

SEX OFFENDER TREATMENT

OVERVIEW:

Sexual offenders pose unique challenges to the treatment provider, and increased liability to the professionals responsible for their treatment and supervision. Effective treatment of this population requires effective training of treatment professionals in the dynamics of sexual offending and current approaches to assessing and treating these individuals. This training module is designed to assist probation officers in identifying appropriate treatment providers to facilitate them in their role of referring offenders to treatment and subsequently monitoring their progress.

OBJECTIVES:

Participants in this training module will learn

- ◆ To identify differences between treating sexual offenders and other psychotherapy clients.
- ◆ To identify appropriate treatment referrals based on the needs of the offender and the philosophy and approach of the treatment provider/program.
- ◆ The importance of establishing a professional relationship with treatment providers/programs to facilitate collaborative decision-making and enhanced communication.

Recommended Readings

O'Connell, M.A., Leberg, E., & Donaldson, C.R., (1990). *Working with sex offenders: Guidelines for therapist selection*. Newbury Park, CA: Sage.

Salter, A., (1988). Differences in treating child sex offenders and other clients. In *Treating child sex offenders and victims: A practical guide*. Newbury Park, CA: Sage.

Role of the Probation Agent vs. Role of the Therapist

GOAL OF THERAPY: To promote the offender's self-management of deviant tendencies, which leads to a reduction in the risk to reoffend.

GOAL OF SUPERVISION: Effective management of the offender and his/her environment that leads to a reduction in the risk to reoffend.

BOTH THERAPISTS AND PROBATION OFFICERS ARE IN THE BUSINESS OF REDUCING RISK FOR REOFFENSE.

The probation agent's relationship to the offender's treatment:

- ◆ Recommend as a condition of probation
- ◆ Refer to a reputable treatment program
- ◆ Include treatment participation/completion as a written condition of supervision
- ◆ Consider treatment participation and progress in decisions regarding:
 - release from incarceration
 - level and type of supervision
 - contact with victims/potential victims

conditions of supervision related to housing, employment, travel, etc.
ongoing assessments of risk

- ◆ Collaborate with treatment provider in confronting offender denial, case planning and management
- ◆ Support and reinforce treatment process
- ◆ Utilize treatment assignments as a method to structure supervision interviews, implement and oversee reoffense prevention planning
- ◆ Communicate relevant information to treatment provider in form of thorough pre-sentence investigation reports, supervision concerns, information from outside sources, etc.
- ◆ Role model for the offender, the behavior which treatment is designed to promote, i.e., assertiveness, empathic understanding of the victim's experience, nondistorted views of women and children, responsible behavior, etc.

Source: National Institute of Corrections (Revised for Minnesota)

Selecting and appropriate treatment program

For the treatment professional, the business of treating sex offenders is unlike that of treating most other mental health clients. Probably the most striking differences are due to the fact that there is a dual client, i.e., the **community** and the **offender**. The primary goal of sex offender treatment is to reduce the offender's risk to reoffend or, in other words, to protect the safety of the members of the community.

For the treatment professional, this task entails considerable risk and liability. To enter into this work without adequate training is unethical and foolish. However, though we are moving in the direction of developing standards for certification and/or licensure, most states do not require sex offender treatment providers to prove that they are competent to treat this population. In some states/regions almost anyone can hang up a sign and claim to provide sex offender treatment. Until there are appropriate standards in place, it behooves the probation officer to have a basic understanding of the treatment process, goals and techniques that are considered mainstream in the field of sex offender treatment today. Probation officers can then use this information as a yardstick to determine appropriate referrals and to measure offender progress.

Typically, when an individual enters therapy for mental health reasons, the therapist and client enter into a contract under which the treatment goals and methods are developed and implemented through a collaborative process between the therapist and the client. If the client does not agree with the goals or the methods, they can ask that they are changed, they can leave therapy, or they can seek therapy elsewhere. With limited exception, the therapist is obliged to maintain the confidentiality of the information shared in the therapy sessions.

