



## Offender Services & Programs Corrective Services NSW

# Policy for Intensive Therapeutic Programs for violent, sexual and substance-use related offending

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# Policy for Intensive Therapeutic Programs for violent, sexual and substance-use offending

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# 1 Policy statement and purpose

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Corrective Services NSW (CSNSW), a division of the NSW Department of Communities and Justice (DCJ), is committed to delivering a range of international best practice programs to offenders in custody and the community.

CSNSW provides high quality, evidence based behaviour change programs and services, to assist in reducing the risk of reoffending; to ensure the safe, secure and humane care of offenders; and to enhance community safety. The suite of intensive therapeutic programs and services provided by CSNSW for the highest risk and needs offenders includes:

- Violent Offenders Therapeutic Program (VOTP)
- Sex Offender Programs (SOP)
- Intensive Drug and Alcohol Treatment Program (IDATP)

Through participation in these programs, offenders are assisted to:

- understand the factors that led them to offend
- acquire the skills that enable them to independently manage their risk of re-offending
- enhance the positive skills and characteristics they already possess

This Policy supports a consistent and co-ordinated approach to the delivery of international best practice behaviour change programs to offenders who have committed serious offences, including sexual, violent and substance-use related offences.

CSNSW achieves this consistent and co-ordinated approach through:

- Evidence-based, best practice treatment programs
- Maintaining the quality and integrity of programs and programs facilitators
- Clear and concise recording of information
- Provision of clear and critical advice to staff and stakeholders involved in the offender's management.

## 2 Application

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This policy stems from the Offender Management and Programs (OM&P) Division and, applied to both Custodial Corrections and Community Corrections Divisions, is essential to the implementation of key aspects of each Division's business plans.

This policy therefore applies to all CSNSW staff and contractors who are managing offenders within NSW. For the purposes of this Policy, unless the context indicates otherwise, the term CSNSW refers to all staff who are managing offenders within NSW, irrespective of their employer.

Those NSW Correctional Centres that are subject to Operating / Management Agreements (a 'contract') and operated or managed either by the State, or by a private service provider, will be required to meet the Service Specifications and Key Performance Indicators as detailed in respective contracts.

### 3 Governance

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The Assistant Commissioner, Offender Management and Programs (OM&P) has oversight for implementing this policy. The Group Director, Offender Services and Programs (OS&P) through the Director State-wide Programs has responsibility for monitoring compliance with the policy.

Governance and Continuous Improvement has responsibility for performance monitoring and reporting against associated Service Specifications and Key Performance Indicators.

### 4 Overview of Intensive Therapeutic Programs

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The suite of intensive therapeutic programs and services currently provided by CSNSW includes:

- Violent Offenders Therapeutic Program (VOTP)
- Sex Offender Programs (SOP)
- Intensive Drug and Alcohol Treatment Program (IDATP)

The suite of programs adheres to international standards of best practice and is aligned with the CSNSW Offender Program and Facilitation Standards (July, 2014: D14/404041). Essential features of CSNSW Intensive Therapeutic Programs are:

- An emphasis on continuity of treatment services throughout custody and in the community
- Programs to motivate, treat, and then maintain the treatment gains of offenders
- Treatment programs tailored to, and delivered in a manner, that meet the needs of each participating offender
- Treatment programs which vary in intensity according to the risk of recidivism and treatment needs of the offender
- Innovative treatment programs which have been implemented to target specific offender groups who had previously had difficulty accessing treatment e.g. self-regulation programs for offenders with a cognitive impairment; the Deniers program for men convicted of a sexual offence who categorically deny the offence
- Staff facilitating treatment programs receive a high level of supervision and support, and training from local and international experts
- Staff conducting risk assessments receive a high level of supervision and support, and training from local and international experts

All intensive therapeutic programs are cognitive-behavioural therapy (CBT) based, with an emphasis on individual strengths to encourage desistance from offending. Elements of dialectical behaviour therapy (DBT) and acceptance and commitment therapy (ACT), e.g. mindfulness and distress tolerance, have been incorporated into the programs.

The content and structure of programs adheres to the Risk, Needs, Responsivity principles and addresses empirically derived risk factors (criminogenic needs) for sexual, violent and substance abuse-related offending.

The model of change that is integrated into CSNSW program content and training is the Transtheoretical Stages of Change model (Prochaska & DiClemente, 1982; Prochaska, DiClemente & Norcross, 1992). The model conceptualises the process of intentional behaviour

change. It explains behaviour change along a continuum from pre-contemplation; contemplation; preparation and action, to maintenance.

One of the core constructs of the Stages of Change is also 'self-efficacy', that is, increasing situation specific confidence of the individual to self-manage high risk situations without returning to problematic behaviour.

Intensive therapeutic programs are comprised of multi-disciplinary staff, including Psychologists, Services and Programs Officers (SAPOs) and administration officers. All staff in intensive programs should be focused on the provision of services that will assist participant progression through the program, as well as responding to immediate symptoms or responsivity issues. Every interaction should contribute to addressing risk and needs towards reducing reoffending.

Intensive therapeutic programs are also involved in the provision of the following services to the highest risk/needs offenders throughout their sentence, including:

- Consultation with and supervision of CSNSW Psychologists and Community Corrections Officers (CCO) completing pre-sentence assessments and consultations for sentencing authorities/courts;
- Assessments of risk, treatment suitability and management strategies both within custody and the community to assist in the case management of serious offenders;
- Consultation with and supervision of CSNSW Psychologists completing risk assessments within custody and the community, to assist in the case management of serious offenders;
- Provision of individual Risk Management Intervention sessions for serious and high risk offenders in the community;
- Provision of post-treatment maintenance programs to assist offenders with the transition to the community;
- Collaboration with other services in response to the treatment needs of individuals in their programs;

## 5 Definition of sexual, violent and substance-use related offenders

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For the purposes of CSNSW Intensive Therapeutic policy and procedures

A "sexual offender" is defined as:

- any convicted offender whose current offences include one of sexual violence,
- any convicted offender who states that he/she has committed acts of sexual aggression (whether they be officially known or not, e.g., includes "no billed" charges), or
- any convicted offender whose offence(s) are determined to have entailed an underlying motivation of sexual violence (sexually motivated murder, burglary with sexual violence as motivation, etc.)

