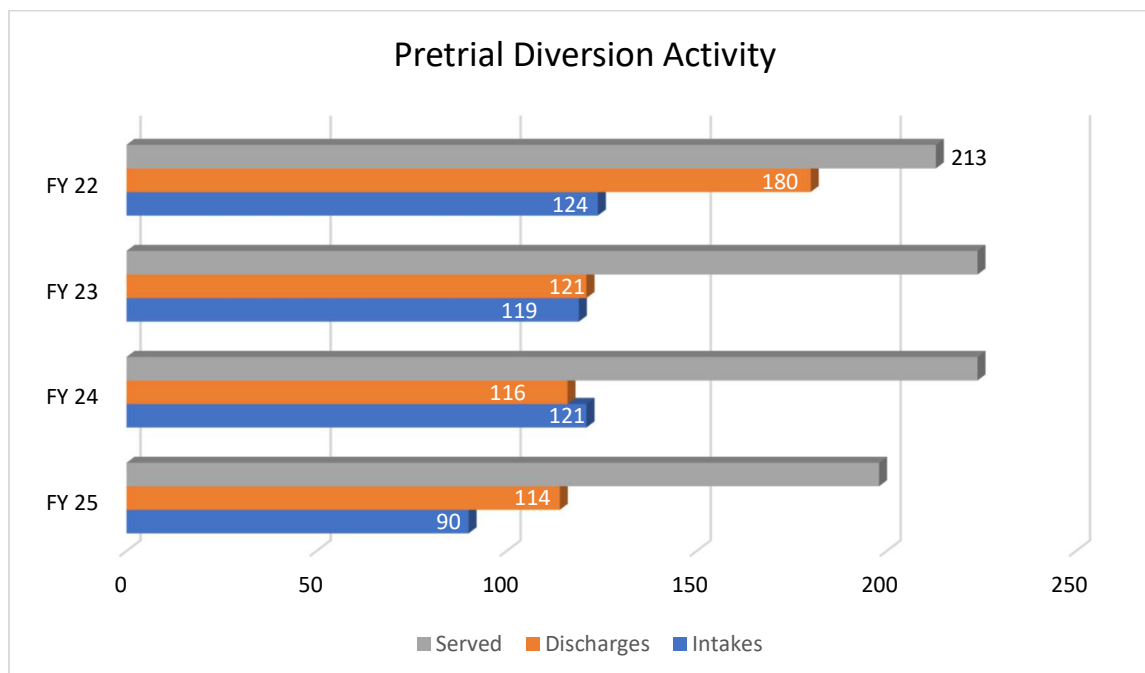
# PRETRIAL DIVERSION

The Adult Probation Pretrial Diversion caseload consists of individuals who have been granted the opportunity to avoid formal conviction by successfully completing a structured supervision program prior to adjudication. This caseload is designed to promote accountability while offering participants a second chance through compliance with court-ordered conditions.

Individuals assigned to pretrial diversion typically present with varying levels of risk and need, often including first-time or low-to-moderate risk offenders. Supervision focuses on ensuring compliance with program requirements such as regular reporting, substance abuse testing, participation in counseling or treatment programs, restitution payments, community service, and maintaining lawful behavior.

The Pretrial Diversion Caseload Manager uses evidence-based practices to assess risk, address criminogenic needs, and support behavioral change. Emphasis is placed on early intervention, consistent monitoring, and collaboration with community resources to reduce recidivism and improve long-term outcomes.

Successful completion of the pretrial diversion program results in dismissal of charges or reduced legal consequences, while failure to comply may result in prosecution or reinstatement of court proceedings. Overall, the pretrial diversion caseload plays a critical role in reducing court congestion, promoting rehabilitation, and enhancing public safety through structured supervision and support.

