



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-181000 Sex Offender Treatment Programming	Issued: 5/20/02 Effective: 5/20/02	Reviewed: 12/6/23 Revised: 12/6/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended
- B. Policy *CD-010100*
- C. Policy *CD-082801*

## REFERENCES:

- A. ACA Standards 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2<sup>nd</sup> Edition.
- B. ACA Expected Practice 5-3D-4281-4, *Performance Based Expected Practices for Adult Correctional Institutions*, 5<sup>th</sup> Edition.
- C. *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers*, Beaverton, OR, 2005.
- D. *Starting Over*, Federal Bureau of Prisons, 2004.
- E. *A New Direction: Release & Reintegration Preparation*, Hazelden, 2002
- F. *Free Your Mind: Sexual Offending and Related Behaviors*, Dr. Paula Smith, 2022.

## PURPOSE:

To enhance public safety by providing sex offenders with cognitive-behavioral sex offender treatment programming designed to facilitate pro-social behaviors and halt criminal sexual behaviors.

## APPLICABILITY:

All custody and program staff assigned to work with, administer, or supervise NMCD and contract facilities sex offender treatment programs including residential programs designed as Community Reintegration Units (CRU) or Sex Offender Treatment Programs (SOTP). All inmates assigned to participate in the CRU Programming or SOTP.

## FORMS:

- A. **CRU Agreement to Participate** form (*CD-181001.1*) (2 pages)
- B. **SOTP Agreement to Participate** form (*CD-181001.2*) (2 pages)
- C. **SOTP or CRU Refusal to Participate** form (*CD-181001.3*)
- D. **SOTP or CRU Limits of Confidentiality** form (*CD-181002.1*)
- E. **SOTP or CRU Clinical Assessment** form (*CD-181002.2*)
- F. **CRU Treatment Plan** (*CD-181002.3*)

- G. **CRU Monthly Progress Report** form (CD-181002.4)
- H. **CRU Treatment Summary** form (CD-181002.5)
- I. **CRU Pre-Treatment Treatment Plan** form (CD-181002.6)
- J. **CRU Post-Treatment Treatment Plan** form (CD-181002.7)
- K. **SOTP Treatment Plan** (CD-181002.8)
- L. **SOTP Monthly Progress Report** form (CD-181002.9)
- M. **SOTP Treatment Summary** form (CD-181002.10)

#### **ATTACHMENTS:**

- A. **CRU Documentation Requirements** Attachment (CD-181002.A)
- B. **SOTP Documentation Requirements** Attachment (CD-181002.B)

#### **DEFINITIONS:**

- A. Central Bureau of Classification: Classification specialists assigned to the central office Adult Prisons Division who possess advanced understanding of NMCD classification.
- B. CRU Manager: The CRU Manager is responsible for the overall integrity and administration of the CRU and the supervision of the CRU behavioral health services program staff.
- C. CRU Program Staff: Behavioral Health Services staff assigned to provide the sex offender treatment and program services including substance abuse education at the CRU.
- D. Community Reintegration Unit (CRU): The CRU program is an intensive treatment program for sex offenders, based upon a cognitive-behavioral and relapse prevention model.
- E. SOTP Director: The SOTP Director is responsible for the overall integrity and administration of the SOTP and the supervision of the SOTP staff.
- F. SOTP Program Staff: Behavioral Health staff assigned to provide the sex offender treatment and program services including substance abuse education at the SOTP correctional facility
- G. Sex Offender Treatment Program (SOTP): The SOTP is an intensive, cognitive-behavioral treatment program for individuals convicted of a sexual offense.
- H. Static 2002-R: The Static 2002-R an actuarial sex offender risk assessment instrument designed to assess sexual recidivism using static risk factors.
- I. STABLE 2007: The STABLE 2007 is a 13-item dynamic risk assessment that predicts risk for re-offense in adult males convicted of a sexual offense.

#### **POLICY: [2-CO-4E-01]**

- A. The New Mexico Corrections Department (NMCD) will organize, implement, supervise and oversee sex offender treatment programs including residential sex offender treatment programs

in designated public and private prison facilities. The sex offender treatment programs will enhance public safety by providing treatment programming designed to facilitate offender pro-social behaviors and halt offender criminal sexual behaviors.

- B. Inmates identified as moderate to high-risk with a history of sexually assaultive behavior are assessed by a behavioral health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled. **[5-3D-4281-4]**



# NEW MEXICO CORRECTIONS DEPARTMENT

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CD-181001 Sex Offender Treatment Program / Community Reintegration Unit, Selection and Assignment Process	Issued: 5/20/02 Effective: 5/20/02	Reviewed: 12/6/23 Revised: 12/6/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-181000*

## PROCEDURES:

### A. Selection Criteria for Sex Offender Treatment Program (SOTP) or Community Reintegration Unit (CRU):

1. An inmate must be convicted of a sex offense(s) including, but not limited to: Criminal sexual penetration in the first, second, third or fourth degree; Criminal sexual contact of a minor in the third degree; and Sexual exploitation of children (30-6A-3, (B, C, D). This includes serving any sentence that is concurrent to a sex offense, consecutive to a sex offense or a sentence to which a sex offense is consecutive. Inmates with other offenses may be considered for sex offender treatment on a case-by-case basis.
2. Eligible inmates with the earliest projected prison release date shall be given priority for placement into the SOTP or CRU.
3. The inmate must be psychologically stable to participate in and benefit from the program.

An inmate must have been approved for placement at the SOTP or CRU facility by the Central Bureau of Classification (CBC).

### B. Referral Process:

1. The SOTP Director or CRU Manager, or designee develops and maintains a list of inmates initially eligible for the program based on the following:
  - a. Needs assessments and treatment plans.
  - b. Court recommendations.
  - c. Inmate requests.
2. Inmates who have been identified as being eligible for transfer to the SOTP or CRU program will be processed in accordance with the procedures outlined in policy *CD-080100* Institutional Classification.

3. The SOTP Director or CRU Manager will work with CBC to validate and refine the list of inmates eligible to be transferred and assigned to the designated program and maintain a waiting list for placement upon eligibility and space availability.

**C. Assignment to SOTP OR CRU and Consequences of Refusal:**

1. At the classification committee assigning the inmate to the SOTP or CRU the inmate will be informed about the purpose of the program and will be required to review and complete the **SOTP OR CRU Agreement to Participate** form (*CD-181001.1 or CD-181001.2*) and the **SOTP OR CRU Limits of Confidentiality** form (*CD-181002.1*).
2. If the inmate refuses to accept the assignment they will be informed of the consequences of not actively participating in the assigned program and will be asked to sign the **SOTP OR CRU Refusal to Participate** form (*CD-181001.3*).
3. If an inmate refuses to participate in the SOTP or CRU Program they may receive a misconduct report through the disciplinary process outlined in policy *CD-090100* Inmate Discipline and will not be eligible to earn good time.
4. The inmate will be terminated from good-time earning status pursuant to the applicable NMCD good time policy (*CD-080200; CD-080400; or CD-080600*).
5. An inmate who has been terminated from good time earning status will be ineligible for reinstatement until the inmate agrees to participate in the SOTP or CRU Program and is approved through the classification process.



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
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CD-181002 Sex Offender Treatment Program / Community Reintegration Unit Program Details	Issued: 5/20/02 Effective: 5/20/02	Reviewed: 12/6/23 Revised: 12/6/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-181000*

## PROCEDURES: [2-CO-4E-01]

### A. Program Locations:

1. The SOTP and CRU programs may be located at NMCD or contract facilities. The Secretary or designee will approve the facilities that will offer the program.
2. The approved facilities will have housing units dedicated to the exclusive use of the SOTP or CRU. Vacant beds in the specialized housing units may be filled with inmates on the waiting list for the program or with program mentors, tutors, or translators who are assigned by classification.