For the sex offender entering therapy, the terms of the contract are quite different. Typically, they have not entered the therapy process voluntarily, but because there is a legal mandate requiring them to do so, or face more serious consequences, such as additional time in jail or prison. They are entering therapy precisely because they have broken the law and caused harm to others. For this reason, there are some striking differences in the nature of the contract between the therapist and the client i.e., the offender. These differences are designed to protect the primary client, i.e., and the community. Anna Salter in Chapter 7 of *Treating Child Sex Offenders and Their Victims* (1989), spells out the major differences in treating sex offenders and

other clients. These differences are summarized in the following pages. Mainstream goals for treating sex offenders are also identified, to provide the probation officer with a guideline for selecting appropriate treatment providers, and to provide a framework for exploring an offender's progress in treatment.

Differences in treating sex offenders vs. other clients

Mandating Treatment. Mandatory treatment requirements provide the offender with the ultimatum of participating in treatment for his sexual deviance or facing the full legal consequences of his offending. The offender's choice is usually whether to comply or face more restrictive consequences. Without external pressure most offenders are not likely to voluntarily admit to and give up their sexually deviant behaviors, nor enter and persist in an often difficult, expensive, time consuming and emotionally painful process to change their deviant patterns.

Setting Treatment Goals. In traditional psychotherapy, treatment goals are established jointly between the therapist and the client. Ultimately, the client decides whether they will agree to the goals. If sex offenders were asked what goals they would like to address in treatment, they are likely to say they want to feel better about themselves, to be able to see their children, to understand "why" they offended. Most of these goals are designed to help an offender feel better about themselves. The goal of sex offender treatment however, is not to make the offender feel better, but to decrease the risk he poses to the community. For this reason the basic goals of treatment for the sex offender are usually established by the treatment provider.

Communicating Values. In most educational programs that train helping professionals, students are taught to be objective and neutral. The therapist is not suppose to impose his/her values on the client and should be respectful of the client's choices, even if they do not agree with them. It would be ludicrous for a therapist to remain neutral on the issue of whether or not sexually abusing someone is wrong or harmful. Sex offender therapists are in a position to communicate the values of the society at large about the harmfulness and deviance of sexual offending. Other values are also reflected in the assumptions underlying sex offender therapy. Some examples of these values include the belief that children and some adults are vulnerable by nature of their age, size, and limited development and are therefore not able to consent to sexual behavior with older persons, and that there is something inherently wrong and harmful about incestuous behavior in a family.

Because sex offender therapists are in a position of power, which can be used to help or hinder a sex offender, it is imperative that the therapist be aware of the values they communicate in treatment and insure that they are respectful of the dignity of the persons they are treating. Someone who believes sex offenders are not worthy of respect as human beings, should not be working in this field. Such attitudes are likely to cause more harm and role-model for the offender the same disrespectful and dehumanizing attitudes and behaviors that are often implicit in sexual offending.

Setting Limits and Use of Power/Authority. Because of the risk sex offenders pose, it is necessary for therapists to set limits on their behavior. Unlike traditional psychotherapy, in which the client is allowed to come and go as they please, in working with offenders, the therapist typically establishes rules which the offender is required to follow, as part and parcel of their treatment program. The rules are enforced by the power the therapist has to communicate

with the legal and criminal justice system. Such rules typically include treatment participation, restrictions on their living arrangements, travel, work, leisure activities, etc. Such external limits are usually decreased as the offender progresses through treatment, though some may remain in effect on an ongoing basis.

Limiting Confidentiality and Working with Other Professionals. In selecting a treatment provider, it is important to know the program's policies regarding communication with referral sources. In working with sex offenders, it is imperative that treatment providers communicate with other members of the system, especially probation/supervising agents. Treatment providers may be required to testify in court or submit records for court hearings. The sex offender has a vested interest in "looking good" in the eyes of those who have the authority to recommend consequences that impact his life in significant ways. It has been said, "secrecy is the lifeblood of sexual offending". There is a greater likelihood that individual members of the system, if working in isolation, can get the "wool pulled over their eyes". Obtaining waivers of confidentiality should be a standard practice of treatment providers working with sex offenders. This allows the members of the system to perform their roles in an informed manner and circumvents the likelihood that the offender can manipulate its individual members.