The definition excludes:

- any individual who has a historical conviction for a sexual offence, where 20 years or more has elapsed since the offender was last convicted of a sexual offence (this exemption does

not include offenders who are currently convicted of an offence that occurred 20 or more years ago);

- any individual who has a historical conviction for a sexual offence where 11 years has elapsed since first exposure to risk following sanction for the index sex offence (i.e. since released from index sex offence custodial sentence, or since sentenced to a community order for index sex offence the offender has remained sexual offence free for a period of 11 years) AND
- they score in the level I, II or III risk categories on the Static-99R AND
- there are no indicators of deviant behaviour or dynamic risk factors that indicate the need for the offender to be managed as a sexual offender (see Static-99R time offence free and Appendix A: Guidelines for Determining if a STABLE-2007 is required for a guide on potential dynamic risk factors to consider when making this determination) AND
- they do not have a current/index sexual offence

A “Violent offender” is defined as:

- any convicted offender whose current offences includes one of violence towards person or property.
- Violence can refer to that during the course of the offence / or conduct in custody where there was use of force against the person, without regard for physical or psychological harm to the other person; the use of force resulted in the death of or serious bodily injury to any person
- the offender used, attempted to use, or threatened use of physical force against the person or property of another
- the person carried, possessed, or used a firearm or dangerous weapon
- any convicted offender who states that he/she has committed acts of aggression (whether they be officially known or not, e.g., includes “no billed” charges)

A “Substance-use related offender” is defined as:

- any convicted offender whose current offences were committed under the influence of; motivated by; or in the interests of obtaining alcohol or other drugs
- one whose custodial history includes documented misconducts for drug use or drug related behaviour; or such self-reported behaviour
- any convicted offender who has a history of chronic alcohol or other drug misuse that has impacted on their capacity to live pro-socially

## **6 Intensive Therapeutic Programs as part of integrated offender management**

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Intensive Therapeutic Programs is part of an integrated approach to offender management, such that offenders are scheduled to the program as part of their Case Plan (see ‘Procedures for case planning with inmates in CSNSW’ D17/445424).

All non-program staff in the wider organisation should be aware of Intensive Therapeutic Program objectives and understand the importance of supporting and motivating an eligible offender to:

- Be aware of their identified program pathway and expectations over the course of their sentence
- Commence their identified program at the time they are required to commence; this includes working with offenders to increase their motivation towards participation
- Maintain gains they have achieved in the program after completion

All staff should work towards supporting the therapeutic climate in the centres where the programs are run. Challenging behaviour, such as unit-destructive behaviours (violence, oppositional/ defiance, victimising behaviours) and treatment-interfering behaviours (excessive demanding, non-compliance, and non-participation) should be addressed and behaviour management plans must be implemented prior to suspensions and/or removal.

Non-program staff can access information about the objectives of Intensive Therapeutic Programs via the CSNSW Offender Programs intranet site:

<http://intranet.internal.justice.nsw.gov.au/Divisions/Pages/divisions/corrective-services-nsw/offender-management-and-programs/offender-programs/offender-programs.aspx#RelatedMemoranda>

Responsibility for the effective delivery of the program is shared with non-program staff, including at the highest organisational levels. This includes:

- Posting of regular custodial staff into the program environment
- Inmate Classification and Placement and the Inmate Transport Unit prioritising movements of participants in and out of the program as required
- Case Management and Case Management Interventions (CMI) processes to enhance program participation
- Maintenance of accurate case management processes
- The delivery of consistent program information and expectations to the offender
- Use of the language of programs outside of the programs environment
- Motivational language to obtain offender 'buy-in' to program participation
- Reinforcement of positive behaviour change in every contact
- Five Minute Interventions
- Collaboration in purposeful day activities and program participation
- SAPO and SSAPO involvement in intervention pathways (RUSH and EQUIPS) either as part of the content of an Intensive Therapeutic Program or outside this
- Reintegration Services for pre-release (IDATP, HIPU:VOTP)

## 7 Identification of program participants

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### 7.1 Determining eligibility and suitability using the Intervention Pathways supporting tools

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The Intervention Pathways Model guides the identification of participants for all CSNSW criminogenic programs. If an offender is eligible for an Intensive Therapeutic Program then all



efforts are to be made to ensure that the offender reaches that program in the required timeframe specified in the case plan. These intensive programs take priority over participation in other criminogenic programs e.g. Explore, Question, Understand, Investigate, Practice, Succeed (EQUIPS).

All of the eligibility criteria are evidence-based. For example, it is not best practice to begin treatment when it is known that an offender will not have time to complete it, thus male offenders must have at least 12 months to serve prior to earliest possible release date (EPRD) to be eligible for intensive programs. (For women this is six months to EPRD).

Custodial Case Management Units are responsible for determining which of the Intensive Therapeutic Programs an offender is eligible and suitable for at the time of developing the initial case plan.

The tools that Case Management Officers (CMOs) are required to rely on to make this decision are the:

- Criminogenic Program Eligibility Overview (CPEO)
- Intervention Pathways Decision Tree (Male) (IPDT)
- Most Appropriate Program Pathway (MAPP)
- Pre-Program Suitability Assessment (PPSA)

See Procedures for the use of Intervention Pathway supporting tools (D20/0398600) and Custodial Case Management Procedure 2.5 Case Planning with Inmates (D17/445424).

Broadly, the information that is taken into consideration using these tools includes:

- Static/actuarial risk score
- Nature of current offence
- Nature of prior offending
- Sentence length
- Time to serve
- Dynamic risk or criminogenic needs
- Responsivity and suitability factors
- Level/history of substance abuse

## **7.2 Risk assessments**

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All assessments used by staff in CSNSW, including those in Intensive Therapeutic Programs, must be accredited through the Assessment Management Committee (AMC) (See CSNSW Compendium of Assessments D16/628870).

### **7.2.1 Custody – Triage Risk Assessment Scale (TRAS)**

The Custody-Triage Risk Assessment Scale (TRAS) is an actuarial risk assessment tool that is automated from information in the CSNSW Offender Integrated Management System (OIMS). Every offender entering into custody will receive a TRAS score that is based on the offender's OIMS based static risk factors e.g., previous rates of incarceration, age and time between last custodial episode. The offender's TRAS score will only vary if the offender returns to custody.

The risk percentile on the Custody-TRAS determines eligibility for the VOTP and IDATP.

### **7.2.2 Static-99R (2007)**

The Static99-R is a ten-item static actuarial assessment tool created by R. Karl Hanson, Ph.D. and David Thornton, Ph.D., for use with adult male sexual offenders who are at least 18 years of age at time of release to the community. It is the most widely used sex offender risk assessment instrument in the world, and is extensively used in the United States, Canada, the United Kingdom, Australia, and many European nations. The tool was specifically envisaged to be able to predict long term potential (up to 15 years) for sexual recidivism for sexual offenders based on objective, easily obtainable information such as official criminal record, victim characteristics and age.

The risk score on the Static-99R, in conjunction with the MAPP, determines eligibility for which SOP is the most appropriate program pathway.

### **7.2.3 Dynamic risk assessments**

#### **Violence Risk Scale**

The VRS consists of 6 Static items and 20 dynamic risk factors developed by Dr. Stephen Wong and Audrey Gordon. It was developed on the theoretical basis of psychology of criminal conduct and the RNR principles using a high-risk correctional sample. The VRS can be used on both male and female offenders.