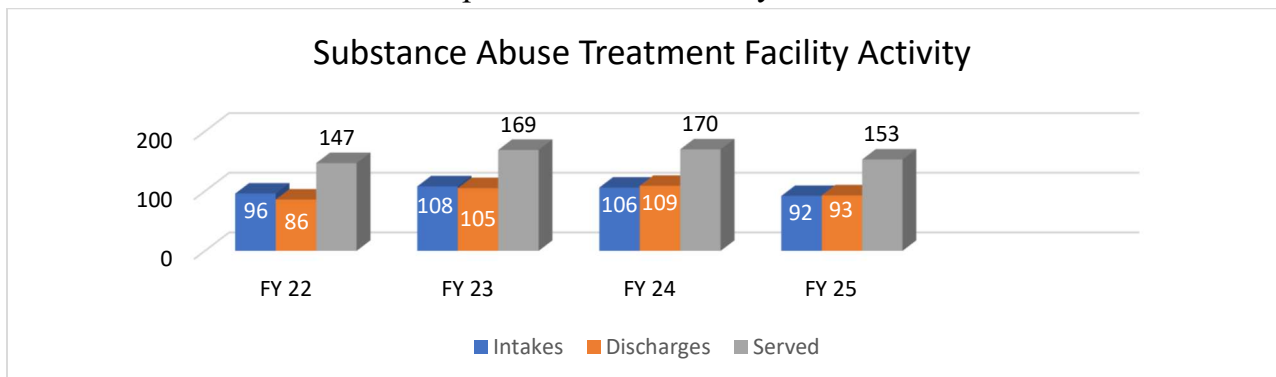


# SUBSTANCE ABUSE TREATMENT FACILITY

The mission of the Taylor County Substance Abuse Treatment Facility is to teach recovery, rehabilitation and relapse awareness to defendants in order to allow them the opportunity to gradually reintegrate into the community as a responsible sober citizen.

The Program addresses responsivity by determining the resident’s risk and needs and providing class instruction or group counseling in areas of the identified risk and need. The program is 9 months, 6 months treatment and 3 months employment. During the first 6 months, classes are offered in Cognitive Skills Training that incorporate thinking errors, employment skills, financial management, social skills, anger management, family awareness issues, Twelve Step Study and a Substance Abuse curriculum. Defendants are required to attend individual counseling, group counseling, 12 Step groups, and participate in all other classes as identified through assessments. The substance abuse curricula are administered by Licensed Chemical Dependency Counselors. Classes not specified above are as follows:

- ❖ Psychological evaluation (as warranted)
- ❖ Anger Management
- ❖ Employment Education
- ❖ Re-Entry
- ❖ Relapse prevention classes
- ❖ Recreation Time
- ❖ Education evaluation, Adult Basic Education & GED classes
- ❖ Cognitive Behavioral Therapy
- ❖ Family Education
- ❖ Community Service Restitution
- ❖ Referral to service providers as necessary



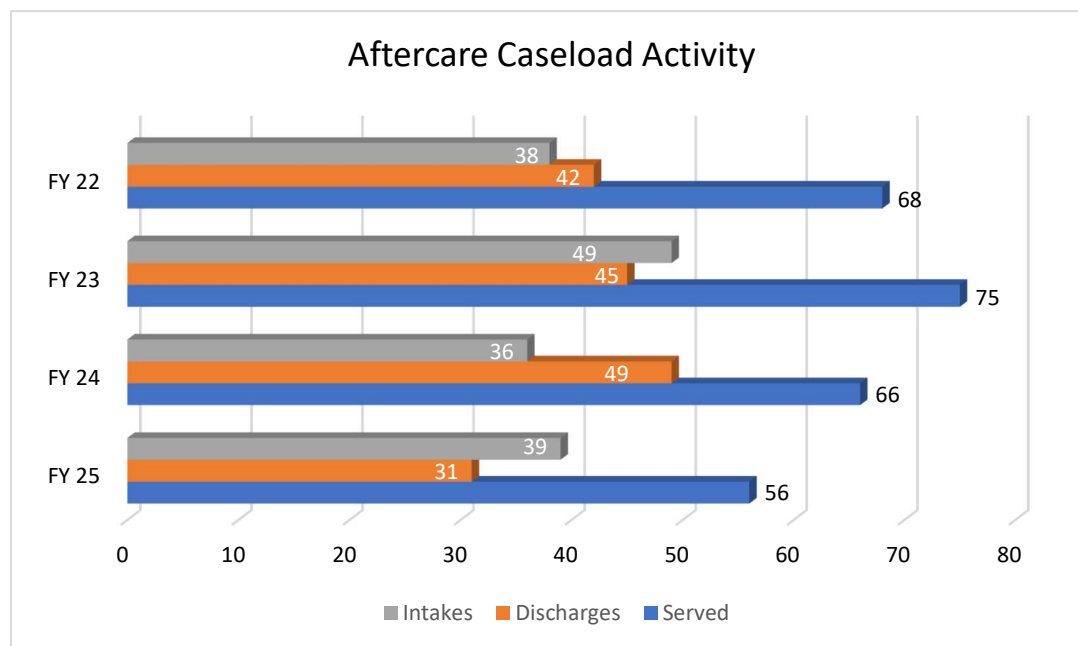
# SUBSTANCE ABUSE TREATMENT FACILITY AFTERCARE CASELOADS

The adult probation substance abuse treatment aftercare caseload consists of individuals who have successfully completed SATF and require structured support and monitoring to maintain sobriety and reduce the risk of relapse. These offenders are typically assessed as moderate to high risk due to their history of substance abuse, criminal behavior, and related criminogenic needs.

The primary focus of aftercare supervision is to reinforce recovery skills, promote accountability, and support long-term behavioral change. Supervision officers work collaboratively with treatment providers to ensure continued participation in outpatient counseling, support groups (such as 12-step programs), and other recovery-oriented services. Regular drug and alcohol testing, home visits, and office check-ins are used to monitor compliance and identify early signs of relapse.

