COLORADO SEX OFFENDER MANAGEMENT BOARD

STANDARDS AND GUIDELINES FOR THE ASSESSMENT, EVALUATION, TREATMENT AND BEHAVIORAL MONITORING OF ADULT SEX OFFENDERS

Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence &
Sex Offender Management

700 Kipling Street, Suite 3000
Denver, CO 80215
(303) 239-4442 or (800) 201-1325 (in Colorado)
website: http://dcj.state.co.us/odvsom/
email: somb@cdps.state.co.us

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INTRODUCTION

In 1992, the Colorado General Assembly passed legislation (Section 16-11.7-101 through Section 16-11.7-107, C. R. S.) that created a Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of sex offenders. The General Assembly changed the name to the Sex Offender Management Board (SOMB) in 1998 to more accurately reflect the duties assigned to the SOMB. The *Standards and Guidelines* (*Standards*) were originally drafted by the SOMB over a period of two years and were first published in January 1996. The *Standards* were revised in 1998, 1999, 2004, and 2008 for two reasons: To address omissions in the original *Standards*, that were identified during implementation, and to keep the *Standards* current with the developing literature in the field of sex offender management. The *Standards* apply to adult sexual offenders under the jurisdiction of the criminal justice system. The *Standards* are designed to establish a basis for systematic management and treatment of adult sex offenders. The legislative mandate of the SOMB and the primary goals of the *Standards* are to improve community safety and protect victims.

While the legislation acknowledges, and even emphasizes, that sex offenders cannot be "cured," it also recognizes that the criminal sexual behaviors of many offenders can be managed. The combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors.

A coordinated system for the management and treatment of sex offenders "contains" the offender and enhances the safety of the community and the protection of victims. To be effective, a containment approach to managing sex offenders must include interagency and interdisciplinary teamwork.

These *Standards* are based on the best practices known today for managing and treating sex offenders. To the extent possible, the SOMB has based the *Standards* on current research in the field. Materials from knowledgeable professional organizations also have been used to direct the *Standards*. In the body of the document, standards are denoted by the use of the term "shall"; guidelines are distinguished by the use of the term "should".

It is not the intention of the legislation, or the SOMB, that these *Standards* be applied to the treatment of sexually abusive children or adolescents. Despite many similarities in the behavior and treatment of sexually abusive youth and adults, important differences exist in their developmental stages, the process of their offending behaviors, and the context for juveniles which must be addressed differently in their diagnosis and treatment. Please see the July 2003 publication of the *Standards and Guidelines for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses.*

In 1998, the Colorado General Assembly passed legislation directing the SOMB, in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board, to also develop *Standards* for community entities that provide supervision and treatment specifically designed for sex offenders who have developmental disabilities. At a minimum, the Legislature mandates that these *Standards* shall determine whether an entity would provide adequate support and supervision to minimize any threat that the sex offender may pose to the community (Section 18-1.3-1009 (1)(c), C.R.S.).

The *Standards* that are designated with the letters "DD" after the Standard number are not intended to stand alone, but must be used in conjunction with the other *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*. The guiding principles of the *Standards* serve as the philosophical foundation for this document.

The *DD Standards* intend to better address the specific needs and risk of sex offenders with developmental disabilities. They are based in best practices known today for managing and treating sex offenders with developmental disabilities. To the extent possible, the SOMB has based these *Standards* on current research in the field. Materials from knowledgeable professional organizations have also been used to direct the *Standards*.

The management and treatment of sex offenders with developmental disabilities is a highly specialized field. Many decisions regarding the *Standards* must be made in the absence of clear research findings. Such decisions will be directed by the governing philosophy of public safety and a common sense interpretation of the Guiding Principles contained in this document.

Sex offender management and treatment is a developing specialized field. The SOMB will remain current on the emerging literature and research and will modify the *Standards* periodically on the basis of new findings. The current revisions of the *Standards* are evidence of this commitment. It is certain, however, that many decisions will have to be made in the absence of clear research findings. Such decisions will therefore be directed by the governing philosophy of public safety and on a common-sense interpretation of the following Guiding Principles which form the foundation of the *Standards*.

GUIDING PRINCIPLES

1. Sexual offending is a behavioral disorder which cannot be "cured."

Sexual offenses are defined by law and may or may not be associated with or accompanied by the characteristics of sexual deviance which are described as paraphilias. Some sex offenders also have co-existing conditions such as mental disorders, organic disorders, or substance abuse problems.