Withholding Trust. One of the cornerstones of traditional psychotherapy is the establishment of trust between the client and the therapist. It is believed that the trust built in the relationship will allow the client to open up in a way that will foster growth and change. Committing a sexual assault is a violation of trust. Sex offenders have proven, through their past behavior, that they are not to be trusted. Information obtained from sex offenders should be corroborated by other sources. Even when the offender has made considerable progress in therapy, a dose of skepticism is likely to keep the offender and the therapist on their toes and attending to potential risk factors.

Resisting the Appeal to Narcissism. It is not uncommon for treatment providers to hear offenders say, "You're the best therapist in this program"; "You're the only person who really understands me"; "My other therapist just didn't know how to help me, but you do". Every therapist likes to believe they are good at what they do. Acknowledgment or praise from others is typically welcome and reinforcing. However, the therapist who is narcissistic or competitive with other professionals is likely to fall prey to the offender's manipulative tactics. They may collude with the offender, whose goal may be to get special treatment or to split the professional team, in order to be protected from being held accountable. Treatment professionals need to be attentive to their narcissistic tendencies and insure that they are meeting their emotional needs outside of therapy sessions with their clients.

Confronting. Because denial and defensiveness are so prevalent among sex offenders, treatment providers must be willing and able to confront their client's behavior and thinking patterns. Confronting appropriately and effectively requires that the treatment provider be aware of their own feelings and address them in a manner that maintains a respectful relationship with the offender. Professionals who feel protective of the offender are unlikely to confront them in a manner that will hold the offender accountable and communicate an expectation for change. Professionals who feel punitive or vindictive toward offenders are at risk to vent their feelings toward the offender in a manner that diminishes rapport, alienates the offender, creates an adversarial working relationship and role models the exact behavior that treatment is designed to

alleviate, (i.e., abusing another human being by misusing power). It is important that professionals have resources available to them to safeguard against using confrontation in a hostile or punitive manner. Working as a team member usually provides the professional with the opportunity to vent and process their feelings outside of the sessions with the offender. Some professionals may need to address their personal issues in therapy themselves.

Respecting without Colluding. Sexual abuse is heinous behavior. Yet treatment providers must be able to separate the behavior from the person. Often the clinician discovers that there are some very likable qualities about their clients. This can create what Anna Salter (1989) refers to as cognitive dissonance, an inconsistency or conflict in one's thoughts, beliefs or behavior that results in tension, which the individual is motivated to reduce. The desire to alleviate the dissonance can sometimes lead the professional to minimize or excuse the offender's behavior. This may take the form of blaming the victim, the offender's spouse, the "system", etc. It may also result in the clinician trying to protect the offender by siding with him against other team players. Clinicians must be able to respect, and sometimes empathize, with the offender's feelings and concerns, while at the same time holding the offender responsible for his choice to commit the offense(s) and the resulting consequences. If the offender has lost visitation rights with his children and has been unable to see them for several months, it is much more helpful for the therapist to acknowledge that this is a difficult and painful consequence for the offender, than to agree with him that the child protection agency and the judge are treating him unfairly. This communicates respect and empathy for the client's feelings without colluding with him in his distorted or defensive perspective.

"Occupational Hazards". It is extremely important that professionals who treat sex offenders recognize that there are personal and professional risks to treating this population. Sex offenders have demonstrated, through their past behavior, that they are willing to engage in abusive, deviant and criminal behavior. Professionals who work with them are certainly at some degree of risk to become the target of the offender's fantasies or anger. Offenders as a group tend to be rather litigious. It is not uncommon for treatment providers to be sued on claims of unfair treatment or treatment/assessment practices. In addition, society has little tolerance for repeat sex offenders. Often, when an offender reoffends, there is a tendency to assign blame to anyone associated with the offender, particularly those responsible for his treatment or management. Society at large still expects that treatment is a cure. When an offender reoffends may be touted as proof that treatment does not work or that the treatment provider failed in some way. Because sexual assault is a highly publicized and politicized offense, it is important for professionals to recognize the potential liability involved in treating this population. Professional reputations and program have "gone down the drain" following the occurrence of a highly publicized sexual reoffense.