In addition to substance abuse recovery, officers address related needs such as employment, stable housing, mental health, and pro-social support systems. Case plans are individualized and may include cognitive-behavioral interventions, relapse prevention strategies, and referrals to community resources.

The overall goal of an aftercare caseload is to help individuals sustain sobriety, reduce recidivism, and successfully reintegrate into the community by maintaining a balanced approach of supervision, treatment engagement, and support.



# OUTPATIENT SUBSTANCE ABUSE COUNSELING PROGRAM

The program is designed to divert offenders needing outpatient substance abuse treatment from the Texas Department of Criminal Justice Institutional Division to the community in a controlled setting. This program's purpose is also designed to enhance supervision, assisting in the facilitation of the protection of society and rehabilitation of the defendant.

This outpatient substance abuse treatment helps meet the obvious needs of the defendants, enhancing supervision/case management and increasing the likelihood of successful completion of community supervision. The goals are to: 1) achieve a drug-free lifestyle; 2) improve the level of psychosocial functioning; 3) increase social productivity, and 4) eliminate behaviors that result in legal problems. These goals will be achieved through providing the participants with skills that will enable them to attain a drug-free lifestyle, appropriate psychosocial functioning, increased social productivity, and prevent recidivism.

**Phase I: Addictive Process History and Education** – Offenders will identify the impact chemical use/abuse has had on their life by completing a timeline on the history of their drug use, starting with age and drug at first use until present. The timeline will also include convictions and other significant life events. Offenders will be able to see the progression and unmanageability of their chemical use; identify their drug of choice.

**Phase II:** To include Relapse Prevention Strategies developed by Terrence Gorski, CENAPS, using his *Staying Sober* developmental model of recovery.

**Phase III:** Aftercare – To include peer support groups, AA/NA meetings, Process Groups and Goal Setting groups/follow-up.

AA and NA meeting attendance will be required in all phases.

The Outpatient Substance Abuse Counseling Program also includes:

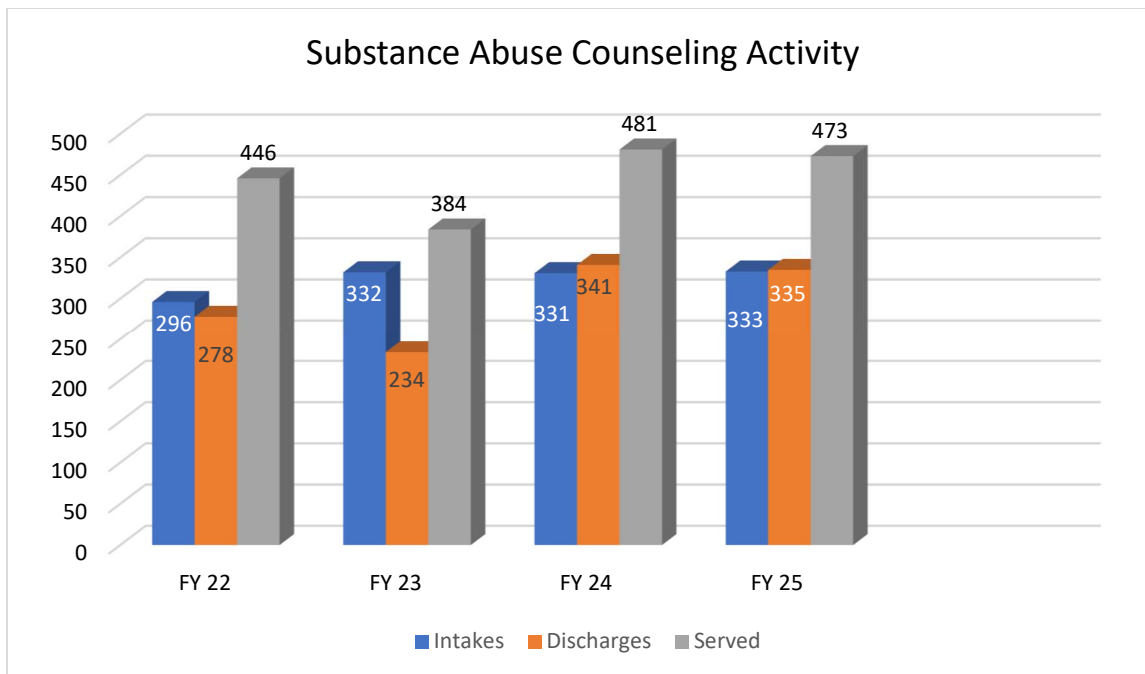
**Twelve Step Mapping** – Mapping Your Steps provides mapping templates for helping offenders work the 12-step program and contemplate the deeper, personal relevance of each step. The maps encourage reflection and serious consideration of the foundational ideas of 12-step programs such as powerlessness, making amends and helping others.