Many offenders can learn through treatment to manage their sexual offending behaviors and decrease their risk of re-offense. Such behavioral management should not, however, be considered a "cure," and successful treatment cannot permanently eliminate the risk that sex offenders may repeat their offenses.

2. Sex offenders are dangerous.

When a sexual assault occurs there is always a victim. Both the literature and clinical experience suggest that sexual assault can have devastating effects on the lives of victims and their families.

There are many forms of sexual offending. Offenders may have more than one pattern of sexual offending behavior and often have multiple victims. The propensity for such behavior is often present long before it is detected. It is the nature of the disorder that sex offenders' behaviors are inherently covert, deceptive, and secretive. Untreated sex offenders also commonly exhibit varying degrees of denial about the facts, severity and/or frequency of their offenses.

Prediction of the risk of re-offense for sex offenders is in the early stages of development. Therefore, it is difficult to predict the likelihood of re-offense or future victim selection.

Some offenders may be too dangerous to be placed in the community and other offenders may pose enough risk to the community to require lifetime monitoring to minimize the risk.

3. Community safety is paramount.

The highest priority of these Standards and Guidelines is community safety.

4. Assessment and evaluation of sex offenders is an ongoing process. Progress in treatment and level of risk are not constant over time.

The effective assessment and evaluation of sexual offenders is best seen as a process. In Colorado, criminal sexual offenders are first assessed and referred for a sex offense-specific evaluation during the pre-sentence investigation conducted by the Probation Department. Assessment of sex offenders' risk and amenability to treatment should not, however, end at this point. Subsequent assessments must occur at both the entry and exit points of all sentencing options, i.e. probation, parole, community corrections and prison. In addition, assessment and evaluation should be an ongoing practice in any program providing treatment for sex offenders.

In the management and treatment of sex offenders there will be measurable degrees of progress or lack of progress. Because of the cyclical nature of offense patterns and fluctuating life stresses, sex offenders' levels of risk are constantly in flux. Success in the management and treatment of sex offenders cannot be assumed to be permanent. For these reasons, monitoring of risk must be a continuing process as long as sex offenders are under criminal justice supervision. Moreover, the end of the period of court supervision should not necessarily be seen as the end of dangerousness.

5. **Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.**

   Sex offenders on community supervision must agree to intensive and sometimes intrusive accountability measures which enable them to remain in the community rather than in prison. Offenders carry the responsibility to learn and demonstrate the importance of accountability, and to earn the right to remain under community supervision.

6. **Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes**.

   All members of the team managing and treating each offender must have access to the same relevant information. Sex offenses are committed in secret, and all forms of secrecy potentially undermine the rehabilitation of sex offenders and threaten public safety.

7. **Victims have a right to safety and self-determination.**

   Victims have the right to determine the extent to which they will be informed of an offender's status in the criminal justice system and the extent to which they will provide input through appropriate channels to the offender management and treatment process. In the case of adolescent or child victims, custodial adults and/or guardians ad litem act on behalf of the child to exercise this right, in the best interest of the victim.

8. **When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any parental or family interests.**

   All aspects of the community response and intervention system to child sexual abuse should be designed to promote the best interests of children rather than focusing primarily on the interests of adults. This includes the child's right not to live with a sex offender, even if that offender is a parent. In most cases, the offender should be moved or inconvenienced to achieve the lack of contact, rather than further disrupting the life of the child victim.

9. **A continuum of sex offender management and treatment options should be available in each community in the state.**

   Many sex offenders can be managed in the community on probation, community corrections, and parole. It is in the best interest of public safety for each community to have a continuum of sex offender management and treatment options. Such a continuum should provide for an increase or decrease in the intensity of treatment and monitoring based on offenders' changing risk factors, treatment needs and compliance with supervision conditions.

10. **Standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.**

    It is the philosophy of the Sex Offender Management Board that setting standards for sex offender treatment providers alone will not significantly improve public safety. In addition, the *process* by which sex offenders are assessed, treated, and managed by the criminal justice and social services systems should be coordinated and improved.

11. **The management of sex offenders requires a coordinated team response.**

    All relevant agencies must cooperate in planning treatment and containment strategies of sex offenders for the following reasons:

    - Sex offenders should not be in the community without comprehensive treatment, supervision, and behavioral monitoring;

    - Each discipline brings to the team specialized knowledge and expertise;

    - Open professional communication confronts sex offenders' tendencies to exhibit secretive, manipulative and denying behaviors;

    - Information provided by each member of an offender case management team contributes to a more thorough understanding of the offender's risk factors and needs, and to the development of a comprehensive approach to treating and managing the sex offender.