### B. Confidentiality:

1. Inmates participating in the SOTP or CRU programs will be required to divulge the totality of their deviant sexual history and sex offending behavior. This information will be considered confidential and privileged according to New Mexico Law. Program staff shall inform inmates they will not be required to divulge this information in such a way as to identify a particular victim, disclose a specific crime by date or location, disclose details of a crime they have not been convicted of, or otherwise provide information that would identify a specific event.
2. If the inmate voluntarily provides this information it will be reported by the receiving staff member to the CRU Manager or SOTP Director, who will disclose the information to the appropriate authority to include but not limited to facility warden, law enforcement officials, Children Youth and Families Department for child victims, or Aging and Long Term Services Department for adult victims.
3. Information that should be reported will include, but is not limited to:
  - a. Disclosure of any information that represents a threat to the safety or security of the institution
  - b. Disclosure of any information that represents a threat to self or to others

- c. Voluntary disclosure of any specific information indicating that a child is abused or neglected or indicating that an incapacitated or elderly adult is being abused, neglected or exploited
  - d. Disclosure of any specific information indicating that the inmate has participated in a crime to include but not limited to additional victims
- 2. All inmates assigned to the SOTP or CRU will receive a written statement regarding the limits of confidentiality. Participants will be required to review and sign the **SOTP or CRU Limits of Confidentiality** form (*CD-181002.1*), acknowledging that they understand.
- 3. Information regarding risk for recidivism will be provided to the New Mexico Parole Board and the NMCD Probation and Parole Division and potential outpatient treatment providers upon request and may include, but are not limited to the following:
  - a. Results of risk assessment instruments such as the Static 2002R;
  - b. Results from any other assessment instruments that have been deemed necessary for program participation by the Statewide Behavioral Health Authority;
  - c. Recommendations for continued sex offender programming upon release, including CRU treatment summary and relapse prevention plan.

**C. CRU Pre-Treatment Program:**

- 1. Inmates begin participating in Pre-Treatment upon assignment to the CRU and stay in Pre-Treatment until the next available treatment cohort enters the CRU Program. There is no minimum or maximum amount of time that an inmate can spend in Pre-Treatment.
- 2. The CRU Pre-Treatment helps inmates start making a commitment to treatment and positive behavior change. The approach is based on motivation strategies, self-responsibility and structured self-exploration. This is done with a combination of classroom work and self-paced workbook assignments.

**D. CRU Treatment Program:**

The CRU Treatment Program will consist of three distinct mandatory phases of approximately 4 months each: Beginning Phase; Intermediate Phase; and Advanced Phase. An additional optional phase is offered for those identified as having a substance abuse disorder: CRU Substance Abuse Treatment. The procedures, guidelines and curriculum for these programs will be followed by CRU program staff as stated in the *Responsible Living: A Sex Offender Treatment Program*, Medlin Training Institute, Julie C. Medlin, PhD, Stockbridge, GA, 1998. This program will be referred to as the **Responsible Living Program**. The following elements of the **Responsible Living Program** will not be used in the CRU Programs: 1) Polygraphs, 2)

Penile Plethysmographs. Further modifications to this program must be approved by the Statewide Behavioral Health Authority or designee.

1. **Beginning Phase (Responsibility Taking and Behavioral Techniques Modules):**
  - a. Purpose: The main focus of the Beginning Phase will be to begin confronting the inmate's denial and minimization of their crime of conviction, to learn and practice behavioral methods of reducing stress and controlling impulses, and to help them look at criminal attitudes and thinking that led to criminal behaviors.
  - b. Required Program Activities: This program generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Offense Summary, Offense Cycle, and Covert Sensitization Script).
  - c. Requirements for Completion of The Beginning Phase: A participant shall have completed the Beginning Phase when they have taken responsibility for at least some of their sex offense conviction(s), have shown the motivation and willingness to change behaviors and attitudes associated with their sex offense and has shown progress in identifying criminal thinking and attitudes that contributed to their offending. They must have completed all treatment goals for Modules 1 and 2 as listed on the **CRU Treatment Plan** form (*CD-181002.3*).
  - d. Remedies If A Module Isn't Completed On Time: For participants who do not complete all Treatment Goals on their treatment plan for each module within the specified time-frame, the CRU Manager shall determine the appropriate course of action to include the following: allowing the participant into the next module while working on the uncompleted; not passing the participant into the next treatment module and placing the inmate on a behavior contract; or removing the inmate from the program for failure to participate.
2. **Intermediate Phase (Emotional Well-Being and Victim Empathy Modules):**
  - a. Purpose: The participant will develop an understanding of healthy emotional well-being, how to express feelings in a healthy way, and develop an understanding of how sexually abusive behaviors affect victims.
  - b. Required Program Activities: The Intermediate Phase generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Autobiography and Victim Scrapbook).
  - c. Requirements for Completion of the Intermediate Phase: The inmate must have completed all treatment goals for Modules 3 and 4 as listed on the **CRU Treatment Plan** form (*CD-181002.3*).

3. Advanced Phase (Anger Management, Sex Education, and Relapse Prevention Modules):
  - a. Purpose: The participant will learn the relationship between anger and sexual offending and different techniques for managing anger, understand what is involved in a healthy sexual relationship, recognize false sexual beliefs, and identify the elements of a successful relapse prevention plan.
  - b. Required Program Activities: The Advanced Phase generally lasts 4 months. The participant will be required to attend all psycho-educational groups, complete all homework assignments, and complete major projects (Anger Journal, Sexual Development Comparison, and Relapse Prevention Plan).
  - c. Requirements for Completion of the Advanced Phase: The participant must show continued progress intervening on offense cycle behaviors and update their relapse prevention plan as required. They must also have completed a realistic release plan. They must have satisfactorily completed all goals identified on their **CRU Treatment Plan** form (*CD-181002.3*).
4. Requirements for Successful Completion of the CRU Program:
  - a. Successful completion of all Program Modules.
  - b. Recommendation of the treating CRU Counselor(s) and the CRU Manager.

**E. CRU Post-Treatment Program:**

1. Inmates begin participating in Post-Treatment upon completion of the CRU Treatment Program and stay in Post-Treatment until released from prison or transferred from the CRU. There is no minimum or maximum amount of time that an inmate can spend in Post-Treatment.
2. CRU Post-Treatment provides additional help for CRU Program graduates in preparing for release from prison and reintegration into the community. Topics include setting goals, making plans for a new life, finding employment and a place to live, budgeting, developing a support system, healthy use of spare time, and recognizing addictive and criminal thought patterns. This is done with a combination of classroom work and self-paced workbook assignments.

**F. CRU Programming and Treatment Documentation:**

1. A **CRU Pre-Treatment Treatment Plan** form (*CD-181002.6*) shall be completed on or before the date the inmate enters Pre-Treatment.
2. A **CRU Clinical Assessment** form (*CD-1810102.2*) shall be completed within 28 days from their assignment into the Beginning Phase.