The VRS integrates risk factors with treatment needs, informing who to treat (high risk /high needs), what to treat (changeable variables linked to violence) and how to treat (modified stages-of-change model). The VRS can also assess the person's treatment readiness and progress/outcomes in relation to identified dynamic risk areas as a consequence of treatment participation. It can also be used to guide post-treatment risk management.

#### **STABLE-2007**

The STABLE developed by Brankley, Helmus and Hanson, is a dynamic sexual recidivism risk assessment covering 13 stable risk areas to the offender (e.g. capacity for stable relationships, hostility towards women and sex as coping). These risk factors help inform treatment needs with these criminogenic needs being assigned to either low, medium or high density needs. The STABLE also assists in the development of supervision/management targets.

ITP is interested in the overall assessment of recidivism and therefore the STABLE 2007 is used in combination with the measure of static factors (e.g. STATIC-99R) to provide an overall level of risk.

## **7.3 Program planning**

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The Case Plan Intervention Report (CPIR) is a report based on active offender case plans. Those offenders who have a case plan step that indicates a need to participate in an Intensive Therapeutic Program will be listed in this report as requiring a specific intervention. Intensive Programs staff will use this report as a source of determining who the candidates are to participate in specific programs.

The report will also clearly identify when a candidate is required to commence their ITP step prior to their EPRD. This will assist staff in prioritising candidates and ensuring the right candidate is engaged in programs at the right time. Prior to being offered a treatment place, programs staff will

be able to review candidates and will have final decision around the composition of group participants in treatment at one time.

The CPIR is updated weekly and is located at (D20/0519326).

### **7.3.1 Prioritising offenders for treatment places**

The risk principle establishes that higher risk sentenced offenders should have greatest access to offender programs with minimal, if any, interventions allocated to offenders assessed as low risk. This principle also indicates that higher risk offenders require higher program or treatment dosages in order to reduce the risk of reoffending.

The RNR model provides a sound rationale for the allocation of available services based on risk. CSNSW therefore prioritises higher risk offenders for treatment, to ensure resources are focussed on high risk offenders who could pose a risk to the community on their release.

All candidates are prioritised according to their Earliest Possible Release Date (EPRD). Those candidates with the closest EPRD (who are listed on a “waitlist”) must be prioritised for participation over candidates who have a longer ERPD.

The only exceptions to this position are for individuals outlined in section 7.4 who may be prioritised into treatment earlier than those who are not of interest.

## **7.4 Caveats to the criteria for program eligibility and prioritisation**

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There are two criteria where exceptions may be made for Intensive Therapeutic Program eligibility and prioritisation – they are:

- risk rating and;
- time to serve

Generally in order for offenders who do not meet the criteria in the CPEO to be deemed eligible, specialist units including HRO, THRO, CVE Programs, SOAU, PBDS must provide advice to inform the case plan. The SORC also has the exclusive statutory function of recommending program intervention to the Commissioner, which may include any SOAU assessment and recommendations.

Those individuals who do not meet the program eligibility threshold based on risk, but who are identified with evidence of treatment needs, may be considered for Intensive Therapeutic Program participation in consultation with ITP Chief Psychologist, Manager IDATP and/or Director State-wide Programs if they fall into one of the following categories of interest:

- are of interest under the Crimes (High Risk Offenders) Act 2006 (CHRO)
- are of interest under the *Terrorism (High Risk Offenders) Act 2017 (THRO)* or *Commonwealth High Risk Terrorist Offenders (HRTTO) Act 2016*
- are a Serious Offender managed by the Serious Offenders Review Council (SORC) or are of Special Interest to the Commissioner (OSI)
- High Profile Parolees (HPP)
- have incurred three (3) x Offences in Custody related to drug use/drug related charges within the last 12 months

- are identified as an Extreme Threat Inmate (ETI) and/or have incurred three (3) x Offences in Custody related to aggression/violence within the last 12 months

In the case of the final two dot points these events should trigger a referral to ITP regardless of the outcome of the CPEO/MAPP or additional advice from specialist program units.

With respect to time to serve, the only exception to the criteria of having 12 months to serve (for men) at the time of identification (or referral) is where an offender is assessed as high risk and has been refused release to parole specifically to do the program because there is no alternative pathway that would meet their needs.

While all available information is taken into account when specialist units provide advice - including Judges Comments, consideration of public perceptions and victim's interests, the advice given by programs staff may still differ from the recommendations of other stakeholders such as the SORC, courts, or Ministerial requests, and will be firmly grounded in the evidence. In many cases it may be that the advice will be for lower risk, serious offenders to complete the RUSH program or one EQUIPS program rather than an Intensive Therapeutic Program.

## 8 Multiple Treatment Needs

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The majority of high-risk offenders have multiple treatment needs. For many cases, an offender will fall within a primary treatment pathway (e.g., sexual, violent or serious substance abuse) within which **all** their treatment needs can be readily accommodated (e.g., substance use in the VOTP). Therefore it is not necessary to refer offenders to supplementary criminogenic programs to meet additional criminogenic needs.

The optimal program pathway which will best address the individual offenders risk and needs is determined through the CPEO and MAPP.

All three of the ITP address the following central eight risk factors:

- History of antisocial behaviour
- Antisocial personality pattern (including impulsivity, poor emotional regulation, entitlement)
- Antisocial attitudes
- Antisocial associates
- Problematic circumstances of home (family/ marital)
- Problematic circumstances at school or work
- Few if any positive leisure activities
- Substance abuse

On occasion there may be offenders who have multiple and significant treatment needs that require the primary program pathway to be modified to best address their treatment needs. In such circumstances consultation with the Senior Psychologists within the relevant program areas and ITP Chief Psychologist, Manager IDATP and/or Director State-wide Programs should occur to determine the most suitable program pathway.

### 8.1 Offenders with both Sexual and Violent Offences

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There are a number of offenders who have both sexual and violent offending treatment needs.

These offenders include, for example, those who have murdered their victims and were also determined to have had sexual motivation/behaviours inherent within their offending. These offenders meet the definition of a sexual offender and hence are managed accordingly by CSNSW.

CSNSW will therefore prioritise such offenders into either SOP or VOTP depending upon:

- Which risk of recidivism is deemed to be the highest for the community (e.g. sexual re-offending or violent re-offending), and/or
- Motivation of the offender (e.g. if motivated for VOTP and not SOP, then this may take priority over highest risk in order to engage the offender into treatment).

SOP or VOTP will also provide individual treatment to the offender, within the recommended program, specific to the risk of recidivism not directly targeted by that program. For example, an offender with an index violent offence – and a history of serious sex offences - participating in the VOTP group-based program would receive individual treatment specific to his risk of sexual recidivism (e.g. sexual self-regulation, deviance) once he was sufficiently engaged/motivated in VOTP treatment.