Group vs. Individual Therapy. Group therapy is often the most effective therapeutic intervention for working with sex offenders. The benefits of group therapy include the following:

- ◆ The ability to manipulate others diminishes.
- ◆ The feelings of isolation/alienation may dissipate.
- ◆ The opportunity to receive additional feedback increases.
- ◆ The opportunity to both role model and observe role modeling increases.
- ◆ The opportunity to improve relationship skills is enhanced.

Individual therapy is appropriate as an adjunct to group therapy, when conducting an assessment or providing crisis intervention. It may also be appropriate for particular offenders who are unable to function adequately in a group setting.

The optimum group size is between six and eight members for therapy sessions, though larger groups are manageable for psychoeducational programming.

Treatment Goals

The goal of therapy is to promote the offender's ability and willingness to manage their deviant tendencies in a manner that will reduce the likelihood that they will reoffend. The occurrence of a sexual assault indicates that the individual has failed to manage their deviant tendencies in the past. For this reason, a number of external controls are placed on sex offenders entering the therapy process. These often include restrictions on contact with victims/potential victims, place of work, residence, recreational activities, requirements to submit to drug screening, polygraph testing, restrictions on use of pornography, alcohol, drugs, limitations on confidentiality, etc. The goals of therapy are designed to help the offender develop internal controls. The offender's progress in therapy is therefore determined by how far they are moving along the continuum toward demonstrating, through their behavior, that they have developed, and are utilizing, internal controls. As they develop internal controls, the external controls imposed to manage their behavior, will become less necessary. Primary treatment goals for most sex offenders should include the following:

- ◆ Take responsibility for and change their deviant sexual behavior and the associated fantasies.
- ◆ Identify and intervene in their deviant sexual assault cycle.
- ◆ Reduce their cognitive distortions.
- ◆ Increase their empathy for the victim(s) of their abuse.
- ◆ Develop a sound reoffense prevention plan.

All of the above goals relate very directly to the offender's deviant sexual behavior. Many sex offenders have additional problems or deficits that, if unaddressed, place the offender at greater risk to reoffend. They are related to sexual offending for some, but not all, sex offenders. These additional goals may include:

- ◆ Increase their sexual knowledge.
- ◆ Increase their assertiveness and social skills.
- ◆ Address their victimization experiences and unresolved trauma.
- ◆ Develop healthy, supportive relationships.
- ◆ Address dynamics in their current family relationships.
- ◆ Address chemical dependency.

Competent treatment providers will understand the importance of these goals and will provide a means to measure the offender's progress in relation to them. It is important to know how frequently, and under what circumstances, a treatment provider will communicate with probation officers. Typically, written reports should be shared periodically (e.g., quarterly) regarding the offender's progress in treatment, areas of concern, and relapse prevention plans. In addition,

quarterly meetings between the probation agent, therapist, and offender are recommended. This not only establishes a system of open communication, but role models for the offender the multidisciplinary professionals working as a team.

Sex Offender Treatment & Post Release Services Providers Directory

Web site of current information:
<http://209.98.123.41/Mnsexnet.htm>
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Minnesota Department of Corrections

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Dept. of Corrections Web site: www.doc.state.mn.us