3. The **CRU Treatment Plan** form (*CD-181002.3*) will be started when the inmate enters the Beginning Phase. This plan incorporates learning objectives and objective standards for each of the 7 modules in the Medlin Curriculum. Treatment Plan Compliance will be assessed on an ongoing basis throughout the time the inmate is enrolled in programming.
4. **CRU Monthly Progress Report** form (*CD-181002.4*) shall be completed for each CRU participant on a monthly basis.
5. A **CRU Post-Treatment Treatment Plan** form (*CD-181002.7*) shall be completed on or before the date the inmate enters Post-Treatment.
6. Prior to the CRU participant being released into the community, the CRU program staff shall complete a **CRU Treatment Summary** form (*CD-181002.5*). Ideally this form shall be completed and submitted and presented at the Reentry Committee. This form shall be made available to the Parole Board, the inmate's parole or probation officer and their outpatient treatment provider upon the inmate's written consent to disclose this information.
7. Behavioral health services, clinical assessments, treatment plans, and treatment reviews for behavioral health treatment issues other than sex offender- specific treatment will be conducted according the NMCD Behavioral Health Policies *CD-180000, CD-180100, and CD-180200*.

**G. SOTP Free Your Mind Orientation:**

1. Inmates begin participating in the Free Your Mind – Orientation module upon assignment to the SOTP . The Orientation module consists of six sessions and will be offered to all SOTP participants. The group is held twice per week for 90-minute sessions. The group is required for anyone participating in other Free Your Mind modules. Ideally, the module will last approximately three weeks.
2. The Free Your Mind – Orientation module helps inmates make a commitment to treatment and positive behavior change. The approach is based on motivation strategies, self-responsibility and structured self-exploration. This is done with a combination of group work and self-paced assignments.

**H. SOTP Treatment Program:**

The SOTP Treatment Program will use the remaining Free Your Mind modules to address individual needs and prepare individuals for release. The curriculum is designed to be consistent with the Risk, Need, and Responsivity (RNR) framework and the existing evidence on “what works” to reduce institutional misconduct specifically. Using a variety of cognitive-behavioral techniques to teach new skills, the curriculum is a problem-focused and action-oriented treatment to help therapists assist participants in developing effective strategies and coping skills to address specific treatment goals related to sexual and related offending

behaviors. It combines both group and individual sessions to engage participants and check on progress related to individual need areas. Group sessions should ideally be no more than 8 to 10 participants with one facilitator, and a maximum of 16 participants with two facilitators. Group sessions are approximately 60 to 90-minutes in length, depending on the module. Individual sessions are designed to last approximately 60 minutes in length.

In addition to the Free Your Mind – Orientation Module, SOTP participants will be required to complete three additional Free Your Mind modules: (1) Core; (2) Sexual Offending and Related Behaviors (SORB); and (3) Success Planning. Individuals who score between moderate and high risk on the actuarial assessments may be offered the supplemental Free Your Mind modules that focus on Anger Control and Mental Toughness (i.e., Antisocial Attitudes). The procedures, guidelines, and curriculum for these modules will be followed by SOTP staff as stated in the Free Your Mind (Dr. Paula Smith, 2022) curriculum series. This program will be referred to as the *Free Your Mind* program. The following elements of the Free Your Mind program will not be used in the SOTP: 1) Polygraphs; 2) Penile Plethysmographs. Further modifications to this program must be approved by the Statewide Behavioral Health Authority or designee.

1. Free Your Mind - CORE:

- a. Purpose: The Core module is intended to reduce the risk of institutional misconduct and post-release recidivism. It is also designed to enhance self-control, life satisfaction and find a sense of purpose. The curriculum content focuses on teaching participants what components are in their control and what things are outside of their control.
- b. Module Structure: Each session is intended to be 60 minutes in length with no more than three sessions provided per week. There are a total of 15 sessions included in this module. Content in this module focuses on clarifying values, using self-control, life experiences, perceptions of situations, emotion regulation, building resilience, problem solving skills, and using self-reinforcement.
- c. Module Length and Completion: Based on the number of sessions and recommended dosage, this module generally lasts 8 weeks. The participant will be required to attend all group sessions, complete all homework assignments, and complete major projects. They must have completed all learning objectives for the FYM Core Module as listed on the **SOTP Treatment Plan** form (*CD-181004.3*).

2. Free Your Mind – Sexual Offending and Related Behaviors:

- a. Purpose: The Sexual Offending and Related Behaviors (SORB) module is designed to focus on building healthy relationships, clarifying values and setting goals, engaging in healthy sexual behaviors, creating a plan to deal with urges, identifying risky situations and thoughts related to sexual offending, and developing coping strategies to deal with future risky situations.

- b. Module Structure: The SORB module is flexible to accommodate individuals (based on sexual offending risk level) and facility structure (with number of sessions). It is ideally run with two, 90-minute sessions per week. It contains a total of 36 group sessions and three, 60-minute individual sessions.
    - c. Module Length and Completion: Based on this structure, the SORB module generally lasts 18 weeks. The participant will be required to attend all group sessions, complete all homework assignments, and complete major projects. The inmate must have completed all learning objectives for FYM SORB Module as listed on the **SOTP Treatment Plan** form (CD-181002.8).
  3. Free Your Mind – Success Planning:
    - a. Purpose: The Success Planning module is designed to understand how life experiences have shaped core beliefs, and how core values impact future behaviors. The sessions also prepare individuals for disclosing personal information to develop healthy relationships with honesty, identifying social supports for positive behavior change, and building a plan to confront risky situations once released.
    - b. Module Structure: There are a total of 8 sessions in the Success Planning module. Each session is designed to last 60 to 90-minutes in length, with one session per week.
    - c. Module Length and Completion: Based on this structure, the Success Planning module usually lasts about 8 weeks, unless the sessions are run more frequently. No more than two sessions should be offered in a given week. The inmate must have completed all treatment goals for the FYM Success Planning Module as listed on the **SOTP Treatment Plan** form (CD-181002.8).
  4. Accelerated SOTP:

An accelerated program within the SOTP will be available for inmates who arrive at the OCPF with a projected release date of 8 months or less. Individuals that fall into this category will be immediately assessed and screened for priority assignment to the program. Treatment will focus on the *Free Your Mind – Orientation Module* and the *Free Your Mind – Sexual Offending and Related Behavior Module*. If there is time remaining following completion of the two modules, additional services may be recommended to better prepare individuals for release.
  5. Requirements for Successful Completion of the SOTP Program:
    - a. Successful completion of all Free Your Mind Program Modules.
    - b. Recommendation of the treating SOTP Counselor(s) and the SOTP Director.

**I. SOTP Programming and Treatment Documentation:**

1. A **SOTP Clinical Assessment** form (*CD-1810102.2*) shall be completed within 28 days from their assignment into the CORE module.
2. The **SOTP Treatment Plan** form (*CD-181002.8*) will be started when the inmate enters the CORE module. This plan incorporates learning objectives and objective standards for each of the 4 principal modules in the Free Your Mind curriculum (CORE, Sexual Offending and Related Behaviors, and Integration) and for each of the supplemental modules (Anger Control, Mental Toughness) that may be recommended based on an inmate's individual risks and/or needs. Treatment Plan compliance will be assessed on an ongoing basis throughout the time the inmate is enrolled in programming.
3. **SOTP Monthly Progress Report** form (*CD-181002.9*) shall be completed for each SOTP participant on a monthly basis.
4. Prior to the SOTP participant being released into the community, the SOTP program staff shall complete a **SOTP Treatment Summary** form (*CD-181002.10*). Ideally this form shall be completed, submitted and presented at the Reentry Committee meeting. This form shall be made available to the Parole Board, the inmate's parole or probation officer and their outpatient treatment provider upon the inmate's written consent to disclose this information.
5. Behavioral health services, clinical assessments, treatment plans, and treatment reviews for behavioral health treatment issues other than sex offender- specific treatment will be conducted according to the NMCD Behavioral Health Policies CD-180000, CD-180100, and CD-180200.

