



A Guide to Evidence Based Treatment Programming Offered at the North Dakota Department of Corrections and Rehabilitation - Division of Adult Services

This document outlines the protocol for referral and description of the treatment programs offered at the NDDOCR prisons and contract facilities.

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Introduction

VISION

A safer North Dakota through effective correctional services.

MISSION

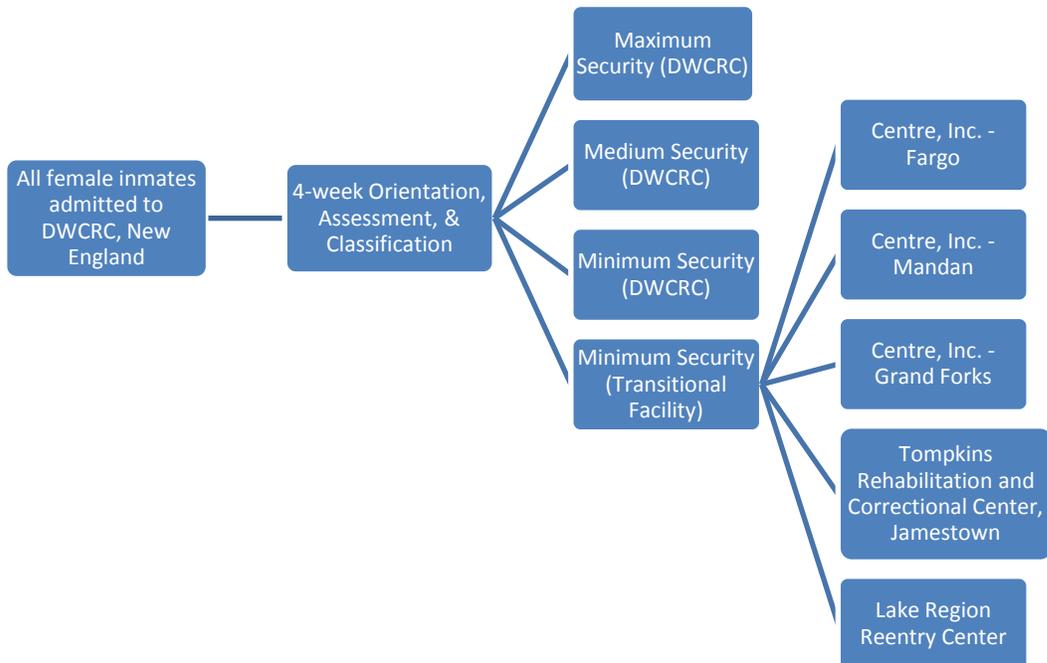
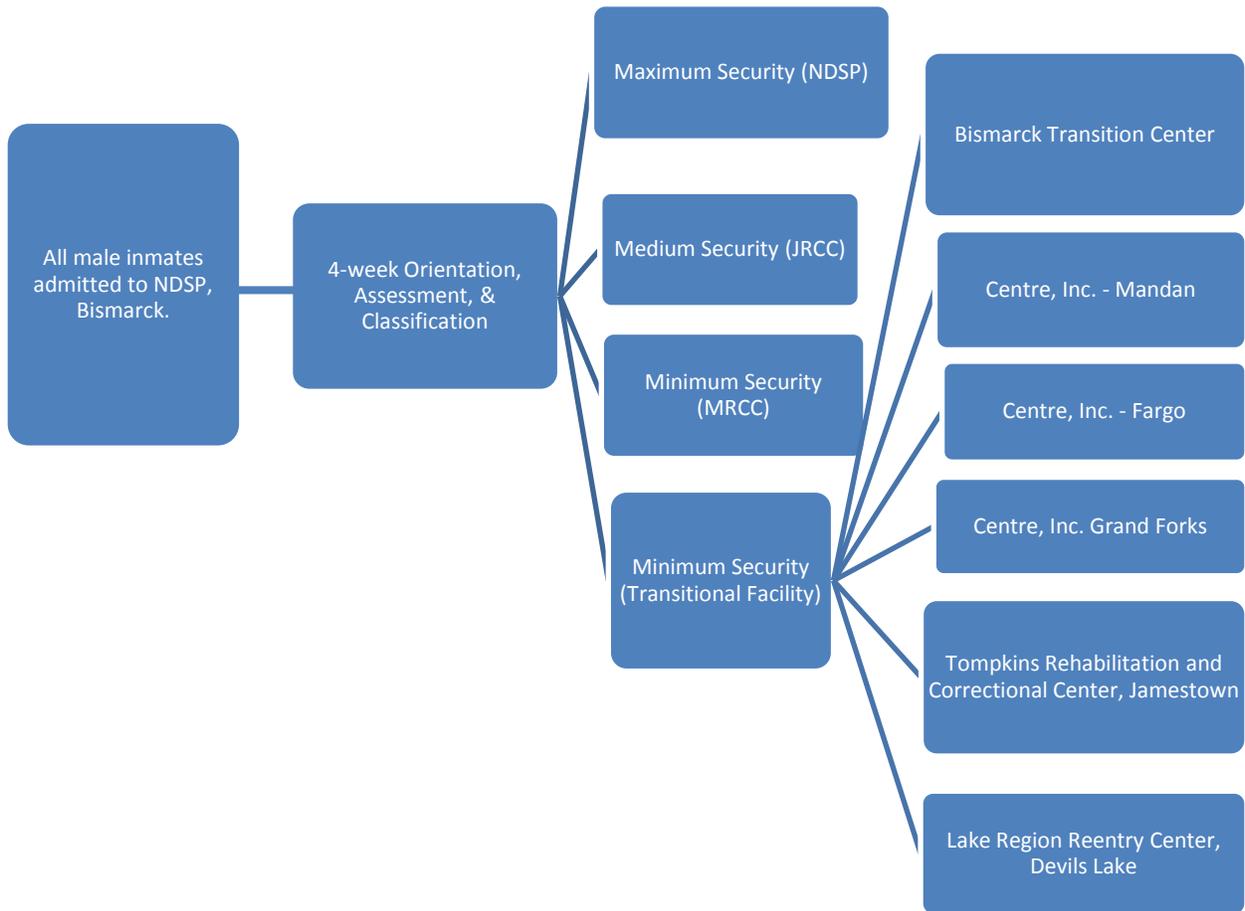
The mission of the North Dakota Department of Corrections and Rehabilitation is to enhance public safety, to reduce the risk of future criminal behavior by holding adult and juvenile offenders accountable, and to provide opportunities for change.