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
180 Degrees 236 Clifton Avenue South Minneapolis, MN 55403 (612) 870-7227, CEO-Tom Zoet	Residential	Adults	Adult Halfway House
Adolescent Behavioral Health Consultants 2375 University Ave. West, Suite 160 St. Paul, MN 55114 (651) 642-1709, Contact, Mike O'Brien	Outpatient	Adolescents	
Affiliated Medical Centers 101 Willmar Avenue S. Willmar, MN 56201-3591 (320) 231-5000, Contact - Bill Walker, PhD	Outpatient	Adult Juvenile	Medical Center with Psychological Services
Alpha Human Services 2712 Fremont Avenue South Minneapolis, MN 55408 (612) 872-8218, CEO-Gerald Kaplan	Residential	Adults	Sex Offender Treatment
Alpha Phase, Inc. 1600 University Avenue, Suite 305 St. Paul, MN 55104 (651) 641-1485, CEO-Gerald Kaplan	Outpatient	Juvenile	Sex Offender Treatment
Alpha Services Industries 1516 W. Lake St., Suite 101 Minneapolis, MN 55408 (612) 872-8218, CEO-Gerald Kaplan	Outpatient	Adults Includes Post Release	Sex Offender Treatment
Anoka County Juvenile Center 7555 Fourth Avenue Lino Lakes, MN 55014 (651) 783-7563, Contact: John Schlichtmann	Residential	Adolescents	Supervision and Control
Arrowhead Reg. Corr., Juvenile Center 1918 Arlington Avenue North Duluth, MN 55811 (218) 722-7776, Superintendent-Kathy Trihey	Residential	Adolescents	Juvenile Center with residential sex offender treatment
Arrowhead Regional Corrections Juv. & Family Focused Learning Prgm 211 West Second Street, Suite 300 Duluth, MN 55802 (218) 727-4556, Contact -Dave Gustafson	Outpatient	Adolescents	Relapse Prevention Groups
A.S.C. Psychological Services 201 N. Broad Street, Suite # 305 Mankato, MN 56001 (507) 345-4679, Contact Person-Sue Sorenson	Outpatient		General Mental health

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
Bonnie-Lyn Center 430 Patterson Avenue Mankato, MN 56001 (507) 388-5801, CEO-Earlynn Pengally	Outpatient	Adults - Juv.- DD Fem. Post- release	Mental health Services SO Services
Center For Parents and Children 810 Fourth Avenue South Moorhead, MN 56560 (218) 233-6158, CEO-Gary Wolske	Outpatient	Adolescents	Sex Offender Treatment
Central MN Community Corrections 1777 Highway 18 East, #19 Brainerd, MN 56401 (218) 828-2933 or (320) 632-0304 Contact Person-Robert Ferrari	Outpatient	Adult Juvenile	Sex offender treatment groups provided thru CORE
Central MN Mental Health Center 1321 13th Street North St. Cloud, MN 56304 (320) 252-5010, Exec. Director-David Baraga	Outpatient	Adult Juvenile	Mental Health center with Sex offender treatment groups
Chain of Lakes Halfway House Rt. 1 Box 77 Fairmont, MN 56031 (507) 235-6657, Dave Dingman; C. Frank	halfway house	Adult	Work with men who have committed 5th Degree sexual assault
Citizen's Council 822 S. Third Street, Suite 100 Minneapolis, MN 55415 (612) 340-5432, Gerry Graham (612) 305-9060, Karla Weber	Community based	Adult Juv. Post-release Males/Females	Multiple focus Provide offender services
Community Foundations 796 Capitol Heights St. Paul, MN 55103 (651) 221-9880, Fax- (651) 225-1545 Ex. Dir.- John Hanson	Residential	Adults- generally, lower functioning	General Treatment with emphasis on sex offending
CORE Psychological Services 617 Oak Street Brainerd, MN 56401 (218) 829-7140, Exec. Director-Frank Weber	Outpatient	Adolescent, Adult Post-Release	SO Services
Counseling Associates of Winona 53 E. Third Street Winona, MN 55987 (507) 454-5479, Contact Person-Denis Carter	Outpatient	Juv. & Adult Supervised Releasee	Private Practice
Dakota Clinic 120 North Main Park Rapids, MN 56470 (218) 732-7266, Contact: Mark Johnson	Outpatient	Adolescent Adult	
Dakota Co. Community Corrections 201 North Concord Exchange South St. Paul, MN 55075 (651) 552-3084, Contact: Phyllis Grubb	outpatient	Adult Post Release	* service provision by several community-based providers