12. **Sex offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, and bound by the rules of ethics and law.**

    Individuals and agencies carrying out the assessment, evaluation, treatment and behavioral monitoring of sex offenders should not discriminate based on race, religion, gender, sexual orientation, disability or socioeconomic status. Sex offenders must be treated with dignity and respect by all members of the team who are managing and treating the offender regardless of the nature of the offender's crimes or conduct.

13. **Successful treatment and management of sex offenders is enhanced by the positive cooperation of family, friends, employers and members of the community who have influence in sex offenders' lives.**

    Sexual issues are often not talked about freely in families, communities and other settings. In fact, there is often a tendency to avoid and deny that sex offenses have occurred. Successful management and treatment of sex offenders involves an open dialogue about this subject and a willingness to hold sex offenders accountable for their behavior.

THE ROLE OF VICTIMS / SURVIVORS IN SEX OFFENDER TREATMENT

The Sex Offender Management Board recognizes that the behavior of sex offenders can be extremely damaging to victims and that their crimes can have a long-term impact on victims' lives. Moreover, the level of violence and coercion involved in the offense does not necessarily determine the degree of trauma experienced by the victim.

- Victims' involvement in the criminal justice process can be either empowering or re-victimizing. These *Standards* are based on the premise that victims should have the option to decide their level of involvement in the process, especially after the offender has been convicted and sentenced.

- Under the provisions of Colorado's Constitutional Amendment for Crime Victims, victims may state whether they wish to be notified about any changes in the offender's status in the criminal justice system. These *Standards* and Guidelines also suggest that, upon request, a victim should be informed about the offender's compliance with treatment and any changes in the offender's treatment status that might pose a risk to the victim (e.g. if the offender has discontinued treatment.) In certain situations, the interagency team described in Guideline 5.100 may communicate with a victim's therapist or a designated victim advocate. Further, if a victim is willing, s/he may be contacted for information during the pre-sentence investigation, in order to include additional victim impact information in the investigation report.

- Professionals in the criminal justice, evaluation, and treatment systems should contact victims through appropriate channels to solicit their input, since victims may possess valuable information that is not available elsewhere. In particular, a victim's information about an offender's offense patterns can assist evaluators, treatment providers and supervisors to develop treatment plans and supervision conditions that may prevent or detect future offenses.

The following *Standards* specifically address the opportunity for victim input: 1.040 (Pre-sentence Investigations); 2.060 (Sex Offense-Specific Evaluations); 3.120 (*Standards* for Treatment Providers); 3.210 (Confidentiality); 3.310 (Provider-Offender Contract); 5700 (Sex Offenders' Contact with Victims and Potential Victims).

DEFINITIONS

Accountability: Accurate attributions of responsibility, without distortion, minimization, or denial.

Adjudication: The legal review and determination of a case in a court of law. In criminal cases, a juvenile who is convicted of a sexual offense is deemed “adjudicated.” An adult convicted of a similar offense is deemed “convicted.” An adult can be adjudicated with an Imposition of Legal Disability. "Adjudication" means a determination by the court that it has been proven beyond a reasonable doubt that the juvenile has committed a delinquent act or that a juvenile has pled guilty to committing a delinquent act. In addition, when a previous conviction must be pled and proven as an element of an offense or for purposes of sentence enhancement, "adjudication" means “conviction” (refer to section 19-1-103, C.R.S.).

Approved Supervisor: A person who is authorized to supervise the sex offender’s contact with a specified child or children per 5.760. This person is an individual who has met the criteria described in 5.771-5.775, has been approved by the community supervision team (CST), and has signed the approved supervisor contract.

Approved Community Support Person: A person who provides positive support for the sex offender’s efforts to change and who may accompany the sex offender in approved activities that do not involve children. Someone significant to the offender and/or a roommate who attends treatment with the offender, has a positive relationship with the probation officer and treatment provider, and is well versed in the offender’s probation and treatment requirements.

At Risk Adult: An individual who is less able to protect him/herself based on diminished capacity or position of trust (refer to section 18-6.5-102, C.R.S.).

Authorized Representative: An individual designated by the person receiving services, or by the parent or guardian of the person receiving services, if appropriate, to assist the person receiving services in acquiring or utilizing services and support (refer to section 27-10.5-102, C.R.S.).

Assessment: The collection of facts to draw conclusions which may suggest the proper course of action. Although the term "assessment" may be used interchangeably with the term "evaluation," in this document assessment generally has the broader usage, implying

the collection of facts by a variety of agencies or individuals (e.g. pre-sentence investigator), while evaluation is generally used to mean the sex offense-specific evaluation conducted by a therapist (see also Evaluation).