**Process and Accountability Group** – An experience designed to help offenders identify and learn more about their feelings and thoughts, and how these affect behavior. Provides offenders with a time and place to learn more about how to appropriately express their feelings and thoughts, gain awareness of specific attitudes and behavior patterns through the use of self- disclosure, peer feedback and confrontation.

**Cognitive Process and Intervention** – Introduction to Corrective Thinking through the use of identifying thinking errors and the offenders use of tactics to avoid taking responsibility for their behavior and the need to change. Adapted from the work of *Stanton E. Samenow, Ph.D., Profile for Change*.

**Goal Setting/Goal Wrap Up** – Didactic information on goal setting and goal wrap up to prepare the offender for Relapse Prevention Planning in phase II.

**Family Program** – A monthly group process including family members or significant others having influence on the offender’s behavior and help to reduce the risk of relapse.



# SEX OFFENDER COUNSELING

This in-house counseling service targets offenders who are supervised on the sex offender caseload and are court ordered to therapy. This program's purpose is the enhancement of supervision, assisting in the facilitation of the protection of society and rehabilitation of the defendant.

Attitudinal and behavioral conflict, opposite the norms of society, represent one of our jurisdiction's major problems. Professional counseling/therapy is the means by which the probationers can obtain the dynamics to become reality oriented and appropriately functional. The prudent and cost-effective solution to the problem is to provide a resource to meet the needs of the offenders by employment of the in-house therapist (LPC, RSOTP). The therapist provides the environment for the defendants to address the problems that contribute psychologically and socially to their inappropriate behavior. This is done through psychological testing/profiling, counseling/therapy, and on-going treatment. The therapist staffs the cases with the supervision officers on a bi-monthly basis and provides written progress reports. The information is incorporated into the case classification supervision plans.

There are three assessment instruments the sex offender counselor uses to assess the offenders placed in sex offender counseling.

- The Multiphasic Sex Inventory-II (MSI-II), if required, is the first assessment instrument scheduled for the sex offender who enters the treatment program. It consists of a self-report, written or audio taped evaluation of the offender's specific socio-sexual behaviors and beliefs.
- The ABEL assessment, if required, is the second assessment scheduled for the sex offender. The assessment is designed to profile specific age group, gender, and sexual behaviors, which are most sexually arousing to the sex offender. It is also useful in measuring treatment progress for pedophiles and rapists, and is sometimes required of other sex offenders as deemed necessary.
- The polygraph is administered to assure honesty and truth in treatment and/or aftercare of the sex offender. All sex offenders classified as Phase 4 Aftercare are polygraphed once annually. Sex offenders classified as exceptionally high-risk may be polygraphed twice annually, or as deemed necessary.

## TREATMENT

It is important to note that underlying this treatment program are several concepts and ideas that preclude the acceptance of any deterministic theories of behavior and personality.

- A. Methods of treatment are designed around Cognitive/Behavioral theory and the philosophy of Personal Responsibility. Taking responsibility for one's own decision and consequences is absolutely essential to progressing through treatment. Also included is cognitive restructuring, relapse prevention, theories of addiction, and techniques of Reality Therapy.
  
- B. Treatment is presented in 3 phases designed to show progress and allow each sex offender to calculate at any given time his/her expected completion date.
  - 1. Phase 1 consists of 10 units of written work and requires approximately 106 clock hours to complete. At this point, the sex offender is required to attend treatment weekly. As a guide, the sex offender is allowed 1 calendar year from his date of entry into treatment to complete Phase 1 requirements. If he/she is not able to complete the work required in a calendar year, the supervision officer will follow-up and take appropriate action.

Should there be legitimate extenuating or unavoidable negative circumstances whereby the sex offender is absolutely unable to complete the work within the prescribed year; appropriate allowances can be made as necessary.
  - 1. Phase 2 consists of approximately 50 clock hours of group process. The sex offender is required to attend weekly until he accumulates these hours, at which time he will progress to Phase 3.
  - 2. Phase 3 consists of approximately 24 clock hours of group process. The sex offender is required to attend treatment every other meeting until he/she accumulates the required number of hours and satisfied all treatment goals at which time he/she will have completed the sex offender treatment.
  
- C. Sex offenders who have successfully completed all phases will be automatically enrolled in Phase 4 aftercare. Completion of clock hours and work assignment in each phase does not automatically constitute advancement to the next phase. The staff therapist reserves the right to hold and/or amend participation in any phase.

D. The sex offenders are encouraged to raise and process personal issues as necessary. They are to report to the group any deviant impulses they've experienced, and any high-risk situations they may have experienced. They are to inform the group how they conducted their behavior to avoid reoffending. Transfer-in sex offenders, who have completed treatment or have been court ordered, will be enrolled in this Phase.