**J. NMCD Security Rules and SOTP OR CRU Program Policies**

1. All participants will adhere to NMCD and facility rules and regulations regarding conduct. Violation of any NMCD, facility or program rules will subject the inmate to removal from the program. The program rules include but are not limited to prohibition of:
  - a. Use of drugs, tobacco or alcohol;
  - b. Violence or threats of violence;
  - c. Stealing;
  - d. Sexual acting out;
  - e. Violations of confidentiality;
  - f. Use of pornography (as defined by NMCD; SOTP OR CRU Treatment Provider's Manual or up to the discretion of the treatment team/program director);
  - g. Disrespectful language or gestures toward staff or other participants;
  - h. Disrespectful language to be used toward the victim(s) of your offense(s).
2. Inmates assigned are required to actively and meaningfully participate in the program and adhere to the following standards:

- a. Follow institutional and program rules;
- b. Participate in community and program activities as scheduled;
- c. Complete all homework in a timely manner;
- d. Discuss specific details of their sex offense crime(s) of conviction;
- e. Acknowledge patterns of deviant sexual thinking, fantasy and behavior;
- f. Complete and cooperate with any sexual history or sexual interest assessments;
- g. Complete and cooperate in the administration of any other assessment processes deemed necessary by the SOTP Director or CRU Manager;
- h. Comply with random drug screens;
- i. Maintain an attitude of seriousness and cooperation with treatment staff;
- j. Take responsibility for sexual offense behaviors for crime(s) of conviction;
- k. Acknowledge that they want to change behaviors and attitudes associated with sex offending and show continued progress in engaging in pro-social behaviors.

**K. Removal from SOTP OR CRU:**

1. An inmate may be removed from the SOTP OR CRU for the following reasons:
  - Refusal to actively participate in the program (see section *CD-181002(N)*)
  - Violation of program rules (see section *CD-181002(N)*),
  - Violation of a Behavior Contract or
  - Violation of any institutional rules or
  - Achievement of maximum program benefit.
2. Progressive disciplinary steps below will be completed before recommending removal from the program:
  - a. Individual Counseling – administered by SOTP OR CRU staff and documented in the Behavioral Health Chart.
  - b. Behavioral Contract – administered by SOTP OR CRU staff at a unit management team meeting and documented in the inmate’s classification File.
3. When the steps above do not resolve the participant’s behavioral issues, the CRU Manager/SOTP Director will initiate a written request to remove the inmate from the program. This request shall be sent to the Classification Supervisor or Unit Manager and shall include documentation of the inmate’s violation of SOTP OR CRU Program policies or institutional rules.
4. Upon receipt of this written request the classification supervisor or unit manager shall schedule the inmate for review by the classification committee.
5. The classification committee shall remove the inmate from the SOTP OR CRU Program and submit a recommendation for transfer to the CBC.

6. Pending the classification action, the inmate may be housed in a location other than the SOTP OR CRU housing unit that is consistent with their classification and security needs.

**L. Consequences of Removal from SOTP or CRU Program for Refusal to Actively Participate**

If an inmate is assigned to the SOTP OR CRU Program and is removed due to violation of this policy, and the inmate has been deemed able to participate in the program; or the inmate refuses to participate in the SOTP OR CRU Program the following will occur:

1. The inmate may receive a misconduct report through the disciplinary process outlined in CD-090100 and will not be eligible to earn good time.
2. The inmate will be terminated from good-time earning status pursuant to the applicable NMCD good time policy (*CD-080200; CD-080400; or CD-080600*).
3. An inmate who has been terminated from good time earning status will be ineligible for reinstatement until the inmate agrees to participate in the SOTP or CRU Program and is approved through the classification process.

**M. Maximum Benefit Derived**

For certain participants with developmental disabilities or intellectual or cognitive limitations where it becomes clinically evident that the participants will no longer benefit from the programming, it may be determined by the SOTP Director or CRU Manager in consultation with the Behavioral Health Authority or Special Education Administrator, that this participant shall be removed from the program. This individual will not be issued a misconduct report for failure to program.

**N. Reinstatement Process**

1. Inmates who have been removed from the program or who have refused to actively participate may reapply in writing after 90 days have passed from the date of removal or refusal.
2. The written request shall be submitted to the SOTP Director or CRU Manager who will review and forward to the classification supervisor to determine if the inmate meets the assignment criteria for the program and if any of the inmate's problem behaviors and/or attitudes have significantly changed to consider if they are appropriate for treatment.
3. A classification committee shall be held.
4. Eligibility for reinstatement of good time shall be handled in accordance to the applicable NMCD good time policy (*CD-080200; CD-080400; or CD-080600*).

**O. Program Completion**

1. Inmates who have completed all program modules of the CRU or SOTP Programs shall be reviewed by the classification committee for transfer to another facility or housing unit within the same facility.
2. At the discretion of the CRU Manager or SOTP Director, there may be certain limited exceptions to this for inmates who provide beneficial services to the designated program including mentoring, tutoring, and translating.

**P. Lump Sum Awards**

Program participants are eligible for lump sum awards in accordance with policy *CD-082800* Lump Sum Awards.



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-181003 Sex Offender Program – Non-CRU and Non-SOTP	Issued: 5/20/02 Effective: 5/20/02	Reviewed: 12/6/23 Revised: 12/6/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

Policy *CD-181000*

## PROCEDURES: [2-CO-4E-01]

### A. Eligibility

An inmate must be convicted of a sex offense(s) including, but not limited to: Criminal sexual penetration in the first, second, third or fourth degree; Criminal sexual contact of a minor in the third degree; and Sexual exploitation of children (30-6A-3, (B, C, D)). This includes serving any sentence that is concurrent to a sex offense, consecutive to a sex offense or a sentence to which a sex offense is consecutive. Inmates with other sex offenses may be considered for sex offender treatment on a case-by-case basis.

### B. Sex Offender Programming

Inmates who reside in restrictive housing or special management facilities or other inmates at level II/III facilities who are not eligible for the SOTP OR CRU, will be offered sex offender treatment, if sufficient behavioral health staff with the requisite skills are available on site. Programming will primarily be workbook-based, using coursework which is approved by the Statewide Behavioral Health Authority. Individual counseling may also be provided by behavioral health counselors who have received training in sex offender-specific programming and treatment.

### C. Program Completion

Inmates completing this workbook program will be eligible to earn a certificate of completion but will not be able to earn a lump sum award.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU Agreement to Participate**

1. I enter into this **Community Reintegration Unit (CRU) Agreement to Participate** with the New Mexico Corrections Department to allow their staff to provide me with treatment services for my sexual offending behavior. I understand that the primary goals of treatment are: (1) to help me reduce my risk to re-offend; and (2) to protect the community from my sexual offending behavior.
2. I agree to be honest and accept full responsibility for my sexual offenses. I understand that successful treatment depends upon full acknowledgement of my sexual offenses.
3. I have read and signed the CRU Limits of Confidentiality Form and I understand the limits of confidentiality.
4. I understand depending on my individualized treatment plan, I will focus on various components of the eight areas as needed: (1) Taking Responsibility; (2) Behavioral Techniques (3) Emotional Well-Being; (4) Victim Empathy; (5) Anger Management; (6) Sex Education (7) Relapse Prevention Plan; and (8) Health and Wellness.
5. I understand that treatment techniques that will be used include talk therapy (primarily in group format), writing, reading, films, psycho-educational classes, and discussions. I understand that neither the polygraph nor plethysmograph will be used in the CRU Program.
6. I understand that I may find certain aspects of my treatment stressful. For example, discussing possibly embarrassing personal issues in treatment may result in my feeling anxious, upset, angry, guilty, ashamed or depressed. I will inform staff if I experience undue stress as a result of any treatment intervention and I understand that treatment will be available if any of these symptoms persist.
7. I understand that I have the right and will have the opportunity to have each treatment method explained to me before being requested to carry out each new treatment method. I understand that I have the right to refuse to participate in any assessment or treatment method. I also understand that if I refuse to participate in one or more assessment or treatment methods, that I may become ineligible to continue treatment. I understand that recent research indicates that sex offenders who have completed specialized sex offender treatment programs have lower sexual recidivism rates than those who do not. I am also aware that the practice of behavioral health treatment is not an exact science and I acknowledge that no guarantees have been made to me about the results of assessments and treatment.