Behavioral Monitoring: A variety of methods for checking, regulating and supervising the behavior of sex offenders.

Caregiver: Person whose primary caretaking responsibilities include meeting the various daily needs (e.g. physical, emotional, and financial) of his/her child.

Case Management: The coordination and implementation of the cluster of activities directed toward supervising, treating and managing the behavior of individual sex offenders.

Child Contact Assessment: A comprehensive evaluation conducted by a SOMB approved evaluator to assist the CST in determining the appropriateness of contact between a sex offender and his/her own child. Also known as a CCA.

Clinical Experience: Those activities directly related to providing evaluation and/or treatment to individual sex offenders, e.g. face-to-face therapy, report writing, administration, scoring and interpretation of tests; participation on case management teams of the type described in these *Standards and Guidelines*; and clinical supervision of therapists treating sex offenders.

Community Centered Board (CCB): A private non-profit corporation that provides case management services to persons with developmental disabilities. The CCB determines eligibility of such persons within a specified geographical area, serves as the single point of entry for persons to receive services, determines the needs of eligible persons, prepares and implements long-range plans, and annual updates to those plans. Other responsibilities include: establishing a referral and placement committee, obtaining or providing early intervention services, notifying eligible persons and their families regarding the availability of services and supports, and creating a human rights committee (refer to section 27-10.5-105, C.R.S.).

Community Supervision Team: A team of professionals including a minimum of the supervising officer, the treatment provider, and the polygraph examiner who collaborate to make decisions about the offender. Also known as the CST.

Containment Approach: A method of case management and treatment that seeks to hold offenders accountable through the combined use of both offenders' internal controls and external control measures (such as the use of the polygraph and relapse prevention plans). A

containment approach requires the integration of a collection of attitudes, expectations, laws, policies, procedures and practices that have clearly been designed to work together. This approach is implemented though interagency and interdisciplinary teamwork.

Defense Mechanisms: Normal adaptive self-protective functions which keep human beings from feeling overwhelmed and/or becoming psychotic, but which become dysfunctional when overused or over-generalized.

Denial: In psychological terms denial means a defense mechanism used to protect the ego from anxiety-producing information (see also Defense Mechanisms and Appendix B, Levels and Types of Denial.).

Denier Intervention: Denier Intervention is designed primarily for those in Level 3 Denial (please refer to Standard 3.500). It occurs separately from regular group therapy that is provided for offenders who have, at a minimum, admitted the crime of conviction. Denier Intervention may include a variety of modalities specifically designed to reduce denial, minimization and resistance to treatment and supervision.

Department: The Colorado Department of Public Safety.

Developmental Disability Provider List: The list published by the SOMB, identifying treatment providers, evaluators, and polygraph examiners who meet the criteria set forth in the *Standards* (see section 4.000).

Developmental Disability: A disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. Unless otherwise specifically stated, the federal definition of "developmental disability" found in 42 U.S.C. sec. 6000 et seq., shall not apply (Section 27-10.5-102 (11) (a), C.R.S.).

This definition is further explicated in the *Colorado Department of Human Services Developmental Disabilities Services Rules and Regulations* as follows:

1.2.10.1 *Impairment of general intellectual functioning* means that the person has been determined to have an intellectual quotient equivalent which is two or more standard deviations below the mean

(70 or less assuming a scale with a mean of 100 and a standard deviation of 15), as measured by an instrument which is standardized, appropriate to the nature of the person's disability, and administered by a qualified professional. The standard error measurement of the instrument should be considered when determining the intellectual quotient equivalent.

1.2.10.2 *Adaptive behavior* means that the person has overall adaptive behavior which is significantly limited in two or more skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work), as measured by an instrument which is standardized, appropriate to the person's living environment and administered and clinically determined by a qualified professional.

1.2.10.3 "Similar to that of a person with mental retardation" means that a person's adaptive behavior limitations are a direct result of or are significantly influenced by impairment of the person's general intellectual functioning and may not be attributable to only a physical impairment or mental illness.

Discussion: Some sexual offenders have intellectual and/or functional deficits that indicate a need for revised assessment, evaluation, treatment or behavioral monitoring even though they do not meet the federal definition for developmental disabilities. Evaluators, treatment providers, polygraph examiners, and supervising officers shall provide services appropriate to each sex offender's developmental level.