OVERVIEW

The North Dakota Department of Corrections and Rehabilitation (ND DOCR) receives all male inmates sentenced to its care, custody and control at the North Dakota State Penitentiary (NDSP) in Bismarck. All female inmates are received at the Dakota Women's Correctional and Rehabilitation Center (DWCRC) in New England. All inmates go through a four-week reception and orientation process. During this process inmates receive classes on prison life, corrections processes, and Parole Board processes. In addition, each inmate is assessed for criminogenic risk and needs, mental health, education, medical/dental, and other areas. Much of this information, including a complete criminal history, is compiled in the inmate's Sentencing Report.

After the orientation period, each inmate's case is reviewed by the Case Planning Committee, as well as the Classification Committee. The Case Planning Committee reviews all of the information contained in the sentencing report as well as the diagnostic information compiled through the assessment process to develop the Transitional Accountability Plan (TAP). The TAP is the inmate's resource allocation roadmap that provides the inmate as well as corrections staff a plan for where and when treatment services will be offered. The TAP also provides a plan for the inmate's eventual transition out of prison and back to the community. The Case Planning Committee, in most cases, plans the inmate's treatment services as close to the end of incarceration as possible in order to transfer the skills learned in treatment to a community setting.

The Classification Committee reviews all of the information and uses an actuarial scoring tool to assign each inmate a security risk level: Maximum, Medium, or Minimum. Maximum custody inmates are normally housed at the North Dakota State Penitentiary in Bismarck; Medium custody inmates at the James River Correctional Center (JRCC) in Jamestown; and Minimum custody inmates at the Missouri River Correctional Center (MRCC) in Bismarck. Minimum custody inmates may also be housed at a transitional facility under contract with the ND DOCR. Inmate's classification score may be overridden to a higher or lower custody level after consultation with the director of classification and institutional staff.



ASSESSMENT

The DOCR - Division of Adult Services utilizes a range of risk assessments to determine the need for treatment. While other assessments are utilized, the following assessments are used to determine referral to the treatment programs offered. Staff also take into consideration the criminal history and the order of the court when making referrals to treatment. The DOCR follows the risk principle when recommending and allocating correctional resources. In other words, based on actuarial risk and needs assessments, offenders who are moderate-to-high risk will be referred to treatment programs while in prison. Offenders who are low risk that do not receive recommended treatment while incarcerated will be referred for treatment once they are back in the community.

LEVEL OF SERVICES INVENTORY - REVISED (LSI-R)

The Level of Service Inventory–Revised™ (LSI-R™) is a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI–R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The 54 items are based on relevant factors needed for making decisions about risk and treatment. The LSI–R Manual explains the use of the LSI–R and summarizes research studies on its reliability and validity. The DOCR conducts an LSI-R assessment on each inmate within the first fourteen days of arrival to prison.

The LSI–R can be used by probation and parole officers and correctional workers in jails, detention facilities, and correctional halfway houses to assist in the allocation of resources, help make decisions about probation and placement, and assess treatment progress.

The LSI-R assesses offender criminogenic risk and need based on lifetime, past year, and current characteristics. The tool is broken down into ten domains; each score weighted based on the significance of the risk factors in each area (total points for that domain in parentheses):

- Criminal History (10)
- Education/Employment (10)
- Financial (2)
- Family/Marital (4)
- Accommodation (3)
- Leisure/Recreation (2)
- Companions (5)
- Alcohol/Drug (9)
- Emotional/Personal (5)
- Attitude/Orientation (4)

North Dakota has used the LSI-R since 2001. In 2011 the department validated the LSI-R to its population and established risk levels. Those risk levels are as follows:

North Dakota LSI-R Risk Levels		
LSI-R Score Range	Approximate Recidivism Rate	Risk/Need Level
39+	70%	High
30-38	58%	Moderate-High
24-29	51%	Moderate
20-23	33%	Low-Moderate
0-19	15%	Low

CRIMINAL THINKING SCALES (CTS)

The Texas Christian University Criminal Thinking Scales assessment is used to determine offenders who are appropriate for Thinking for a Change. They can also be used as a pre- and post-treatment measure of change in criminal thinking patterns following participation in Thinking for a Change. The 37-item self assessment measures offender criminal thinking in the following areas:

- Entitlement
- Justification
- Power Orientation
- Cold Heartedness
- Criminal Rationalization
- Personal Irresponsibility

Offenders who score above the norms in two or more of the above areas, along with other criteria, will be referred to [Thinking for a Change](#).