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
CRU Agreement to Participate Form CD-181001.1 (06/09/16)

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**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU Agreement to Participate**

8. I understand that completion of these programs will take approximately 12 months. I understand that this is a Three-phase program which contains 7 distinct core program modules. I understand that in order to graduate from the Treatment Program, I must complete all required treatment goals and successfully complete all required psycho-educational classes.
9. I acknowledge that I have caused harm to my victim(s). I agree to not use derogatory, demeaning or abusive language when discussing my victim and to use only my victim's first name out of respect for their right to privacy. I also understand that for the duration of my treatment I shall have no contact with my victim(s), including third party contact.
10. I agree to follow all CRU Program Rules including but not limited to the following: No use of drugs, alcohol or tobacco; No violence or threats of violence; No stealing; No sexual acting out; No violations of confidentiality; No use of pornography (as defined by the NMCD, CRU Manager and the community); No disrespectful use of language or gestures towards staff or inmates; No disrespectful use of language towards the victim(s).
11. I understand that I may be removed from the CRU Treatment Program for any of the following reasons: (1) Refusal to take responsibility (2) Refusal to actively participate; (3) Receipt of a Misconduct Report for violating NMCD Rules; or (4) Violation of state or federal law. I understand that if I am removed from the CRU program I may not be eligible to receive good-time.

I have read, understand and acknowledge that I am required to follow all conditions listed above regarding my treatment and behavior. I have had all my questions about this Treatment Agreement answered. I have discussed them to my satisfaction by the person in charge of my treatment. By signing this Treatment Agreement, I give voluntary consent to participate in all the above.

Inmate Offender#: \_\_\_\_\_

Inmate: \_\_\_\_\_  
Printed Signature Date

CRU Staff: \_\_\_\_\_  
Printed Signature Date

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**CRU Agreement to Participate**

Form CD-181001.1 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP Agreement to Participate**

1. I enter into this **Sex Offender Treatment Program (SOTP) Agreement** and allow treatment staff to provide me with treatment services for my sexual offending behavior. I understand that the primary goals of treatment are: (1) to help me reduce my risk to re-offend; and (2) to protect the community from my sexual offending behavior.
2. I agree to be honest and accept full responsibility for my sexual offenses and related behavior. I understand that successful treatment depends upon full acknowledgement of my sexual offenses.
3. I have read and signed the SOTP Limits of Confidentiality form and I understand the limits.
4. I understand that depending on my individualized treatment plan, the focus of intervention may include: (1) Identifying risky thoughts and emotions; (2) Developing coping skills and self-control; (3) Establishing personal values and priorities to drive behavior; (4) Considering how others are impacted by my behavior and how they may influence my decisions; (5) Understanding what things are in my control; (6) Building healthy interpersonal relationships; and (7) Learning differences between healthy and unhealthy sexual behaviors.
5. I understand that treatment techniques that will be used include cognitive-behavioral interventions, cognitive restructuring, structured skill building, emotion regulation, problem solving, mindfulness-based strategies, and motivational engagement. I understand that neither the polygraph nor plethysmograph will be used in the SOTP.
6. I understand that I may find certain aspects of my treatment stressful. For example, discussing possibly embarrassing personal issues in treatment may result in me feeling anxious, upset, angry, guilty, ashamed or depressed. I will inform staff if I experience undue stress as a result of any treatment intervention and I understand that treatment will be available if any of these symptoms persist.
7. I understand that I have the right and will have the opportunity to have each treatment method explained to me before being requested to carry out each new treatment method. I understand that I have the right to refuse to participate in any assessment or treatment method. I also understand that if I refuse to participate in one or more assessment or treatment method, that I may become ineligible to continue treatment. I understand that recent research indicates that men who have completed specialized sexual offending treatment programs have lower sexual recidivism rates than those who do not. I am also aware that the practice of behavioral health treatment is not an exact science and I acknowledge that no guarantees have been made to me about the results of assessments and treatment.

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
SOTP Agreement to Participate Form CD-181001.2 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP Agreement to Participate**

8. I understand that completion of these programs may take approximately 37 weeks to complete, with the option to recommend additional services based on needs from assessment. I understand that there are four modules to complete. I understand that to graduate from the Treatment Program, I must complete all required treatment goals and successfully compete all required psycho-educational classes.
9. I acknowledge that I have caused harm to my victim(s). I agree to not use derogatory, demeaning or abusive language when discussing my victim and to use only my victim's first name out of respect for their right to privacy. I also understand that for the duration of my treatment I shall have no contact with my victim(s), including third party contact.
10. I agree to follow all SOTP Rules including but not limited to the following: No use of drugs, alcohol or tobacco; No violence or threats of violence; No stealing; No sexual acting out; No violations of confidentiality; No use of pornography (as defined by the NMCD, SOTP Director and the community); No disrespectful use of language or gestures towards staff or inmates; No disrespectful use of language towards the victim(s).
11. I understand that I may be removed from the SOTP for any of the following reasons: (1) Refusal to take responsibility (2) Refusal to actively participate; (3) Receipt of a Misconduct Report for violating NMCD Rules; or (4) Violation of state or federal law. I understand that if I am removed from the SOTP program I may not be eligible to receive good-time.

I have read, understand and acknowledge that I am required to follow all conditions listed above regarding my treatment and behavior. I have had all my questions about this Treatment Agreement answered. I have discussed them to my satisfaction with the person in charge of my treatment. By signing this Treatment Agreement, I give voluntary consent to participate in all the above.

Inmate Offender#: \_\_\_\_\_

Inmate: \_\_\_\_\_  
Printed Signature Date

SOTP Staff: \_\_\_\_\_  
Printed Signature Date

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**SOTP Agreement to Participate**

Form CD-181001.2 (11/14/23)





**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP or CRU Clinical Assessment**

Initial:       Reassessment:       Reason:

Name:                      Age:                      DOB:                      Sex:                      Race/Ethnicity:

Presenting Problem and Description of Clinical Signs and Symptoms:

Mental Status Examination:

**Appearance/Behavior:**

**Orientation:**

**Speech:**

**Memory:**

**Mood/Affect:**

**Cognition:**

**Other MSE factors:**

Current or Most Recent Mental Health/Psychiatric/Medical Diagnosis and Treatment:

Substance Abuse /Dependency History Including Treatment:

Prior Mental Health Treatment/Counseling and Prior Psychiatric Treatment:

Psycho-Social History:

Legal/Criminal History:

Special Considerations:

History of Suicidal Attempts/Gestures/Self-Harm:

History of Homicide or Violence towards Others:

History/Current Sexual Offenses:

History of Being Sexually Victimized:

History of Mental Retardation or Developmental Disorder:

History of Brain Injury and/or Neurological Disorder:

Psychological/Neurological Testing Results and/or Recommendations:

STATIC – 2002R:

Other Diagnostic/Treatment Consultations:

Summary/Clinical Impressions:

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP or CRU Clinical Assessment**

DSM-5 Diagnosis (Including Codes):

Treatment Recommendation:

_____	_____	_____
<b>Clinician (Printed/Typed Name)</b>	<b>Clinician Signature</b>	<b>Date</b>
_____	_____	_____
<b>Clinical Supervisor (Printed/Typed Name)</b>	<b>Clinical Supervisor Signature</b>	<b>Date</b>

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**SOTP or CRU Clinical Assessment** Form CD-181002.2 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**

**CRU TREATMENT PLAN**

**Participant:** \_\_\_\_\_

**Cohort:** \_\_\_\_\_

***Module #1 - Responsibility Taking***

**(A) Learning Objectives:**

\_\_\_\_\_ I admit to my offense & all of the details in my victim(s) statement(s).