Direct Clinical Contact: Includes intake, face-to-face therapy, case/treatment staffing, treatment plan review, and crisis management with adult sex offenders.

Evaluation: The systematic collection and analysis of psychological, behavioral and social information; the process by which information is gathered, analyzed and documented.

In this document the term "sex offense-specific evaluation" is used to describe the evaluation provided for sex offenders under the jurisdiction of the criminal justice system (see also Assessment).

Evaluator: An individual who conducts sex offense-specific evaluations of sex offenders according to the *Standards and Guidelines* contained in this document, and according to professional standards.

Guardian: A person who is appointed by the court to make decisions on behalf of an incapacitated person (refer to Section 15-14-102, C.R.S.).

Guideline: A principle by which to make a judgment or determine a policy or course of action. Within the context of this document, a guideline should be read as a suggestion of best practice; a standard shall be read as required by Colorado statute.

Imposition of Legal Disability (ILD): A determination made in a court of law that an individual is required to receive services through a specified service provider. The process, described in Section 27-10.5-110 C.R.S., by which a petition can be filed with the Court and the Court can impose a legal disability on an individual with a developmental disability in order to remove a right or rights from the person. Prior to granting the petition the Court must find that the person has a developmental disability and that the request is necessary and desirable to implement the person's supervised individualized plan. If place of abode is involved, the court must also find based on a recent overt act or omission that the person poses a serious threat to themselves or others or is unable to accomplish self-care safely, and that the imposed residence is the appropriate, least restrictive residential setting for the person (refer to Section, 27-10.5-110, C.R.S.).

Incapacitated Person: A person who lacks the ability to manage property and business affairs effectively by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, disappearance, minority, or other disabling cause (refer to Section 15-1.5-102 (5), C.R.S.).

Incidental Contact: Any verbal or physical contact.

Incompetent To Proceed (ITP): The defendant suffers from a mental disease or defect which renders him or her incapable of understanding the nature and course of the proceedings against him or her, or of participating or assisting in the defense, or cooperating with his or her defense counsel.(refer to Section 16-8-103, C.R.S.)

Informed Assent:[1] Assent is a declaration of willingness to do something in compliance with a request; acquiescence; agreement. The use of the term "assent" rather than "consent" in this document

[1] The purpose of defining "informed assent" and "informed consent" in this section is primarily to highlight the degree of voluntariness in the decisions which will be made by a sex offender. No attempt has been made to include full legal definitions of these terms.

recognizes that sex offenders are not voluntary clients, and that their choices are therefore more limited.

Informed means that a person's assent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

Informed Consent: Consent is a voluntary agreement, or approval to do something in compliance with a request.

Informed means that a person's consent is based on a full disclosure of the facts needed to make the decision intelligently, e.g. knowledge of risks involved, alternatives.

Interdisciplinary Team (IDT): A group of people convened by a community centered board which shall include the person with a developmental disability receiving services, the parent or guardian of a minor, a guardian or an authorized representative, as appropriate, the person who coordinates the provision of services and supports, and others as determined by such person's needs and preferences, who are assembled in a cooperative manner to develop or review the individualized plan (refer to Section 27-10.5-102, C.R.S.).

Low Risk Protocol: Protocol intended to effectively identify low risk sex offenders (see appendix D).

Minor Child/Children: A child under the age of 18 years.

Non-deceptive Polygraph Examination Result: A non-deceptive polygraph examination result must include a deceptive response to control questions and only non-deceptive responses to all relevant questions. Any inconclusive or deceptive response to any relevant question disallows a non-deceptive examination result.

Plethysmography: In the field of sex offender treatment, plethysmography is the use of an electronic device for determining and registering variations in penile tumescence associated with sexual arousal. Physiological changes associated with sexual arousal in women are also measured through the use of plethysmography. Plethysmography includes the interpretation of the data collected in this manner.

Polygraphy: The use of an instrument that is capable of recording, but not limited to recording, indicators of a person's respiratory pattern and changes therein, galvanic skin response and cardio-vascular pattern and changes therein. The recording of such instruments must be recorded visually, permanently and simultaneously. Polygraphy includes the interpretation of the data collected in

this manner, for the purpose of measuring physiological changes associated with deception.

Potential Victim: Any person at risk of abuse or manipulation by the sex offender.

Provider List: The list, published by the SOMB, identifies the treatment providers, evaluators, and polygraph examiners who meet the criteria set forth in these *Standards.* The determination that the providers meet the criteria is made by the SOMB based on an application submitted by the provider, outlining their experience, training and credentials, a criminal history check and background investigation, written references and reference checks and a review of relevant program materials and products. Placement on the list must be renewed every three years.