ADDICTION SEVERITY INDEX (ASI) AND SUBSTANCE USE EVALUATION

The ASI is a semi-structured interview designed to address seven potential problem areas in substance-abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. In 1 hour, a skilled interviewer can gather information on recent (past 30 days) and lifetime problems in all of the problem areas. The ASI provides an overview of problems related to substance abuse, rather than focusing on any single area. Offenders who are referred for an ASI through the appraisal process who score 4 or higher in any area will be referred for a substance use evaluation with a licensed addiction counselor.

A substance use evaluation is a semi-structured interview by an addiction counselor with the offender to provide a diagnosis, using the Diagnostic and Statistical Manual (DSM 5) and treatment recommendation, using the American Society of Addiction Medicine (ASAM)

dimensions and levels of care. For more information please see www.asam.org or <http://www.legis.nd.gov/information/acdata/html/75-09.1.html>

If referred, both the ASI and the substance use evaluation are completed within the first 4 weeks of the offender’s arrival to prison.

Based on the assessment, substance abuse treatment will be referred according to the following chart:

LSI-R Risk Levels				
		Low Risk	Moderate Risk	High Risk
		LSI-R 0-23	LSI-R 24-30	LSI-R 30+
ASAM Level of Care	Level I	Treat in the community	Treat in the community	Treat in the community
	Level II.1	Treat in the community	Treat in the DOCR	Treat in the DOCR
	Level III.1	Treat in the community	Treat in the DOCR	Treat in the DOCR
	Level III.5	Treat in the community	Treat in the DOCR	Treat in the DOCR

SEX OFFENDER ASSESSMENTS

The DOCR utilizes the Static-99R, a nationally-recognized sex offender risk assessments to predict both sexual and non-sexual risk to reoffend, and to make referrals to treatment services in both prison and community settings. The Static 99 was validated to the North Dakota population in 2003. The assessment is completed within the first 4 weeks of the offender’s arrival to prison if not already completed. If completed prior to prison, treatment staff will review the assessment and reconcile any scoring discrepancies with the supervisor. Sex offenders are also evaluated by a clinical psychologist for mental health and personality disorders.

In 2003 the department validated the Static-99 to its population and established approximate recidivism rates as well as risk levels:

Static -99	% Recidivism on SO Charge	% Recidivism on SO Conviction
ND Prison Sample Scores		
6 and above (High)	65%	65%
4-5 (Mod. High)	18%	18%
2-3 (Mod. Low)	8%	8%
0-1 (Low)	8%	8%
ND Probation Sample Scores		
6 and above (High)	82%	82%
4-5 (Mod. High)	6%	6%
2-3 (Mod. Low)	5%	5%
0-1 (Low)	2%	2%

Inmates who score in the moderate high or high risk level (4 and above) using the Static-99R and one of the following will be referred for sex offender treatment:

- a. An offender who is incarcerated for a current sex offense.
- b. An offender who has a prior record of a sex offense with less than 6 years at liberty who has not completed sex offender treatment.
- c. An offender who has previously completed a sex offender treatment program with documented criminal sexual misbehavior after completion of the program.
- d. An offender who is incarcerated for a non-sex offense where the criminal elements of the act were sexually motivated.
- e. An offender clinically overridden by the clinical director

Low and low/moderate risk offenders per the Static-99R will be referred for sex offender treatment in the community upon release from prison, provide they have not completed treatment or achieved at least six years at liberty since their last instance of sexual misbehavior.

THINKING FOR A CHANGE (T4C)

Thinking for a Change (T4C) is an integrated, cognitive behavioral change program for offenders that include cognitive self-change, social and problem solving skills. Designed for delivery to groups of 10-12 offenders in 25 lessons, the T4C program can be expanded to meet the needs of specific participant groups and facilitated by any trained staff member. Cognitive self-change teaches a concrete process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills instruction prepares group members to engage in pro-social interactions based on self-understanding and consideration of the impact of their actions to others. Problem solving skills integrates the two interventions to provide an explicit step-by-step process to address challenging and stressful real life situations. The program integrates these three types of interventions in the following way:

- Lesson 1 begins the program with an overview and introduction.
- Lessons 2-5 and 11-15 teach social skills.
- Lessons 6-10 teach the cognitive self change process.
- Lessons 16-24 teach problem solving skills.
- Lesson 25 provides a wrap up of the program with the option of extending the program based on the needs of group members.

CRITERIA for REFERRAL

1. LSI-R Score of 30 (moderate to high risk and needs) or above **AND** one of the following:
2. Three or more adult prison incarcerations;
3. History of Axis II Antisocial Personality Diagnosis; or designation of Antisocial features or traits;
4. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile:
 - a. Entitlement
 - b. Justification
 - c. Power Orientation
 - d. Cold Heartedness
 - e. Criminal Rationalization
 - f. Personal Irresponsibility

OR

5. Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional behaviors.¹

¹ Examples: multiple institutional write-ups, behavioral problems in group, substance abuse, lengthy criminal history or multiple incarcerations with an LSI-R <30, domestic offenses and not referred to other programming.