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
DFO Community Corrections Isolated S.O. Program 151 Fourth Avenue S.E. Rochester, MN 55904-3711 (507) 285-8164, Contact Person-Glen Just	Outpatient	Adults	
DFO Court Services 151 Fourth Street SE, 4 th Floor, Govnt. Cntr. Rochester, MN 55904 (507) 285-7018, Contact Person-Sue Swanson	Outpatient In-Home Family service for Juv.	Adults/Juv. Includes Post Release	
Dimock, Peter 401 Groveland Avenue Minneapolis, MN 55403 (612) 879-0154		AFTERCARE Assessment only	
Family Life Mental Health Center 1428 Fifth Avenue South Anoka, MN 55303 (763) 427-7964, CEO-Warren Maas	Outpatient	Adults	Sex Offender Treatment
Five County Mental Health Centers P.O. Box 287 Braham, MN 55006 (320) 396-3333 or 800-223-4513 Ex. Director-Jim Hermanson	Outpatient	Adult	Sex Offender Treatment
Genesis II 3036 University Avenue Minneapolis, MN 55414 (612) 617-0191, Ex. Dir., Barbara Kaufman	Outpatient	Adult Juvenile	General Treatment for Women
Harley Family Counseling Center 2780 N. Snelling Avenue Roseville, MN 55113 (651) 636-9242, Ex. Director-Todd Mulliken	Outpatient	Adults Juveniles	General Treatment with some emphasis on sex offense
Hennepin Co. Relapse Prevention Prgm Juvenile Justice Center 626 South Sixth Street Minneapolis, MN 55415 (612) 348-3722, Contact-Marion Kapusta	Residential	Juveniles	Sex offender treatment
Hennepin County Corrections C 2353 Government Center Minneapolis, MN 55487-0533 (612) 348-9251, Contact Person-Jim Ahrens	Requested RFP	Adult	Workhouse proposal
Human Services, Inc. 7066 Stillwater Blvd. Oakdale, MN 55128 (651) 777-5222, Ex. Dir.-Patrick Singel	Outpatient	Adults Juveniles	Sex Offender Treatment Low functioning
Institute For Psychological Therapies 13200 Cannon City Bld. Northfield, MN 55057 (507) 645-8881 R. Underwager; H. Wakefield	Outpatient with a quasi-residential component	Adults Juveniles	Sex Offender Treatment
Itasca County Human Services 123 Fourth Street Northeast Grand Rapids, MN 55744-3983 (218) 327-2981, Ex. Director-Tom Papin	Outpatient	Adult Juvenile	Adult Juvenile

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
Jay Kidder Box 16052 Minneapolis, MN 55416 (651) 813-0119	Outpatient	Adult Supervised Releasees	Groups
Lakeland Mental Health Center 126 East Alcott Fergus Falls, MN 56537 (218) 736-6987 or 800-223-4512 Marilyn Moen, Contact Person-Barb Prody	Outpatient	Adults Juveniles	Sex Offender Treatment
La Oportunidad Opportunity Center 1821 University Avenue, Suite 182 St. Paul, MN 55104 (651) 646-6115, Ex. Dir.- Miguel Ramos	Outpatient	Adults Post Release	Sex Offender Treatment
Leo A. Hoffman Center 116 South Third Street St. Peter, MN 56082 (507) 931-6122, -Dave Compton	Outpatient	Juvenile	Sex Offender Treatment
Lutheran Social Services 2414 Park Avenue South Minneapolis, MN 55404 (612) 871-0221, Ex.Dir. -Betchen Oberdorfer	Outpatient	Juvenile	General Mental Health and Sex Offender Treatment
Lutheran Social Service 2485 Como Avenue St. Paul, MN 55108 (651) 969-2281, Contact Person-Steve Rood	Outpatient	Juvenile	General Mental Health and Sex Offender Treatment
Mankato Psychology Clinic PLC 209 S. 2nd Street, Suite 306 Mankato, MN 56001-3639 (507) 387-1350, Contact Person-AI Coursol		Are willing to provide SO for adults and juveniles	Currently, only provide evals.
Mayo Clinic, Family Psychiatry Dept. 200 First Street South Rochester, MN 55905 (507) 284-1043, Contact Person-Bill Friedrich	Outpatient	Juvenile	
McGuire Family Therapy Center 51Fourth Street East Winona, MN 55987 (507) 452-3120, Contact -Ron McGuire	Outpatient	Adult Juvenile	Mental Health Center with Sex Offender Treatment
Metropolitan Comm. Mental Health Center 2700 University Ave. West, Suite 100 St. Paul, MN 55114 (651) 917-5575 - Pat Mosing	Outpatient/Day treatment	Adult	Mental Health Center Providing Day treatment and SO-specific treatment to DD clients
Mille Lacs Academy- NEXUS P.O. Box F, Crosier Center Onamia, Mn 56359 (320) 532-4005, Contact -Debra Peterson	Residential Aftercare	Juvenile	Residential Treatment Program
MCF-Lino Lakes, SOTP 7525 Fourth Avenue Lino Lakes, MN 55014 (651) 717-6194, Contact -Robin Goldman		Adult males	