\_\_\_\_\_ I take full responsibility for my offending.

\_\_\_\_\_ I can identify my "thinking errors."

\_\_\_\_\_ I can identify the fantasy and planning involved in my offending.

\_\_\_\_\_ I can identify my offense cycle and "red flags."

**(B) Objective Standards...** I completed my major projects:

\_\_\_\_\_ Offense Summary

\_\_\_\_\_ Offense Cycle

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Module #2 - Behavioral Techniques***

**(A) Learning Objectives:**

\_\_\_\_\_ I recognize my "thinking errors" that encourage deviant behavior.

\_\_\_\_\_ I know how to correct my "thinking errors."

\_\_\_\_\_ I know the difference between a thought and feeling.

\_\_\_\_\_ I understand the relationship between perceptions, thoughts, feelings and behaviors.

\_\_\_\_\_ I know how to stop unhealthy or deviant thoughts by using thought-stopping techniques.

\_\_\_\_\_ I know how to stop unhealthy or deviant thoughts by using covert sensitization.

\_\_\_\_\_ I have decreased my deviant sexual arousal.

\_\_\_\_\_ I have increased my sexual arousal to appropriate themes.

\_\_\_\_\_ I know how to use imagery and relaxation.

**(B) Objective Standards...** I completed my major project:

\_\_\_\_\_ Covert Sensitization Script

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Module #3 - Emotional Well-Being***

**(A) Learning Objectives:**

\_\_\_\_\_ I know the difference between a healthy family and an unhealthy family.

\_\_\_\_\_ I am aware of the role I played within my family.

\_\_\_\_\_ I have examined the hurts, losses, or traumas I suffered in childhood.

\_\_\_\_\_ I understand how and why people develop addictions.

\_\_\_\_\_ I understand the concept of codependency.

\_\_\_\_\_ I have grieved and healed from my childhood traumas.

\_\_\_\_\_ I know how to express my feelings in a healthy way.

**(B) Objective Standards...** I completed & presented my major project:

\_\_\_\_\_ My Autobiography

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**CRU Treatment Plan**

Form CD-181002.3 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**

**CRU TREATMENT PLAN**

*Module #4 - Victim Empathy*

**(A) Learning Objectives:**

- \_\_\_\_\_ I understand how sexually abusive behaviors affect victims.  
\_\_\_\_\_ I understand how a lack of empathy contributed to my offending.  
  
\_\_\_\_\_ I have identified the immediate and long-term effects of my offending on my victim(s).  
\_\_\_\_\_ I have gained some empathy for my victim.

**(B) Objective Standards....** I completed & presented my major project:

\_\_\_\_\_ Victim Scrapbook  
Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

*Module #5 - Anger Management*

**(A) Learning Objectives:**

- \_\_\_\_\_ I know the different stages of anger.  
\_\_\_\_\_ I understand how anger is related to sexual offending.  
\_\_\_\_\_ I can recognize the early signs that I am starting to get angry.  
\_\_\_\_\_ I can manage my anger by using assertiveness skills.  
\_\_\_\_\_ I can manage my anger by using relaxation techniques.  
\_\_\_\_\_ I can manage my anger by using cognitive restructuring.

**(B) Objective Standards....** I completed & presented my major project:

\_\_\_\_\_ Anger Journal  
Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

*Module #6 - Sex Education*

**(A) Learning Objectives:**

- \_\_\_\_\_ I understand sexual anatomy and sexual development.  
\_\_\_\_\_ I can recognize false sexual beliefs and myths.  
\_\_\_\_\_ I am aware of what is involved in a healthy sexual relationship.  
\_\_\_\_\_ I understand how to practice "safe sex."  
\_\_\_\_\_ My partner is aware of my sexual offending and my risk for re-offending.  
\_\_\_\_\_ Following my release, my partner plans to attend counseling sessions with me to learn about my sexual deviancy problem.

**(B) Objective Standards....** I completed & presented my major project:

\_\_\_\_\_ Sexual Development Comparison  
Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
CRU Treatment Plan Form CD-181002.3 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**

**CRU TREATMENT PLAN**

*Module #7 - Relapse Prevention*

**(A) Learning Objectives:**

- \_\_\_\_\_ I recognize that I am at risk for re-offending.
- \_\_\_\_\_ I can recognize when I am slipping back into my offense cycle.
- \_\_\_\_\_ I know how to stop my offense cycle.
- \_\_\_\_\_ I can identify my high-risk factors.
- \_\_\_\_\_ I know how to avoid and escape high-risk factors.
- \_\_\_\_\_ I can identify lapses.
- \_\_\_\_\_ I have built a support network to help me not re-offend.
- \_\_\_\_\_ I have developed a healthy, balanced lifestyle.

**B) Objective Standards....** I have completed my major project:

\_\_\_\_\_ Relapse Prevention Plan  
Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

*Participant Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Program Start Date:* \_\_\_\_\_ *Counselor:* \_\_\_\_\_

*Program Completion Date:* \_\_\_\_\_ *Counselor:* \_\_\_\_\_

*CRU Manager Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
**CRU Treatment Plan** Form CD-181002.3 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**

**CRU Monthly Progress Report**

Inmates Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Program Month: \_\_\_\_\_

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Program Goals &amp; Expectations Progress</b>	<b>Excellent - Consistently Exceeds</b>	<b>Exceptional - Sometimes Exceeds</b>	<b>Satisfactory - Consistently Meets</b>	<b>Marginal - Sometimes Meets</b>	<b>Inconsistent - Seldom Meets</b>	<b>Unsatisfactory - Does not Meet</b>
Attendance						
Homework						
Responsibility						
Insight						
Participation						
Treatment Plan						

Current Program Module:

Completed Program Module & Major Project (if applicable):

Comments:

CRU Counselor (Typed/Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU PRE-TREATMENT TREATMENT PLAN**

**(A) Learning Objectives:**

\_\_\_\_\_ I will examine who I want to become through self-reflection.

\_\_\_\_\_ I will consider how I honestly feel about myself.

\_\_\_\_\_ I will weigh the costs and benefits of changing my behaviors.

**(B) Objective Standards: I completed the following assignments in the Pretreatment Journal Workbook:**

\_\_\_\_\_ The Benefits of Change assignment

\_\_\_\_\_ A Look in the Mirror assignment

**(A) Learning Objectives:**

\_\_\_\_\_ I will examine the 11 elements (Goals for Living) of a meaningful and rewarding life.

\_\_\_\_\_ I will reflect on my life prior to prison and examine which of the 11 elements were mostly lacking in my life.