COGNITIVE BEHAVIORAL INTERVENTIONS FOR SUBSTANCE ABUSE (CBISA)

Cognitive Behavioral Interventions for Substance Abuse (CBISA) is a curriculum designed for offenders who are moderate to high need in the area of substance abuse, and was developed by the University of Cincinnati Corrections Institute. It refers frequently to the legal effects of substance abuse and is well-suited for the criminal justice population. As the name suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse.

The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skills development. The components of the thirty-eight session curriculum include the following:

- Pretreatment (optional)
- Module 1: Motivational Engagement
- Module 2: Cognitive Restructuring
- Module 3: Emotional Regulation
- Module 4: Social Skills
- Module 5: Problem Solving
- Module 6: Relapse Prevention

The curriculum is delivered by licensed addiction counselors as well as other trained treatment staff in a fourteen-week cycle. The schedule followed at the three adult male prison facilities incorporates the core thirty-eight sessions called for by the curriculum as well as several advanced social skill and practice sessions. All substance abuse treatment offered by the DOCR and its contracted agencies are licensed by the Mental Health and Substance Abuse Division of the Department of Human Services.

CONFLICT RESOLUTION PROGRAM (CRP)

The Conflict Resolution Program (CRP) is a curriculum designed for offenders who are moderate to high risk and have a specific need in the area of emotional regulation. Participants must have been charged or convicted of at least two violent person-on-person offenses (including institutional misconducts). The 16-week program is organized into four modules: Module 1: Motivational Enhancement (only completed with members who are assessed as resistant) is designed to reduce resistance to change and participants perform a cost/benefit analysis. Module 2: Basic Cognitive Restructuring Skills -participants develop an understanding of the change process, how to restructure thoughts, and introduces the CRP Log components. Module 3: Social Skill and CRP Tool Development – participants continue to complete and review CRP Logs as well as learn social skills to manage conflicts. Module 4: Application – Participants continue development of social skills, conflict resolution tools and practice applying them to

conflict situations. Group participants learn a range of cognitive restructuring techniques as well as skills to deal effectively with anger and conflict.

Offenders are referred to CRP based on the following criteria:

LSI-R Score of 30 (moderate -high risk/needs) or above -

And a pattern (two distinct incidents on different days) of the following forms of violence:

1. Conviction of physical person-on-person violence, not including domestic violence, including attempted, conspiracy to commit, and accomplice to, within the 3 years prior to the assessment
 - a. Any Simple Assault- not domestic
 - b. Any Assault- not domestic
 - c. Any Aggravated Assault- not domestic
 - d. Contact by Bodily Fluids*
 - e. Murder- not domestic
 - f. Manslaughter*- not domestic
 - g. Abuse or Neglect of a Child*
 - h. Felonious Restraint*- not domestic
 - i. Kidnapping*- not domestic
 - j. Unlawful Imprisonment*- not domestic

* Indicates that a more in-depth review of the elements and circumstances of the offense meets the definition of **violence**.

2. Institutional violence (in prison, jail, halfway houses) within the 3 years prior to the assessment or during the inmate's current stay in prison.
 - a. 209- "Fighting"
 - b. 301- "Homicide"
 - c. 304- "Assault and battery on staff"
 - d. 305- "Assault and battery"
3. A pattern of self-reported violent acts causing clinically significant impairment to their functioning

Violence: Exertion of physical force so as to injure or abuse another person.

The Alternative to Violence in Relationships Program (AVRP) is a curriculum designed for offenders who are moderate risk and in need of emotional regulation, specifically related to intimate partner relationships. Inmates do not have to be charged or convicted of a Domestic Violence offense towards their partners, in order to qualify for this program. The 16-week program is organized into two modules: Motivational Enhancement along with Cognitive Restructuring is module one and Skill Building along with Evaluation is module two. The two modules will run concurrently throughout the 16 weeks. The groups will be held two days per week, with Module 1 being held one day and Module 2 being held on the 2nd day. Group participants will learn a variety of cognitive restructuring techniques as well as skills to help them have healthy intimate partner relationships.

Offenders are referred to AVRP based on the following criteria:

LSI-R Score of 24 (moderate risk/needs) or above - **And** one of the following:

1. Any Charge or Conviction of violence, domestic related, within 3 years prior to the assessment. (Includes charges that were reduced in a plea bargain and dismissed charges.)
 - a. Any Simple Assault
 - b. Any Assault
 - c. Any Aggravated Assault
 - d. Murder
 - e. Manslaughter
 - f. Terrorizing
 - g. Felonious Restraint
 - h. Kidnapping
 - i. Unlawful Imprisonment
 - j. Violation of protection order
 - k. Interference with 911 call.
2. A pattern of self-reported violent or aggressive acts towards their partner.
3. Individuals may also be referred via treatment staff recommendations based on notable violent or aggressive behaviors towards their partners.

Violence: Exertion of physical force so as to injure or abuse another person.

Aggressive: A forceful action or procedure especially when intended to dominate or master; the practice of making attacks or encroachments; hostile, injurious, or destructive behavior or outlook especially caused by frustration.