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
MCF-Red Wing, Juvenile Sex Offender Prgm. 1079 Hwy. 292 Red Wing, MN 55066 (651) 267-3613		Juvenile	
MCF-Shakopee 1010 West Sixth Avenue Shakopee, MN 55379 (952) 496-4468, Contact -Maureen Franz		Female adults	
Minnesota Security Hospital 100 Freeman Drive St. Peter, MN 56082 (507) 931-7121, Contact -Michael Farnsworth	Residential	Adults	Sex Offender for Civil Commitment Offenders. Comprehensive services for other disorders.
MN Sexual Psychopathic Personality Tx Cntr. 1111 Highway 73 Moose Lake, MN 55767 (218) 485-5300, Contact -Anita Schlank	Residential	Adults	Sex Offender for Civil Commitment Offenders.
Morrison County Courthouse 213 SE First Avenue Little Falls, MN 56345 (320) 632-0304, Contact Person- Larry Falk	Outpatient	Adults Juvenile	Sex Offender Treatment Groups
Northland Counseling Center 936 Second Street NW Aitkin, MN 56431-1151 (218) 927-3718, Contact -Gayle Gilbertson	Outpatient	Adults	No Groups Currently, but will provide services
Northwest Youth and Family Services 3490 Lexington Avenue North Shoreview, MN 55126 (651) 486-3808, Contact - Kay Andrews	Outpatient	Juvenile	General Mental Health No structured SO Prgram Work individually with offenders
Northwestern Mental Health Center 100 College Avenue Crookston, MN 58716 (218) 281-3940, Contact Person-Dan Wilson	Outpatient	Adults Juveniles	Sex Offender Treatment
Northwood Children's Home Soc., Inc. 714 West College Street Duluth, MN 55811 (218) 724-8815, J. Yeager, Dean Grace*	Residential	Juvenile	Groups Individual therapy
Program In Human Sexuality, U of M 1300 Second Street South, Suite 180 Minneapolis, MN 55454 (612) 625-1500, M. Minor; E. Coleman	Outpatient	Adults	Sex Offender Treatment
Project Pathfinder 1821 University Ave., Suite N385 St. Paul, MN 55104 (651) 644-8515, Steve Sawyer, Peter Puffer	Outpatient	Adults	Sex Offender Treatment
Psychological Health Services 8 North Second Avenue East Duluth, MN 55806 (218) 722-1254	Outpatient	Adults Juveniles	Sex Offender Treatment