In a very few instances, an offender may be required to complete both a SO and a VO treatment program. This will be at the discretion of the SOP and VOTP Senior Psychologists in consultation with the Chief Psychologist ITP and/or Director State-wide Programs.

Information regarding decisions made for individual offenders will be documented on OIMS by either SOP or VOTP staff; relevant stake-holders notified (e.g., SORC) and further information will be available by contacting the relevant SOP or VOTP Senior Psychologists. (Refer to the Procedures for Case Planning in Intensive Therapeutic Programs – SOP, VOTP and IDATP.)

## 8.2 Offenders with Sexual and/or Violent Offences and a Serious Substance Abuse Problem

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There are a number of offenders who have both sexual and/or violent offending treatment needs, as well as a significant history of substance dependence and substance related offending.

In specific reference to sexual offenders, it is important to note that IDATP does not accept offenders with sexual offences against victims under 16 years of age (NB: VOTP will generally not accept these offenders if their safety is at risk). For offenders whose victims are aged between 16 years and 18 years of age, their case will be reviewed on an individual basis to determine possible eligibility for IDATP (or VOTP). For those with an adult victim the dynamics of the offending will represent an extension of general violence under the influence of substances as opposed to sexually deviant attitudes.

In making a recommendation about the most appropriate pathway for these offenders staff will consider whether the index offence meets the criteria for a serious violent offence under the Crimes High Risk Offenders Act 2006 (and if so, VOTP will be prioritised); and proximal and distal dynamic risk factors e.g.:

- IDATP may be more appropriate if the individual only offends violently (or sexually) in the context of substance use OR to obtain drugs or alcohol / money for drugs or alcohol
- VOTP is more appropriate if the individual has a history of violent offending not associated with substance use or the first violent behaviour preceded drug/alcohol use; and/or first violence was at a young age followed by escalation/diversity/chronicity of violence

In a very few instances, an offender may be required to complete both IDATP and a VOTP. This

will be at the discretion of the IDATP and VOTP Senior Psychologists in consultation with the Therapeutic Manager IDATP and Chief Psychologist ITP.

Information regarding decisions made for individual offenders will be documented on OIMS by either IDATP or VOTP staff; relevant stakeholders notified (e.g., SORC) and further information will be available by contacting the relevant IDATP or VOTP Senior Psychologists.

## 9 Specific populations

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### 9.1 Inmates on remand

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In NSW inmates on remand can receive fundamental support services, attend education, vocational training and low intensity support programs for issues such as substance abuse; however offence specific (criminogenic) rehabilitation programs are mostly available to sentenced prisoners. Inmates on remand are not eligible for Intensive Therapeutic Programs.

The main restriction for inclusion of remand inmates in these programs is that all criminogenic programs contain an offence mapping component - and we cannot compel those on remand to discuss details of their offence while court proceedings are ongoing.

If a program participant were to receive new charges whilst engaged in an ITP, they would be suspended from the program, pending any outcome from the new charges. The main reason is that it may prejudice their current legal proceedings, and the additional charges may lead to an increased custodial sentence. If there was minimal or no additional time added to their sentence they would be returned to the program as soon as practical.

If they received a significant increase to their custodial sentence, they would be removed from the program and placed back on the waitlist to reflect their new EPRD. It is also possible that the new convictions may require a reconsideration of their Most Appropriate Program Pathway (MAPP).

### 9.2 Aboriginal offenders

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The content of CSNSW Intensive Therapeutic Programs (or modules) is not designed specifically for Aboriginal and Torres Strait Islander (ATSI) offenders or specific cultural groups; rather responsiveness and engagement should continue to be acknowledged on an individual basis and addressed within the existing group formats.

Whilst it is vital that the facilitator is sensitive to the cultural needs of participants, the evidence suggests there is no need to change the content of a CSNSW criminogenic program to achieve behaviour change for Aboriginal participants. Those of differing cultural backgrounds can identify relevant offence-specific cognitions, core beliefs and apply strategies to challenging them in the general ITP format, with facilitator sensitivity and guidance meeting the needs of cultural diversity as required.

Culturally inclusive practice is guided by Aboriginal community leaders through the Aboriginal Advisory Council and the offenders themselves; as well as the CSNSW Aboriginal Strategy and Policy Unit (ASPU).

Therapeutic program participants have ongoing access to cultural supports inclusive of access to an Aboriginal Delegate, either from the program location or elsewhere on the complex, and the Regional Aboriginal Programs Officer (RAPO) through referral.

### 9.3 Deportees

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We do not exclude those of interest to immigration from Intensive Therapeutic Programs. Deportees are subject to the same prioritisation processes as all those on a waitlist. When there are limited resources for program delivery (i.e. greater demand for treatment places than there is supply) – and all other factors are equal such as EPRD, HRO status etc. – then all decisions about prioritising treatment offers are made according to level of risk. Under these circumstances deportees will be offered a place in a group if they are not competing with a higher risk offender of Australian citizenship. Deportees will not be prioritised for early entry into programs in custody due to their circumstances.

### 9.4 Severely personality disordered offenders (psychopaths)

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A diagnosis of a severe and complex personality disorder would not be an exclusion criterion to participate in ITP. Those with complex personality traits, such as psychopathy, may present with higher risks and needs in terms of vulnerability to chronic violence (sexual and physical) and general offending (e.g. substance use) across their lifespan. However evidence demonstrates that the dynamic risk factor profile for this cohort is the same as other offenders, and therefore their criminogenic (treatment) needs can be met within these programs. A comprehensive case formulation (for all participants) will ensure specific and tailored interventions are in place to reduce therapy interfering behaviour, ensure staff safety, whilst allowing the offender to address his criminogenic areas to affect change and therefore reduce their level of risk.

Offenders who present with several complex personality traits are likely to present with a number of therapy interfering behaviours. Such behaviours may include continued noncompliance within group or the Therapeutic Community (TC), aggression, being late to groups or boundary violations. Behaviour management plans should be standard in order to prevent group attrition, provide clear boundaries for the individual and guidelines for staff managing the offender. Behaviour Plans/guidelines should clearly outline what behaviours are to be extinguished and which behaviours positively reinforced (see Custodial Operations Policy & Procedures Section 3.11 – Behaviour management).

There is evidence to suggest that a reduction in reoffending would be dose dependent and that those with severe personality disorders, while more resistant to treatment, are still amenable to intervention if they receive sufficient dosage.