SEX OFFENDER TREATMENT PROGRAM (SOTP)

The Sex Offender Treatment Program (SOTP) is a curriculum designed for sex offenders who score moderate to high risk on an actuarial measure of sexual recidivism. It was developed by the University of Cincinnati Corrections Institute and uses a cognitive behavioral approach to teach offenders strategies to avoid further sexual offending and/or sexual misbehavior.

The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skills development. The components of the fifty-one session curriculum include the following:

- Module 1: Motivational Engagement
- Module 2: Basic CBT Concepts
- Module 3: Cognitive Restructuring
- Module 4: Emotional Regulation
- Module 5: Social Skills
- Module 6: Problem Solving
- Module 7: Relapse Prevention/Maintenance Sessions

Throughout the seven modules offenders will learn a variety of social skills to help them avoid risk to reoffend. These social skills include:

- Recognizing Your Feelings
- Communicating Your Feelings
- Understanding the Feelings of Others
- Responding to the Feelings of Others
- Learning Self-Control
- Using Self-Control
- Dealing with Negative/Stressful Life Events
- Dealing with Anger
- Dealing with Hostility
- Dealing with Rejection and Failure
- Dealing with Anxiety and Fear
- Asking for Help
- Taking the Perspective of Others
- Dealing with Mixed Messages
- Dealing with Criticism
- Resolving Conflict
- Avoiding Trouble with Others
- Asking Permission
- Disclosing Personal Information
- Communicating Disinterest
- Communicating Interest

At this time the program is running twice a week (2 hour sessions) for up to eight months.

The Dakota Women's Correctional and Rehabilitation Center (DWCRC) offers several elective programs that acknowledges and addresses the distinct needs, characteristics, and life experiences of women. (Elective programs are those that the inmate will not be disciplined for by refusing to attend). Men and women are different, and respond differently to correctional intervention. Correctional services can be more effective by reducing re-offending when agencies respond to those differences. Some of the gender differences in the offender population include:

- Frequency and seriousness of offending
- Drug influence
- Relationships influencing offending behavior
- Response to supervision, incarceration and treatment
- Primary child care responsibilities
- Prevalence of victimization
- Mental illness, substance use, and trauma.

The DWCRC offers the following programs to address these issues.

Houses of Healing:

This therapeutic group covers a variety of subjects, including trauma and loss, forgiveness, remorse, resentment, relaxation and self-esteem. By permitting them to process situations that have been traumatic in their life, these components are designed to increase ones self-awareness, promoting greater inner peace, power and freedom. The program is approximately twelve 2-hour sessions.

Beyond Trauma:

This group is a manualized program that runs for approximately 12 weeks. Group sessions include defining trauma, the cause and effects of trauma and ways to promote both physical and emotional well being.

Coping Skills:

This program focuses on educating participants on their mental health as well as providing them with a "toolbox" of strategies that can be used to deal with stressors of everyday living in a manner that is healthy and pro-social. The program runs approximately 8 weeks in length, 2 hour sessions.

Seeking Safety:

This program presents an integrative treatment approach specifically for those who suffer PTSD and substance abuse. Topics focus on discontinuing substance use, letting go of dangerous relationships and gaining control over extreme symptoms such dissociation and self harm. The program teaches safe coping skills and helps restore ideals that have been lost including respect, care, protection and healing. The length of program may vary; approximately 12 weeks.

Moving On:

This program provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources. This gender-specific program addresses many risk factors that can lead to a woman's criminal behavior and focuses on 4 main themes: Encouraging personal responsibility and enhancing motivation for change; expanding connections and building healthy relationships; skill enhancement, development and maintenance; and relaxation and stress management skills., runs approximately 12 weeks

ADVANCED PRACTICES

Advanced Practices targets both criminal thinking and capacity to build pro-social responses. After completion of a primary program where offenders learn to identify risk, learn skills needed to reduce risk, Advanced Practices allows offenders to practice applying these skills in a structured, feedback-rich environment. Advanced Practices guides offenders to practice linking the risk to the appropriate skill set, how to generalize the application of skills, and to practice these social and problem solving skills in more intense and realistic situations than previously practiced in primary treatment programs.

During Advanced Practices, an offender would identify a risk area and then choose a skill set that would, if used, help reduce the risk. Once selected, the offender would practice the skills in the group setting so this type of risk reduction strategy becomes habitual. The offender continues to practice the skill in real-life situations and reports back to the group weekly. Offenders typically have years of utilizing antisocial skills, Advanced Practices guides offenders to build new, pro-social habits that lead them away from criminality.

QUALITY ASSURANCE

Monitoring program fidelity is the key to the success of a program's recidivism-reducing potential. The ND DOCR has developed quality assurance processes for each program to ensure it meets the standards intended by the creators of the curriculum. While there is room for clinical discretion regarding specific risk situations, activities, and progress of the group, each session needs to deliver the elements included in the curriculum to provide full effect to the participants. Program supervisors regularly observe groups to monitor performance and provide feedback to the facilitators. Not only does this maintain program fidelity, but also helps the facilitators build and improve their counseling and group facilitation skills.