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
Ramsey County Mental Health Center 1919 University Ave. W., #200 St. Paul, MN 55104-3453 (651) 523-7931, Contact-Joeff Garwick	Outpatient	Adults Juvenile Females Males	Sex Offender Treatment Work with low functioning
Range Mental Health Center 750 East 34th Street Hibbing, MN 55746 1-800-450-7646, Virginia Office (218) 749-2881, Contacts-Miller Freezen; Craig Stevens	Outpatient	Adults Juveniles Includes Post Release	Sex Offender Treatment
Range Mental Health Center 624 South 13 th Street Virginia, MN 55792 (218) 749-2881 Tom Lundquist, Barb Thorne	Outpatient	Adults Juveniles	Sex offender Treatment Groups
Re-Entry, Ashland 532 Ashland Avenue St. Paul, MN 55102-	Residential	Adults Includes Post Release	Adult Halfway House
REM-Lyndale 2210 Lyndale Avenue North Minneapolis, MN 55411 (612) 922-6776 or (612) 522-6689 Contact Person-Linda Worel; Shelly Calkins	Residential	Adults	Intermediate Care Facility for the Mentally Retarded
Riverside Psychological Services 205 SW Seventh Avenue Stewartville, MN 55976 (507) 533-8846, Contact - Charles Dawley	Outpatient	Adults	Sex offender Treatment Groups
St. Cloud Children's Home 1726 Seventh Avenue South St. Cloud, MN 56301 (320) 251-8811, Contact Person- Jan	Residential	Juveniles	General treatment, with some emphasis on sex offenses
Seals and Associates 3400 W. 66th Street, Suite 350 Edina, MN 55435-2110 (952) 673-9628, Fax: (952) 673-0100 Contact Person- Bill Seals	Outpatient	Adults	groups
Sioux Trails Mental Health Center 1407 South State Street New Ulm, MN 56073 1-800-247-2809, (507) 931-2652 Contact Person-W. Bonnes; Rich Helgeson	Outpatient	Adults Supervised Releasees	Mental Health Center provides sex offender treatment groups
South Central Human Relations Ctr. 610 Florence Avenue Owatonna, MN 55060-4704 (507) 451-2630, Contact Person-Bob Steele	Outpatient	Adults Juveniles	Sex Offender Treatment
Storefront Youth Action 6425 Nicollet Avenue Richfield, MN 55423 (612) 861-1675, Contact - Mary Ellen Barrett	Outpatient	Juveniles	Sex Offender Treatment
Switras, Joe 208 W. Second Street, Suite 116 Fairmont, MN 56031	Outpatient	Adults Juveniles	Sex Offender Treatment

TREATMENT PROVIDER	PROGRAM TYPE	PROGRAM TREATS	PROGRAM ORIENTATION
Todd-Wadena Comm. Corrections 239 Central Avenue Long Prairie, MN 56347 (320) 732-6165, Contact Person- Bob Tepher	Outpatient	Adults Juveniles	Sex Offender Treatment
Transition Place 23 SE Fourth Street, #202 Minneapolis, MN 55414 (612) 379-8050, Contact - Jane Matthews	Outpatient	Adult Includes Post Release	Sex Offender Treatment
Tri-County Community Corrections Northwest Regional Corrections Ctr. 600 Bruce Street, P.O. Box 624 Crookston, MN 56716 (218) 281-7947, Contact Person- Susan Mills	Outpatient	Adult Juvenile	Sex Offender Treatment
Upper Mississippi Mental Health Ctr. P.O. Box 640 Bemidji, MN 56619-0640 (218) 751-3280, Contact - Sheryl Ristvedt	Outpatient	Adult Juvenile Includes Post Release	Sex Offender Treatment
Village Family Service Sexually Responsive Teens Program 715 N. 11th St., Suite 204 Moorhead, MN 56560-0208 (218) 233-6158, Contact Person-Pat Olson	Outpatient	Juvenile	
Western Human Development P.O. Box 450 Marshall, MN 56258 (507) 532-3236, Contact Person- Gloria Sabin	Outpatient	Adult Juvenile	Sex Offender Treatment
Wilson Center (outpatient clinic) 1800 NE 14 th Street Faribault, MN 55021 (507) 334-5561	Outpatient	Adult Juvenile	General Treatment with some emphasis on sex offenses
Winona County Court House, 4th Floor Winona, MN 55987 (507) 379-3416 Mike Downey; Matt Hudson	Outpatient Jail-based	Adults	Sex offender groups through Riverside Psychological Services
Woodland Centers P.O. Box 787 Willmar, MN 56201 (320) 235-4613 Fax- (320) 231-9140 Contact Person- Eugene Bonyng	Outpatient	Adult Juvenile Includes Post Release	Mental Health Center with Sex Offender Treatment
Wright, James 1020 146th Street East, Suite 115 Burnsville, MN 55337 (952) 431-2191 Jim Wright	Outpatient	Juvenile	Sex Offender Treatment
Zumbro Valley Mental Health Center 2116 Campus Drive S.E., Suite 105 Rochester, MN 55904 (507) 281-6240 Marcia Guertin	Outpatient	Adult Supervised-Releasees	Groups