Psychologists, and all ITP staff, working with such offenders should be especially mindful and reflective, when engaging in behaviour change work with personality disordered individuals. All staff should be aware that there is a strong likelihood that these offenders will provoke strong negative reactions and possible transference. Management plans, supervision and a multidisciplinary team meetings/debriefing can assist in ameliorating these reactions. Where there is ongoing treatment resistance consultation with the Senior Psychologist PBDS or Chief Psychologist RMP should be undertaken to inform the most appropriate intervention pathway.

### 9.5 Life sentenced offenders

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There is a case for providing access to therapeutic programs for those offenders who have received a sentence with no possibility of parole.

Offering these offenders access to programs which will provide them skills, shift attitudes and increase a sense of life being worth living; and make incarceration more bearable, is within the rehabilitation framework of CSNSW. However, at the time of making a treatment offer, an offender

with no possibility of parole, will not be prioritised over an offender who may be at higher risk with an imminent possible release date. Life sentenced offenders, who through change in circumstances now have an earliest possible release date would be prioritised accordingly. If a life sentenced offender is acting out within the custodial environment and considered a risk to staff/other inmates they may be allocated to a program to meet their immediate needs (e.g. EQUIPS).

## 9.6 Women

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The proportion of higher risk women offenders in the system who meet the eligibility criteria for criminogenic programs is relatively small.

A core component of the intervention pathway for all eligible women offenders is the Real Understanding of Self Help (RUSH) DBT-based program. This program will address needs such as distress tolerance, emotion regulation, self-worth and relationships.

The two intensive criminogenic programs available specifically for women are: Yallul Kaliarna (IDATP Women) and the High Intensity Program Units (HIPU). There is no VOTP or SOP for women. Women with violence or aggression related convictions can have their needs met in either HIPU or IDATP.

With respect to women convicted of a sexual offence the literature suggests that these women should be assumed to be low risk of sexual recidivism and they have distinctly individual needs. International best practice approaches to treatment suggest that developing group-based programs proves challenging and that an individual approach is preferred.

The core component of the intervention pathway for female sexual offenders is the Real Understanding of Self Help (RUSH) DBT-based program. For any women offenders who are identified as having significant sex offence specific dynamic risk issues, e.g. sexual deviance, consultation should occur with Custody-based Sex Offender Programs for advice.

## 10 Consent to participate in treatment

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Offenders are informed by their Case Management Officer (CMO) at the time of developing their case plan which program is the most appropriate for them and what has been entered into their case plan. Regardless of whether the offender is motivated to attend at that time (e.g. even if they outright refuse) the program case plan step is entered and then the Case Manager and other staff are responsible to ensure that during the course of the sentence the offender is motivated or oriented to the reasons why completing the program is important.

In circumstances where an offender refuses to participate in their identified pathway program when a treatment offer is made all efforts should be made to motivate the offender to accept through the use of Case Management Interventions and interviews with the inmate (see Custodial Case Management procedures 2.5: Case Planning with Inmates and 2.7: Procedures for using CMIs), however CSNSW cannot force a person to participate. The offender must consent to take up a position in a program when it is offered. A participant can withdraw their consent at any time.

While SORC has the exclusive statutory function of recommending program intervention to the Commissioner, which may include any SOAU assessment and recommendations; and the State Parole Authority (SPA) can indicate that they will not consider an offender for release to parole until they have completed a program, all participants entering an ITP must consent to participate.



## 11 Intake process

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The Governors and Custodial Management team are responsible for the good order of the institution in which the ITP's are facilitated.

Importantly, the highest risk and needs inmates will have behavioural issues that mean they are our highest priority for intensive treatment. The ITP's do not exclude participants because of behaviours that clearly indicate a treatment need, that is, recent aggressive behaviour, periods of segregation or drug-use.

It remains the primary responsibility of all CSNSW staff to facilitate program access to eligible offenders. Only where there are direct and significant security risks posed by placing the offender in the treatment unit (e.g. non-associations, escape risk) should Custodial Corrections have the discretion to refuse placement of treatment participants in consultation with the ITP management team.

## 12 Program environment

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The majority of ITPs are residential programs whereby offenders are transferred from their Gaol of Classification to the location for treatment once they accept a treatment offer.

All intensive programs run within a modified Therapeutic Community (TC) which is designed to help participants work intensively (24 hours a day/7 days a week) on changing the thinking, attitudes and feelings that led to their offending behaviour.

Inmates are offered the opportunity to become involved in other programs and activities to promote improved general life skills. Educational programs available may include literacy, art, ceramics and music. Participants may also have the opportunity to pursue academic courses or to engage in employment.

The goal is to be able to generalise the new skills they learn in the treatment group room across other contexts and across any problems they may face in future to assist in decreasing their risk of re-offending.

Local Custodial Management has a joint responsibility to ensure that:

- Programs are not subject to undue disruption due to system and site requirements
- The Program is delivered in an appropriate and safe environment that takes into consideration participant and facilitator needs, such as level of privacy, comfort, cultural sensitivity, accessibility and physical resources and equipment.

## 13 Intervention dosage

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Based on the empirical evidence to date (Bourgon and Armstrong, 2014; Sperber Latessa and Makarios, 2013), CSNSW adopts hours of treatment intensity required to match level of risk or 'dosage'. This includes up to 200 hours for higher risk offenders; and treatment in excess of 300 hours for offenders assessed as being both high risk and having multiple and complex needs, in order to have sufficient impact on recidivism.

The goal of Intensive Therapeutic Programs for higher risk, complex needs offenders is to provide 300+ hours of face-to-face group treatment; as well as the adjunct gains made through practice

and reinforcement of skills in the program environment.

In most cases an offender assessed as higher risk of re-offending should participate in one custody-based intensive therapeutic program where they would address all of the identified criminogenic needs for re-offending and meet the dosage required to reduce their future risk in the one program. This generally occurs over a period between 6 and 10 months for each program.

For custody-based High Intensity Sex Offender Program (HISOP) only, it is a pre-requisite for offenders to complete general criminogenic programs prior to sex-offender specific treatment.

For any ITP participant, if other criminogenic programs (e.g. CONNECT, RUSH or EQUIPS) have been completed in the same sentence episode prior to commencing an ITP they should be counted as contributing to the overall treatment dosage and therefore the duration in the specific ITP should be reduced if appropriate. ITPs have the flexibility to allow a participant not to have to repeat content from other programs should there be demonstrated gains; or if necessary, to repeat content to ensure sufficient dosage and treatment completion.

This flexibility and capacity to tailor treatment to the individual is possible as custody-based intensive therapeutic programs are run as rolling (or open) groups. A rolling group means there is no defined start and end date, or number of sessions. In this format the group runs continually and a new program participant is inducted into a group when another participant leaves or at the start of a specific module.

In some cases, previous participation in an alternate criminogenic pathway may be sufficient rather than assuming an individual must still complete an ITP; particularly if a recommendation to continue with an ITP pathway would mean, for example, they are refused parole. If an individual has completed an alternate criminogenic pathway; before recommending an individual complete an ITP, advice should be sought from the Chief Psychologist ITP or Manager IDATP.