**(B) Objective Standards: I completed the following assignments in the Pretreatment Journal Workbook:**

\_\_\_\_\_ Goals for Living

**(A) Learning Objectives:**

\_\_\_\_\_ I will explore the four Guiding Principles: Willingness, Honesty, Regard for Others, and Responsibility.

\_\_\_\_\_ I will identify times in my life when I experienced difficulty with each guiding principle.

\_\_\_\_\_ I will learn to do Integrity Checks in order to make the guiding principles a consistent part of my life.

**(B) Objective Standards: I completed the following assignments in the Pretreatment Journal Workbook:**

\_\_\_\_\_ Principles to Live By

\_\_\_\_\_ Guiding Principle: Willingness

\_\_\_\_\_ Guiding Principle: Honesty

\_\_\_\_\_ Guiding Principle: Regard for Others

\_\_\_\_\_ Guiding Principle: Responsibility

\_\_\_\_\_ Your First Integrity Check

**(A) Learning Objectives:**

\_\_\_\_\_ I will understand the connection between my thoughts and my actions before, during, and after my offense through exploration of my distortions in thinking.

\_\_\_\_\_ I will consider the 'ripple effect' of my harmful sexual acts.

\_\_\_\_\_ I will understand the consequences of sexual abuse.

**(B) Objective Standards: I completed the following assignments in the Pretreatment Journal Workbook:**

\_\_\_\_\_ Identifying Your Distortions

\_\_\_\_\_ Consequences of Sexual Abuse

\_\_\_\_\_ 'Victimless Crimes – Child Pornography'

\_\_\_\_\_ 'Victimless Crimes – Online Sexual Contact with Minors'

**(A) Learning Objectives:**

\_\_\_\_\_ I will understand how my thoughts, feelings, and behaviors are the cause of consequences in my life and that I have control of how I feel and act.

\_\_\_\_\_ I will learn how the Five Rules for Rational Thinking and how they can help me to make rational decisions.

\_\_\_\_\_ I will understand how to use Rational Self-Analysis (RSA) in order to minimize irrational thinking habits.

**(B) Objective Standards: I completed the following assignments in the Pretreatment Journal Workbook:**

\_\_\_\_\_ Applying the Five Rules for Rational Thinking

\_\_\_\_\_ Your First RSA.

*Participant Signature:* \_\_\_\_\_

*Start Date:* \_\_\_\_\_ *Counselor:* \_\_\_\_\_

*Completion Date:* \_\_\_\_\_ *Counselor:* \_\_\_\_\_

*CRU Manager Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
**CRU Pre-Treatment Treatment Plan** Form CD-181002.6 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU POST-TREATMENT TREATMENT PLAN**

**Part 1 – Criminal and Addictive Thinking**

**(A) Learning Objectives:**

\_\_\_\_\_ I will understand how my plans and goals for the future relate to my own criminal and addictive thinking patterns.

**(B) Objective Standards...** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 1: Criminal and Addictive Thinking.

**Part 2 – Building a Foundation for Your Future**

**(A) Learning Objectives:**

\_\_\_\_\_ I will learn how to lay the groundwork for my success after release.

\_\_\_\_\_ I will learn how to set goals.

\_\_\_\_\_ I will identify the people and organizations I would like in my support system.

**(B) Objective Standards...** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 2: Building a Foundation for Your Future.

**Part 3 – Setting Housing Goals**

**(A) Learning Objectives:**

\_\_\_\_\_ I will utilize my support system to find a place to live.

**(B) Objective Standards...** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 3: Setting Housing Goals.

**Part 4 – Setting Employment Goals**

**(A) Learning Objectives:**

\_\_\_\_\_ I will plan and set realistic goals for finding and keeping a job.

**(B) Objective Standards....** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 4: Setting Employment Goals.

**Part 5 – Your Budget and Free Time**

**(A) Learning Objectives:**

\_\_\_\_\_ I will learn how to handle money and live on a budget.

\_\_\_\_\_ I will learn how to make healthy choices on spending my free time.

**(B) Objective Standards....** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 5: Your Budget and Free Time.

**Part 6 – Your Plan for Life after Release**

**(A) Learning Objectives:**

\_\_\_\_\_ I will create a daily and weekly schedule of my goals, budgets and life plans.

**(B) Objective Standards....** I completed:

\_\_\_\_\_ “Release & Reintegration” workbook Part 6: Your Plan for Life after Release.

**Participant Signature:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_

**CRU Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP TREATMENT PLAN**

**Participant:** \_\_\_\_\_

**Cohort:** \_\_\_\_\_

***Free Your Mind – Orientation Module***

**(A) Learning Objectives:**

- \_\_\_\_\_ I understand how to “Pause” and “Breathe” before a decision is made.
- \_\_\_\_\_ I can identify the benefits of impulse control and self-regulation.
- \_\_\_\_\_ I can identify body cues and self-talk associated with activating my nervous system.
- \_\_\_\_\_ I can articulate emotions and understand how to label them.
- \_\_\_\_\_ I understand the importance of thinking about my intention and purpose before reacting.
- \_\_\_\_\_ I understand how different behaviors in the same situation reflect different priorities and purpose.
- \_\_\_\_\_ I can identify different responses to risky situations to produce a more positive outcome.
- \_\_\_\_\_ I better understand the link between triggers, emotional states, conditioned responses, and behaviors.

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Free Your Mind – Core Module***

**(A) Learning Objectives:**

- \_\_\_\_\_ I can articulate my own personal values and understand how they influence behaviors.
- \_\_\_\_\_ I know how habits are formed and changed.
- \_\_\_\_\_ I can identify the benefits of using self-control and delayed gratification.
- \_\_\_\_\_ I can identify ways in which significant relationships and life experiences have impacted me.
- \_\_\_\_\_ I can identify individuals who will support future behavior change plans.
- \_\_\_\_\_ I can identify physical cues associated with heightened emotions.
- \_\_\_\_\_ I better understand how to take the perspective of others to manage risky situations.
- \_\_\_\_\_ I can identify ‘risk’ as it relates to interactions with peers in criminal justice settings and the community.
- \_\_\_\_\_ I better understand how to avoid trouble with others in risky situations involving peer pressure.
- \_\_\_\_\_ I better understand how to interact with authority figures.
- \_\_\_\_\_ I better understand how I can choose to be “Response-Able.”
- \_\_\_\_\_ I can identify how mental strength can lead to short and long-term benefits.
- \_\_\_\_\_ I understand my responses to conflict can influence the outcome.
- \_\_\_\_\_ I better understand how to deal with conflict before it escalates.
- \_\_\_\_\_ I can identify opportunities to apply reinforcement to increase the likelihood of desirable behaviors.

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Free Your Mind – SORB Module***

**(A) Learning Objectives:**

- \_\_\_\_\_ I better understand the key characteristics of healthy interpersonal relationships.
- \_\_\_\_\_ I have identified goals related to my own healthy relationships.
- \_\_\_\_\_ I better understand the connection between setting goals and taking responsibility for my behaviors.
- \_\_\_\_\_ I better understand factors influencing brain development and sexual behaviors.
- \_\_\_\_\_ I can clearly articulate an emergency plan to deal with urges.
- \_\_\_\_\_ I can identify body cues and self-talk associated with activating my nervous system.
- \_\_\_\_\_ I understand how to label my emotions.
- \_\_\_\_\_ I understand the importance of thinking about my intention and purpose before reacting.
- \_\_\_\_\_ I understand how different behaviors in the same situation reflect different priorities and purpose.
- \_\_\_\_\_ I can identify ways in which significant relationships and life experiences have impacted me.
- \_\_\_\_\_ I can identify individuals who will support future behavior change plans.
- \_\_\_\_\_ I can clearly articulate situations that place me at risk for engaging in sexual offending and related behaviors.
- \_\_\_\_\_ I can identify how risky thinking is linked to sexual offending and related behaviors.
- \_\_\_\_\_ I have practiced restructuring my thinking to make different choices.