The ND DOCR also performs program evaluations regularly using the Corrections Program Checklist (CPC) developed by the University of Cincinnati Center for Criminal Justice Research. The CPC is a tool designed to assess correctional intervention programs, and used to ascertain how closely correctional programs meet the known principles of effective intervention. Several

recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC. ² These studies yielded strong correlations with outcome between overall scores, domain areas, and individual items, (Holsinger, 1999; Lowenkamp & Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: 1) Leadership and Development, 2) Staff, and 3) Quality Assurance. The CONTENT area focuses on the substantive domains of 1) Offender Assessment and 2) Treatment Characteristics, and the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators, worth up to 83 total points. Each area and all domains are scored and rated as either HIGHLY EFFECTIVE (65% to 100%); EFFECTIVE (55% to 64%); NEEDS IMPROVEMENT (46% to 54%); or INEFFECTIVE (45% or less).

² These studies involved over 40,000 offenders (both adult and juvenile), and over 400 correctional programs, ranging from institutional to community based. All of the studies are available on our web site (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

NORTH DAKOTA STATE PENITENTIARY TREATMENT PROGRAMS OFFERED

Security Level = Maximum	# Beds = 814	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Thinking for a Change</p> <p align="center">38 hours 12 weeks</p>	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
		Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Conflict Resolution Program</p> <p align="center">64 hours 16 weeks</p>	Antisocial Behavior	LSI-R score of 30+ (moderate/high risk & need) and one of the following:
	Antisocial Attitude	1. Conviction of at least two separate incidents of physical person-on-person violence, not including domestic violence including attempts and conspiracy to commit, and accomplice to within 3 years prior to the assessment.
	Antisocial Cognition	2. Institutional violence (in prison, jail, or halfway house) within 3 years prior to the assessment or during the individual's current incarceration.
	Emotional Regulation	3. A pattern of self-reported violent acts causing clinically significant impairment to individual's functioning.
		or
		Individuals may also be referred via treatment staff recommendation based on notable violent or aggressive behaviors.

Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Alternative to Violence in Relationships Program</p> <p>64 hours 16 weeks</p>	Antisocial Behavior	LSI-R score of 24+ (moderate risk & need) and one of the following:
	Antisocial Attitude	1. Any charge or conviction of violence, domestic related, within 3 years prior to the assessment (includes reduced, plea bargain, and dismissed).
	Antisocial Cognition	2. A pattern of self-reported violent or aggressive acts towards a partner.
	Emotional Regulation	3. Individuals may also be referred via treatment staff recommendations based on notable violent or aggressive behaviors towards a partner.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Cognitive Behavioral Interventions for Substance Abuse</p> <p>126 hours 14 weeks</p>	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and
		DSM 5 severe, moderate, or mild use diagnosis and
		ASAM Level of Care up to Level III.5
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Sex Offender Treatment Program</p> <p>Minimum 104 hours 26 weeks</p>	Impulsive Behavior Sexual Misbehavior	Static-99R score of 4+ and one of the following:
		1. Currently incarcerated for a sex offense.
		2. Has a prior record of a sex offense and less than 6 years at liberty that has not completed a sex offender treatment program.
		3. Has previously completed a sex offender treatment program with noted criminal sexual misbehavior after completion of the program.
		4. Currently incarcerated for a non-sex offense where the criminal elements of the act were sexually motivated.
5. Has been found guilty of sexual misconduct involving sexually predatory behavior while on inmate status at the DOCR or other correctional facility (case-by-case).		

Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Sex Offender Maintenance/Relapse Prevention 2 hours bi-weekly until discharge	Impulsive Behavior Sexual Misbehavior	Has completed primary Sex Offender Treatment.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Alternative Sex Offender Treatment Program 3 hours weekly Duration is individualized	Impulsive Behavior Sexual Misbehavior	Static-99R score of 4+ and one of the following:
		After a psychological evaluation, individual is found to have a diagnosis of mental retardation, severe learning disability, brain injury, mental illness that would keep the Individual from being successful in regular treatment group
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 15 hours minimum	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

JAMES RIVER CORRECTIONAL CENTER TREATMENT PROGRAMS OFFERED

Security Level = Medium	# Beds = 417	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Thinking for a Change</p> <p align="center">38 hours 12 weeks</p>	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Conflict Resolution Program</p> <p align="center">64 hours 16 weeks</p>	Antisocial Behavior	LSI-R score of 30+ (moderate/high risk & need) and one of the following:
	Antisocial Attitude	1. Conviction of at least two separate incidents of physical person-on-person violence, not including domestic violence including attempts and conspiracy to commit, and accomplice to within 3 years prior to the assessment.
	Antisocial Cognition	2. Institutional violence (in prison, jail, or halfway house) within 3 years prior to the assessment or during the individual's current incarceration.
	Emotional Regulation	3. A pattern of self-reported violent acts causing clinically significant impairment to individual's functioning.
		or

Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Alternative to Violence in Relationships Program</p> <p>64 hours 16 weeks</p>	Antisocial Behavior	LSI-R score of 24+ (moderate risk & need) and one of the following:
	Antisocial Attitude	1. Any charge or conviction of violence, domestic related, within 3 years prior to the assessment (includes reduced, plea bargain, and dismissed).
	Antisocial Cognition	2. A pattern of self-reported violent or aggressive acts towards a partner.
	Emotional Regulation	3. Individuals may also be referred via treatment staff recommendations based on notable violent or aggressive behaviors towards a partner.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Cognitive Behavioral Interventions for Substance Abuse</p> <p>126 hours 14 weeks</p>	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and:
		DSM 5 severe, moderate, or mild use diagnosis and
		ASAM Level of Care up to Level III.5.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Sex Offender Treatment Program</p> <p>Minimum 104 hours 26 weeks</p>	Impulsive Behavior Sexual Misbehavior	Static-99R score of 4+ and one of the following:
		1. Currently incarcerated for a sex offense.
		2. Has a prior record of a sex offense and less than 6 years at liberty that has not completed a sex offender treatment program.
		3. Has previously completed a sex offender treatment program with noted criminal sexual misbehavior after completion of the program.
		4. Currently incarcerated for a non-sex offense where the criminal elements of the act were sexually motivated.
		5. Has been found guilty of sexual misconduct involving sexually predatory behavior while on inmate status at the DOCR or other correctional facility (case-by-case).

Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Sex Offender Maintenance/Relapse Prevention 2 hours weekly until discharge	Impulsive Behavior	Has completed primary Sex Offender Treatment.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Alternative Sex Offender Treatment 3 hours weekly Duration is individualized	Impulsive Behavior	Static-99R score of 4+ and one of the following:
		After a psychological evaluation, individual is found to have a diagnosis of mental retardation, severe learning disability, brain injury, mental illness that would keep the individual from being successful in regular treatment group.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 15 hours minimum	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

MISSOURI RIVER CORRECTIONAL CENTER TREATMENT PROGRAMS OFFERED

Security Level = Minimum	# Beds = 151	Untreated sex offenders, sex offenders with visitation restrictions, or those with Static-99R of 4+ are excluded.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 38 hours 12 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Conflict Resolution Program 64 hours 16 weeks	Antisocial Behavior	LSI-R score of 30+ (moderate/high risk & need) and one of the following:
	Antisocial Attitude	1. Conviction of at least two separate incidents of physical person-on-person violence, not including domestic violence including attempts and conspiracy to commit, and accomplice to within 3 years prior to the assessment.
		2. Institutional violence (in prison, jail, or halfway house) within 3 years prior to the assessment or during the individual's current incarceration.
	Emotional Regulation	3. A pattern of self-reported violent acts causing clinically significant impairment to individual's functioning.
		or

Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Alternative to Violence in Relationships Program</p> <p>64 hours 16 weeks</p>	Antisocial Behavior	LSI-R score of 24+ (moderate risk & need) and one of the following:
	Antisocial Attitude	1. Any charge or conviction of violence, domestic related, within 3 years prior to the assessment (includes reduced, plea bargain, and dismissed).
	Antisocial Cognition	2. A pattern of self-reported violent or aggressive acts towards a partner.
	Emotional Regulation	3. Individuals may also be referred via treatment staff recommendations based on notable violent or aggressive behaviors towards a partner.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Cognitive Behavioral Interventions for Substance Abuse</p> <p>126 hours 14 weeks</p>	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and
		DSM 5 severe, moderate, or mild use diagnosis.
		ASAM Level of Care up to Level III.5.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p>Advanced Cognitive Behavioral Skill Practice</p> <p>15 hours minimum</p>	Antisocial Cognition	<p>Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.</p>
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

DAKOTA WOMEN'S CORRECTIONAL AND REHABILITATION CENTER TREATMENT PROGRAMS OFFERED

Security Level = up to Maximum	# Beds = 126	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 38 hours 12 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
		Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Conflict Resolution Program 24 hours 12 weeks	Antisocial Behavior	LSI-R score of 24+ (moderate risk & need) and one of the following:
	Antisocial Attitude	1. Conviction of physical person-on-person violence, not including domestic violence including attempts and conspiracy to commit, and accomplice to within 3 years prior to the assessment.
	Antisocial Cognition	2. Institutional violence (in prison, jail, or halfway house) within 3 years prior to the assessment or during the individual's current incarceration.
	Emotional Regulation	3. A pattern of self-reported violent acts causing clinically significant impairment to individual's functioning.
		or
		Individuals may also be referred via treatment staff recommendation based on notable violent or aggressive behaviors.

Core Treatment Group	Responsivity Factors	Offender Target Population
Houses of Healing (elective program) Twelve 2-hour sessions	Trauma	Females who, after the assessment process, are identified to have a need to address trauma.
	Gender	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Cognitive Behavioral Interventions for Substance Abuse 126 hours	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and:
		DSM 5 severe, moderate, or mild use diagnosis.
		ASAM Level of Care up to Level III.5.
Core Treatment Group	Responsivity Factors	Offender Target Population
Beyond Trauma (elective program) 12 weeks	Trauma	Females who, after the assessment process, are identified to have a need to address trauma.
	Gender	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Sex Offender Treatment (may be offered individually or as a group)	Impulsive Behavior	1. Currently incarcerated for a sex offense.
		2. Has a prior record of a sex offense and less than 6 years at liberty that has not completed a sex offender treatment program.
		3. Has previously completed a sex offender treatment program with noted criminal sexual misbehavior after completion of the program.
		4. Currently incarcerated for a non-sex offense where the criminal elements of the act were sexually motivated.
		5. Has been found guilty of sexual misconduct involving sexually predatory behavior while on inmate status at the DOCR or other correctional facility (case-by-case).