## **14 Wages for custody-based program participation**

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Offenders participating in Intensive Therapeutic Programs addressing criminogenic needs are to be provided with the opportunity to earn a wage whilst participating in such programs.

The Corrective Services Industries (CSI) Policy can be found on the CSNSW intranet. The style and amount of wage an offender can earn is dependent on the circumstances of the criminogenic program the offender is participating in.

### **14.1 Work and Development Orders (WDOs)**

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Offenders participating in Custody-based SOP, VOTP, or IDATP may have fine-related debt with Revenue NSW. These offenders may be eligible to reduce this debt through participation in treatment as part of a Work and Development Order (WDO), which is designed to provide alternative methods to pay fine debts. It only includes fines incurred in NSW. CSNSW staff are to include Victims Restitution Orders (VROs) in CSNSW WDOs.

## 15 Suspension or discharge from programs

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Discharge from any ITP should be considered as an aversive last resort, given the implications it has for potentially increasing the offender's risk. Prior to discharge the clinical team, in consultation with custodial management (if relevant), should ensure that all options for extinguishing challenging behaviours, and maintaining therapeutic alliance, have been canvassed. Such options include attending to any therapy interfering behaviours through behaviour management plans, program behavioural support contracts, consultation with other stakeholders and suspensions (see Custodial Operations Policy & Procedures Section 3.11 – Behaviour management). Any formal management documents should be saved to the participant's EDRMS program case file. A participant can have more than one behaviour management strategy implemented over the duration of the program.

The caseload or primary facilitator should also document efforts made to address these behaviours during this period. This should be recorded in OIMS as per program procedures if this work occurs outside of group. If there is no shift in either the frequency, severity or duration of the problematic behaviour then the participant can be considered for discharge from the program.

***Only where there are direct and significant security risks posed by keeping the offender in the treatment unit (e.g. threat to staff/other inmates; escape) should a custodial management decision override the clinical decision of the ITP management.*** Prior to any discharge there must be an alternative pathway for the offender to address their needs.

In the case of participants opting to self-discharge, it is important that staff outline the potential consequences for withdrawing to the participant, including potential to remain incarcerated past their earliest possible release date, possible limiting of classification progression and their voluntary withdrawal recorded e.g., in case notes, potential reports to the Serious Offenders Review Council (SORC)/State Parole Authority (SPA). Prior to any discharge there must be an alternative pathway identified for the offender to address their needs.

Suspensions would also be considered an aversive consequence and should be used with care (suspensions only work if they act to suppress the target behaviour). To ensure that suspensions have the desired impact i.e. a decrease in maladaptive behaviours, therapeutic staff need to ensure that they understand the function of the maladaptive behaviour and are not inadvertently reinforcing the problem behaviour. For example, some inmates may engage in difficult and challenging behaviours as a means of avoiding difficult treatment tasks.

Prior to any suspension a behavioural management plan is required that will outline for the offender what behaviours need to be extinguished and what adaptive behaviours will be strengthened, how will they be reinforced and what are the consequences if the behaviour continues. For such plans to be successful the offender can be suspended from group sessions if the maladaptive behaviour is interfering to a high level with the group process. In general though, they should remain in the group setting, and, should NOT be removed from the Therapeutic Unit. For example, if there is no decrease in behaviour X then if relevant for the offender a consequence for continued non-compliance, may be not attending group for 2 days. These 2 days will subsequently be required to be completed through a longer stay in the ITP in order to meet treatment needs.

If removal from the residential unit cannot be avoided, then the treating staff should make every

effort to maintain contact with that offender outside the unit. The reason for this is twofold - at some point the offender will return to the group room; and so therapeutic alliances can be repaired and maintained. Given the work already conducted with the offender the treating staff are best placed to provide the offender with feedback that therapy is dependable and secure despite their challenging behaviours. If an individual's behaviour remains so challenging they cannot remain in the unit and attempts to change/manage the behaviour are unsuccessful, referral to Risk Management Programs (i.e. Personality & Behavioural Disorders Service) should be considered.

## 16 Treatment completion

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An offender completing treatment should ideally be able to demonstrate both an intellectual understanding of treatment concepts and corresponding changes in their behaviour when faced with triggers or high-risk scenarios, over time and different contexts. However, many high risk offenders will complete treatment with only an intellectual understanding of what they need to do to change; or with outstanding treatment needs that could not be met within the time they were in the program.

For every identified risk factor or treatment need, an offender can be in a different stage of change (see page 5) – some complete treatment having progressed to stages of action, or even maintenance with respect to self-managing certain problem areas; but in other areas they may still be in contemplation or preparation. Offender programs are not a 'cure' for high risk offenders, many of whom will need to actively implement the new strategies they have learned for the rest of their lives so as not to re-offend. If all program content has been delivered to the participant, this should be considered a treatment completion for recording purposes.

Treatment gains should be monitored at/during each phase/component of the program to ensure appropriate and timely treatment progression is achieved. Participants who near the standard time frame for program completion (e.g. up to 10 months for VOTP or IDATP men) and who are not appropriately demonstrating treatment gains should not continue to be held in treatment.

Subsequent to completing treatment, Intensive Therapeutic Programs can provide appropriate advice about individual offenders' treatment progress, but all decisions about release to parole are made at the discretion of the State Parole Authority. ITP do not make recommendations about whether or not an offender should be released.

All efforts must be made to minimise the number of participants who do not complete intensive therapeutic programs; and strategies put in place to manage any problems arising from individual non-completions. If at any time an offender is not able to complete a program in which they have commenced treatment, the CMU must be notified by raising a referral in OIMS using the 00 Notify IP Exit - Case Management line in the Program Measures and Evaluation Screen.

## 17 Program documentation

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### 17.1 Progress notes and case notes

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Progress notes and case notes should be consistent in the reporting of necessary information Policy on Providing Psychology Services in CSNSW (D15/373711) and Program Facilitator Session Comment & Case Note Writing and Recording Procedure (D20/0872195).

Importantly notes should be written with the knowledge that they could be requested via GIPA application; subpoena (e.g. in HRO matters); or s16 requests for Child Protection Prohibition Order

(CPPO) applications; Registering and Releasing Psychology see Procedures for Registering and Releasing Psychology Information in CSNSW (D15/564575).

## 17.2 Treatment reports and discharge summaries

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Treatment reports must be finalised and saved to the offender's case management file within **8 weeks** of a participant completing treatment. It is acceptable that some reports must be completed sooner than the 8 week standard, if a participant is subject to consideration under the Crimes (High Risk Offenders) Act 2006 (HRO) and the report will be used as evidence in HRO hearings. Brief discharge summaries for non-completers should be finalised at the earliest possible convenience to inform Case Management Units when requesting the case plan be updated. The CMU must be notified of program discharges by raising a referral in OIMS using the 00 Notify IP Exit - Case Management line in the Program Measures and Evaluation Screen.