\_\_\_\_\_ I can identify different responses to risky situations to produce a more positive outcome.  
\_\_\_\_\_ I better understand the connection between reactions and my purpose.

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Free Your Mind – Success Planning Module***

**(A) Learning Objectives:**

\_\_\_\_\_ I better understand how my life experiences have informed my core beliefs.  
\_\_\_\_\_ I understand how to respond to stigma and disclose personal information.  
\_\_\_\_\_ I can identify positive supports in my life and know how to ask for help when needed.  
\_\_\_\_\_ I can articulate how to use coping strategies to make different decisions with risky situations.  
\_\_\_\_\_ I have a plan for how to manage risky situations in the future to reduce risk for sexual reoffending and related behavior.

Module Start Date \_\_\_\_\_ Module Completion Date \_\_\_\_\_

***Participant Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Program Start Date:*** \_\_\_\_\_ ***Counselor:*** \_\_\_\_\_

***Program Completion Date:*** \_\_\_\_\_ ***Counselor:*** \_\_\_\_\_

***SOTP Manager Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_  
SOTP Treatment Plan Form CD-181002.8 (11/14/23)

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP Monthly Progress Report**

Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Program Month: \_\_\_\_\_

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Program Goals &amp; Expectations Progress</b>	<b>Excellent</b> - Consistently Exceeds	<b>Exceptional</b> - Sometimes Exceeds	<b>Satisfactory</b> - Consistently Meets	<b>Marginal</b> - Sometimes Meets	<b>Inconsistent</b> - Seldom Meets	<b>Unsatisfactory</b> - Does not Meet
Attendance						
Homework						
Responsibility						
Insight						
Participation						
Treatment Plan						

Current Program Module:

Comments:

SOTP Counselor (Typed/Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Inmate Name: \_\_\_\_\_ Offender#: \_\_\_\_\_ Facility: \_\_\_\_\_



**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU Documentation Requirements**

<b>Purpose</b>	<b>Form</b>	<b>Initiated</b>	<b>Completed</b>	<b>Updated</b>	<b>Comments</b>
Agreement to Participate	<b>CRU Agreement to Participate</b> form (CD-181001.1)	Classification Committee	Classification Committee		Reviewed upon entry to CRU
Refusal to Participate	<b>CRU Refusal to Participate</b> form (CD-181001.2)	Classification Committee or Inmate's Request	Classification Committee		
Confidentiality Limits	<b>CRU Limits of Confidentiality</b> form CD-181002.1)	Classification Committee	Classification Committee		Reviewed upon entry to CRU
Psychosocial & Sexual History	<b>CRU Clinical Assessment</b> form (CD-181002.2)	No earlier than entry to CRU	No later than 28 days after start of beginning phase		
Risk Factors	<b>STATIC-2002R</b>				Reported in Clinical Assessment
Treatment Progress	<b>CRU Monthly Progress Report</b> form (CD-181002.4)	First day of pre-treatment	End of each calendar month and end of treatment		New report each month
Learning Objectives & Goals for Pre-Treatment	<b>CRU Pre-Treatment Treatment Plan</b> form (CD-181002.6)	No earlier than entry to CRU	First day of Pre-Treatment	As goals are completed	
Learning Objectives & Goals for Treatment	<b>CRU Treatment Plan</b> (CD-181002.3)	No earlier than entry to CRU	First day of Treatment	As goals are completed	
Learning Objectives & Goals for Post-Treatment	<b>CRU Post-Treatment Treatment Plan</b> Form (CD-181002.7)	Last month of CRU Treatment	First day of Post-Treatment	As goals are completed	
Summary of Background, Treatment, Needs, Recommendations	<b>CRU Treatment Summary</b> form (CD-181002.5)	No earlier than entry into CRU Reentry Committee	Before release to the community or upon transfer to another facility	As additional treatment is completed	

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**CRU Documentation Requirements**

Individual Counseling, Consultations, Behavioral issues, etc.	<b>Documentation Notes Form</b>	Contemporaneous with event	No later than end of the day	Requires an additional note each time	Noteworthy positive or negative incidents. Individual counseling to address behavior that could lead to removal from the CRU. Rationale for recommending/not recommending LSA.
Correcting unacceptable behavior	Behavioral Contract	Developed at UMT		As needed	Filed in Classification File, Copy in Behavioral Health File
Removal of inmate from CRU	Written Request for Removal	When Individual Counseling/Behavioral Contract are unsuccessful			Letter from CRU Manager to Classification Supervisor or Unit Manager
Program Completion	Certificate		End of Program		Completion of the three-phase CRU Treatment Program
Lump Sum Awards	LSA Recommendations	Upon completion of CRU program			Follow procedures in CD-082800, Lump Sum Awards

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP Documentation Requirements**

<b>Purpose</b>	<b>Form</b>	<b>Initiated</b>	<b>Completed</b>	<b>Updated</b>	<b>Comments</b>
Agreement to Participate	<b>SOTP Agreement to Participate</b> form (CD-181003.1)	Classification Committee	Classification Committee		Reviewed upon entry to SOTP
Refusal to Participate	<b>SOTP Refusal to Participate</b> form (CD-181003.2)	Classification Committee or Inmate's Request	Classification Committee		
Confidentiality Limits	<b>SOTP Limits of Confidentiality</b> form CD-181004.1)	Classification Committee	Classification Committee		Reviewed upon entry to SOTP
Psychosocial & Sexual History	<b>SOTP Clinical Assessment</b> form (CD-181004.2)	No earlier than entry to SOTP	No later than 28 days after start of beginning of Core module		
Risk Factors	<b>STATIC-2002R</b>				Reported in Clinical Assessment
Treatment Progress	<b>SOTP Monthly Progress Report</b> form (CD-181004.4)	First day of pre-treatment	End of each calendar month and end of treatment		New report each month
Learning Objectives & Goals for Treatment	<b>SOTP Treatment Plan</b> (CD-181004.3)	No earlier than entry to SOTP	First day of Treatment	As goals are completed	
Summary of Background, Treatment, Needs, Recommendations	<b>SOTP Treatment Summary</b> form (CD-181004.5)	No earlier than entry into SOTP Reentry Committee	Before release to the community or upon transfer to another facility	As additional treatment is completed	

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**SOTP Documentation Requirements**

Individual Counseling, Consultations, Behavioral issues, etc.	<b>Documentation Notes Form</b>	Contemporaneous with event	No later than end of the day	Requires an additional note each time	Noteworthy positive or negative incidents. Individual counseling to address behavior that could lead to removal from the SOTP. Rationale for recommending/not recommending LSA.
Correcting unacceptable behavior	Behavioral Contract	Developed at UMT		As needed	Filed in Classification File, Copy in Behavioral Health File
Removal of inmate from SOTP	Written Request for Removal	When Individual Counseling/Behavioral Contract are unsuccessful			Letter from SOTP Manager to Classification Supervisor or Unit Manager
Program Completion	Certificate		End of Program		Completion of the three-phase SOTP Treatment Program
Lump Sum Awards	LSA Recommendations	Upon completion of SOTP			Follow procedures in CD-082800, Lump Sum Awards