Core Treatment Group	Responsivity Factors	Offender Target Population
Coping Skills (elective program) 8 weeks 16 hours	Mental Health	Females diagnosed with a mental illness.
Core Treatment Group	Criminogenic/Responsivity Factors	Offender Target Population
Seeking Safety (elective program) 12 weeks	Substance Use	Females diagnosed with Post Traumatic Stress Disorder and mild, moderate, or severe substance use.
	Mental Health	
Core Treatment Group	Criminogenic/Responsivity Factors	Offender Target Population
Moving On (elective program) 12 weeks	Antisocial Cognition	Females who report family and/or social problems that have a significant impact on prosocial behavior.
	Antisocial Behavior	
	Gender	
	Emotional Regulation	

TOMPKINS REHABILITATION AND CORRECTIONAL CENTER TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community 100-150 days	# Beds = 90 (60 men, 30 women; flexible between inmate and community)	Sex offenders, 85% TIS, medically/psychologically unstable excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Cognitive Restructuring 38 hours	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile. or Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Batterer's Treatment 30 hours	Antisocial Behavior	LSI-R score of 24+ (moderate risk & need) and one of the following:
	Antisocial Attitude	1. Conviction of domestic violence, including attempt, conspiracy, and accomplice to, within 3 years prior to the assessment.
	Antisocial Cognition	2. A pattern of self-reported violent acts causing clinically significant impairment to individual's functioning.
	Emotional Regulation	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Substance Use Treatment 140 hours	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and:
		DSM 5 severe, moderate, or mild use diagnosis.
		ASAM Level of Care up to Level III.5

BISMARCK TRANSITION CENTER TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community	# Beds = 152 (flexible between inmate and community)	Sex Offenders Excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 32 hours 8 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following: 1. Three or more adult prison incarcerations. 2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits 3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile. or Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Cognitive Behavioral Interventions for Substance Abuse 60 - 80 hours 8 weeks	Substance Abuse	ASAM Level of Care of II.1.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Substance Abuse Aftercare 16 hours 8 weeks	Substance Abuse	Individual successfully completed primary treatment and: Individual recommended for ASAM Level of Care I.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 20 hours	Antisocial Cognition	Individual has previously completed primary Thinking for a Change or Conflict Resolution Program with an LSI-R between 0-35.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
High Risk Advanced Cognitive Behavioral Skill Practice 30 hours	Antisocial Cognition	Individual has previously completed primary Thinking for a Change or Conflict Resolution Program with an LSI-R of 36 or greater.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	

CENTRE, INC. - FARGO HALFWAY HOUSE TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community	# Beds = 126 (89 men, 37 women; flexible between inmate and community	High risk (SORAC) sex offenders excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 38 hours 12 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
	Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.	
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Cognitive Behavioral Interventions for Substance Abuse 126 hours	Substance Abuse	LSI-R score of 24+ (moderate risk & need) and:
		DSM 5 severe, moderate, or mild use diagnosis and:
		ASAM Level of Care up to Level III.5.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Substance Abuse Aftercare 1 hour per week 10-12 Weeks	Substance Abuse	Individual successfully completed primary treatment and:
		Individual recommended for ASAM Level of Care I.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 1.5 hours per week 6 weeks minimum	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

CENTRE, INC. - MANDAN TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community	# Beds = 76 (48 men, 28 women; flexible between inmate and community	High risk (SORAC) sex offenders excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 38 hours 12 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile. or Individuals may also be referred via staff recommendation based on notable criminal thinking patterns or institutional misbehavior.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Substance Abuse Aftercare 1.5 hour per week 10 weeks	Substance Abuse	Individual successfully completed primary treatment and Individual recommended for ASAM Level of Care I.
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 1.5 hours per week 6 weeks minimum	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

CENTRE, INC. - GRAND FORKS TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community	# Beds = 118	High risk (SORAC) sex offenders excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Thinking for a Change</p> <p align="center">38 hours 12 weeks</p>	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
<p align="center">Advanced Cognitive Behavioral Skill Practice</p> <p align="center">1.5 hours per week 6 weeks minimum</p>	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	

LAKE REGION REENTRY CENTER TREATMENT PROGRAMS OFFERED

Security Level = Minimum/Community	# Beds = 28 (20 men, 8 women, flexible between inmate and community)	High risk (SORAC) sex offenders excluded
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Thinking for a Change 38 hours 12 weeks	Antisocial Cognition	LSI-R score of 30+ (moderate-high risk & need) and one of the following:
	Antisocial Attitude	1. Three or more adult prison incarcerations.
	Antisocial Behavior	2. History of antisocial personality disorder diagnosis; or designation of antisocial features or traits.
	Antisocial Personality	3. Two or more elevations (above norms) on the Criminal Thinking Scales Score Profile.
		or
Core Treatment Group	Criminogenic Need Factors	Offender Target Population
Advanced Cognitive Behavioral Skill Practice 1.5 hours per week 6 weeks minimum	Antisocial Cognition	Individual has previously completed primary Thinking for a Change, General Conflict Resolution Program, or Batterer's Conflict Resolution Program.
	Antisocial Attitude	
	Antisocial Behavior	
	Antisocial Personality	
	Emotional Regulation	