Generally treatment reports and discharge summaries should not have any caveats withholding the information within to other parties upon official request. Any decision to include such caveats on these reports (e.g. s194) **MUST** be discussed with the Chief Psychologist ITP or Manager IDATP prior to being endorsed.

## 18 Alternative program pathway recommendations

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Where an offender had a case plan step for an Intensive Therapeutic Program entered in their case plan and, for whatever reason they were unable to access the program in the required time frame, an alternative pathway must be determined.

The Intervention Pathways Decision Tree (Male) is an infographic that assists Case Management Officers (CMO) in determining eligibility for intensive program pathways and potential alternative interventions when intensive programs are not an option.

Advice may be sought from senior programs staff to assist with developing the alternative pathway recommendations by contacting [IP-AlternatePathway@dcj.nsw.gov.au](mailto:IP-AlternatePathway@dcj.nsw.gov.au)

## 19 Maintenance programs

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Maintenance programs provide support and follow up to offenders who have completed offender programs with the aim being for offenders to consolidate gains made during the treatment program. This is done by reinforcing and generalising the knowledge and skills they gained in treatment and translating these to living in the community.

Maintenance programs also provide monitoring of relapse prevention and self-management plans as offenders progress through the gaol system and re-enter the community. Maintenance assists offenders to further develop their support networks upon release to the community. There is a focus on the management of an offender's dynamic risk factors and offenders are provided with an opportunity to discuss problems and events which occur between sessions, as well as develop risk management strategies.

Whilst participating in custody-based maintenance can increase dosage and provide consolidation of knowledge, it does not allow participants to truly practice maintaining and generalising new skills. The opportunity for exposure to novel or high risk situations is minimal to none while the offender remains in the custodial context (with the possible exception of drug-use in custody and IDATP Maintenance).

## 20 Community-based programs

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Intensive Therapeutic Programs for the highest risk sexual, violent and substance use-related offenders are generally not offered in the community. All of these programs do however, offer a maintenance component in the community to maintain and generalise treatment gains, and support an offender's reintegration to a more pro-social life.

CSNSW does not provide offender programs in the community commensurate with the high intensity programs provided in custody. Risk management intervention therefore is concentrated on the highest risk offenders to enable the development of individualised intervention strategies based on identified risk factors.

The aim is to address risk by implementing alternate behavioural strategies to manage high risk situations. This includes managing acute/live risk issues as they relate to offending behaviour, including alcohol and other drug issues, employment, accommodation, relationships, emotional regulation and victim access.

This differs from the high intensity custody-based programs which provide treatment or intensive therapy aimed to reduce risk over the long term by changing the entrenched causal factors, such as attitudes or core beliefs, which are related to risk.

## 21 Information for external stakeholders including victims of serious crimes

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The primary sources of information about Intensive Therapeutic Programs that are available for distribution are the CSNSW Compendium of Offender Behaviour Change Programs (D16/378421) and series of State-wide Programs Fact Sheets.

The content of the fact sheets represents the 'official position' of State-wide Programs and should align with all programs policy and associated documentation. The sheets are available internally on the intranet.

<http://intranet.internal.justice.nsw.gov.au/Divisions/Pages/divisions/corrective-services-nsw/offender-management-and-programs/offender-programs/offender-programs.aspx#FactSheets>

It is acceptable that any CSNSW staff member can use or distribute them independently without having to communicate with or seek approval of relevant programs areas. The sheets can be made available to any internal or external stakeholders, to victims of crime, and to inmates and their families.

There is also information available about Intensive Therapeutic Programs on the TAP (Therapeutic Access Portal) internet site for all members of the public.

<https://tap.nsw.gov.au/>

### 21.1 Releasing participant information outside CSNSW

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In most circumstances participant information is only released to requesting parties under strict conditions and release of information outside of these conditions can lead to financial and criminal consequences. Should an individual staff member be contacted to release information under any

circumstances, they must first discuss the request with their line manager before releasing information to requesting parties. External parties must request the information in writing and this document / email should be saved in the offender's EDRMS Case Management file so there is an accurate record of requests for the release of information.

If the purpose and nature of information being requested is to confirm program participation, refer to the 'Procedure to confirm intensive program participation to approved external stakeholders' (D20/0492777).

If the purpose and nature of information being requested is in the interests of the future management of the participant; and is a request for information that is already held in the Case Management file (e.g. a treatment report or discharge summary); and the participant consents in writing, then it can be released directly if the following principles are applied:

- The information is not produced by a third party such as an external assessment or treatment provider.
- The information does not contain personal or sensitive information about third-parties.
- The disclosure of information would not be reasonably expected to put the safety of any individuals at risk
- The information released does not contain security or intelligence information.
- Information released is not a threat to the public interest.
- CSNSW requires written consent and/or a written explanation of the request and purpose of the request with identified recipients, such as an external treatment provider (as in procedure for: Consent to Exchange Information).

If there is any concern about the contents, or redactions would be required, then a formal application under the Government Information (Public Access) Act 2009 should be sought. This allows for an official request and response to and from interested stakeholders. The Open Government, Information and Privacy Unit (OGIP) will consult with the offender in undertaking the GIPA decision-making process.

For requests for information contained within the EDRMS **Psychology** file, organisations are required to make an application under the Government Information (Public Access) Act 2009 in the first instance.

Where there is an indication the information is being sought for the purpose of litigation, be it from an offender or third party, the application for information must be via the GIPA Act or a subpoena issued by court.

## **22 Workload model for programs staff to ensure consistent program delivery**

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One of the overarching goals of Intensive Therapeutic Programs is to maintain the integrity of the programs offered and to ensure the consistent delivery of these programs. The ability of Intensive Therapeutic Programs to achieve this overarching goal is largely influenced by available staffing

and particular care is taken in managing staff leave, higher duties opportunities and staffing vacancies.

The intensive programs workload model provides guidance for all staff to understand the standard times allocated to each task in order for all priority tasks to be completed in a working week. Should there be a shift in priorities; the model can be used to formulate a rationale for completing high priority tasks over lower priority tasks, whilst also ensuring a fair workload distribution.

## 23 Training for Intensive Therapeutic Programs Staff

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CSNSW training and education that are relevant for staff working within Intensive Therapeutic Programs includes the standard training requirements for all Offender Services & Programs staff.

The Compendium of Offender Behaviour Change Programs also outlines the required training for specific program delivery.

While Offender Services & Programs invests in its staff's professional development on an annual basis with the Psychology, SAPO and SSAPO conferences/workshops, these events are often necessarily broad in their scope to meet the needs of the majority.

To attract and retain specialist multi-disciplinary staff to intensive Therapeutic Programs, funding is provided for specialised training events outside the standard training for all Offender Services & Programs (OS&P) staff.

Managers will discuss with their staff/teams areas of interest and present these in Programs Leadership Group (PLG) meetings for consideration and decision from the Director State-wide Programs. All proposals for training must be evidence-based and fit with the current strategy or strategic direction of State-wide Programs. The Director State-wide Programs may also sanction training seen as compulsory and/or required where gaps in practice may have been identified by supervisors.

## 24 Training by Intensive Therapeutic Programs

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Intensive Therapeutic Programs provides a range of training opportunities to non ITP CSNSW staff. This training has the following broad objectives:

- To assist CSNSW staff to develop a broad knowledge of serious and high risk offenders;
- To allow staff to develop skills and strategies to assist them in effectively managing serious offenders on a day-to-day basis;
- To encourage participants to develop their knowledge of risk of re-offending and how best to assess and manage these risks;
- To assist participants to develop awareness of the range of Intensive Therapeutic Programs being facilitated within CSNSW, and increase their awareness of and compliance with CSNSW policies and protocols regarding serious offenders.

## 25 Professional Supervision

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CSNSW is committed to providing offender support services and behaviour change programs to the highest standards. CSNSW has a duty of care for staff working in difficult and challenging



roles, and supervision ensures quality in service delivery as well as the safety and well-being of staff.

Intensive Therapeutic Programs staff receive regular professional supervision by an appropriately qualified and experienced practitioner to monitor and enhance program integrity and to provide these staff with support and professional development. Professional supervision within Intensive Therapeutic Programs consists of both group and individual supervision on a continuing basis by qualified staff.

State-wide Programs psychology staff currently attend group supervision with peers from across all units of State-wide Programs. This ensures access to a broad range of specialist professional development opportunities and increased exposure to cross-sectional supervision experiences and resolutions. The primary themes within the group supervision sessions are broadly consistent to ensure they best meet the needs of individuals and the group.

## 26 Monitoring performance and evaluation framework

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The evaluation of CSNSW programs is essential in improving performance. High quality evaluations yield evidence about the impact of programs and services and enables CSNSW to make sound decisions about the most effective and efficient use of resources.

Programs are measured and monitored in different ways. Outcome evaluations are undertaken independently by the Bureau of Crime Statistics and Research (BOCSAR); CSNSW Corporate Research Evaluation & Statistics (CRES) undertakes internal process evaluations.

Benchmarked targets for programs as part of the Better Prison reforms are monitored through quarterly performance reporting.

Monthly statistical reports of offender participation in all custody-based and community-based criminogenic programs are monitored by operational managers.

The CSNSW Offender Program and Facilitation Standards also provide indicators that are used in the quality assurance and integrity monitoring of program delivery.

## 27 Definition of Abbreviations

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This policy and annexures use the following abbreviations:

Abbreviation	Definition
ACT	Acceptance and Commitment Therapy
AHPRA	Australian Health Practitioner Regulation Agency
ANZAAPL	Australian and New Zealand Association of Psychiatry, Psychology and Law
ANZATSA	Australian and New Zealand Association for the Treatment of Sexual Abuse
APS	Australian Psychological Society
ATSA	Association for the Treatment of Sexual Abusers
CBR	Court-based release
CBT	Cognitive Behavioural Therapy

<b>Abbreviation</b>	<b>Definition</b>
CC	Correctional Centre
CCO	Community Corrections Officer
CDO	Continuing Detention Order
ComCor	Community Corrections
COP	Change of Placement
COS	Community Offender Services
COSPs	Community Offender Support Program Centres
CFMHS	Community Forensic Mental Health Services
CIA	Community Impact Assessment
CMHS	Community Mental Health Services
CORE	Custody-based Intensive Treatment (CUBIT) Outreach
CPT	Classification and Placement Team
CSNSW	Corrective Services New South Wales
CSI	Corrective Services Industries
CSO	Crown Solicitor's Office
CUBIT	Custody-based Intensive Treatment
DBT	Dialectical Behaviour Therapy
DJ	Department of Justice
DV	Domestic Violence
EDRMS	Electronic Document Records Management System
EHR	Extreme High Risk
EPRD	Earliest Possible Release Date
ESO	Extended Supervision Order
EQUIPS	Explore, Question, Understand, Investigate, Practice, Succeed
FPS	Forensic Psychology Services
GM	General Manager
GOC	Gaol of Classification
HIPU	High Intensity Program Unit
HPP	High Profile Parolees
HROAC	High Risk Offender Assessment Committee
HROCSC	High Risk Offender Clinical Sub-Committee
HRTO	High Risk Terrorist Offender
IDATP	Intensive Drug and Alcohol Treatment Program

<b>Abbreviation</b>	<b>Definition</b>
JH&FMHN	Justice Health & Forensic Mental Health Network
MOS	Manager of Security
MOSP	Manager of Services and Programs
MSPC	Metropolitan Special Programs Centre
NUM	Nursing Unit Manager
OIMS	Offender Integrated Information Management System
OM&P	Offender Management and Programs
OS&P	Offender Services and Programs
PBDS	Personality and Behavioural Disorder Service
PCL-R	Psychopathy Checklist - Revised
PCL-SV	Psychopathy Checklist – Screening Version
PLG	Programs Leadership Group
PRISM	Pro-active Integrated Support Model
RAIT	Risk Assessment Intervention Team
RUSH	Real Understanding of Self Help
RNR	Risk – Needs – Responsivity
SDR	State Debt Recovery
SMAP	Special Management Area Placement
SO	Sexual Offender
SOAU	Serious Offender Assessment Unit
SOP	Sex Offender Programs
SORC	Serious Offenders Review Council
SOSA	Sex Offender Supervision Assessment
SPA	NSW State Parole Authority
SRP:SO	Self-Regulation Program: Sexual Offending
SRP:VO	Self-Regulation Program: Violent Offending
SSP	Self Service Portal (in relation to Work Development Orders)
SVOTP	Sex and Violent Offender Therapeutic Programs
THRO	Terrorist High Risk Offender
VO	Violent Offender
VOTP	Violent Offender Therapeutic Program
VRS	Violence Risk Scale
WDO	Work Development Order

## 28 Document history

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Version	Date	Reason for Amendment
1.0	14/12/20	Initial publication
1.1	17/02/2021	Update definitions
1.2	3/03/2021	Section 14.1 updated - VROs are included in CSNSW WDOs
1.3	1/10/2021	Section 7 & 10 updated – SORC request to include wording around their 'statutory function' Section 15 updated – Inclusion of specific criteria for when to discharge participants Section 21.1 - Inclusion of release of participant information outside CSNSW