Regional Center: A facility or program operated directly by the Department of Human Services, which provides services and supports to persons with developmental disabilities (refer to Section 27-10.5-102, C.R.S.).

Safety Plan: A written document derived from the process of planning for community safety. The document identifies potential high-risk situations and addresses ways in which situations will be handled without the offender putting others at risk. The plan requires the approval of the community supervision team.

Secondary Victim: A **s**econdary victim is a relative or other person closely involved with the primary victim who is impacted emotionally or physically by the trauma suffered by the primary victim.

Sex Offender: The following definition is based on Section 16-11.7-102, C.R.S. For purposes of this document a sex offender is:

(1) Any (adult) person convicted of a sex offense (defined below) in Colorado on or after January 1, 1994, or;
(2) Any person convicted in Colorado on or after July 1, 2000, of any criminal offense with the underlying factual basis being a sex offense, or;
(3) Any person who is adjudicated as a juvenile or who receives a deferred adjudication on or after July1, 2002, for an offense that would constitute a sex offense if committed by an adult or for any offense, the underlying factual basis of which involves a sex offense, or;
(4) Any person who receives a deferred judgment or deferred sentence for the offenses specified in below is deemed convicted, or;
(5) Any (adult) person convicted of any criminal offense in Colorado on or after January 1, 1994, and;

    a) who has previously been convicted of a sex offense in Colorado, or;

b) who has previously been convicted in any other jurisdiction of any offense which would constitute a sex offense in Colorado, or;
c) who has a history of any sex offenses as defined in the *Sex Offense* definition below.

The determination of the legal status of a sex offender as either an adult or a juvenile is defined by statute.

A sex offender is also referred to as an "offender" in the body of this document; a sex offender is also referred to as a "client" and an "examinee" in sections relating to treatment and polygraph examinations respectively.

Sex Offense:

The following definition is based on statute.[2] For the purposes of this document, a sex offense is:

(1) Sexual Assault;

(2) Sexual Assault in the first, second and third degree as it existed prior to July 1, 2000;

(3) Unlawful Sexual Contact;

(4) Sexual Assault on a child;

(5) Sexual Assault on a child by one in a position of trust;

(6) Sexual Assault on a client by a psychotherapist;

(7) Enticement of a child;

(8) Incest;

(9) Aggravated Incest;

(10) Trafficking in children;

(11) Sexual Exploitation of children;

(12) Procurement of a child for sexual exploitation;

(13) Indecent Exposure;

(14) Soliciting for child prostitution;

(15) Pandering of a child;

[2] Section 16-11.7-102 (3), C.R.S., 2006. It is important to refer to the most current edition of the Colorado Revised Statutes.

(16) Procurement of a child;

(17) Keeping a place of child prostitution;

(18) Pimping of a child;

(19) Inducement of child prostitution;

(20) Patronizing a prostituted child;

(21) Internet luring of a child;

(22) Internet sexual exploitation of a child, or;

(23) Criminal attempt, Conspiracy, or Solicitation to commit any of the above offenses.

Sex Offender Polygraph: A criminal specific-issue polygraph examination of a suspected or convicted sex offender. Refer to section 6.000 for details.

Sex Offense-Specific Treatment: Consistent with current professional practices, sex offense-specific treatment is a long term comprehensive set of planned therapeutic experiences and interventions to change sexually abusive thoughts and behaviors. Such treatment specifically addresses the occurrence and dynamics of sexually deviant behavior and utilizes specific strategies to promote change. Sex offense-specific programming focuses on the concrete details of the actual sexual behavior, the fantasies, the arousal, the planning, the denial and the rationalizations. Due to the difficulties inherent in treating sex offenders and the potential threat to community safety, sex offense-specific treatment should continue for several years, followed by a lengthy period of aftercare and monitoring. Much more importance is given to the meeting of all treatment goals than the passage of a specific amount of time, since offenders make progress in treatment at different rates. The primary treatment modality for sex offense specific treatment is group therapy for the offenders. Adjunct modalities may include partner or couples therapy, psycho-education, and/or individual therapy. However, such adjunct therapies by themselves do not constitute sex offense-specific treatment. Refer to section 3.000 for details.

Sexual Paraphilias/ Sexual Deviance: A subclass of sexual disorders in which the essential features are "recurrent intense sexually arousing fantasies, sexual urges, or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner, or (3) children or other non-consenting persons that occur over a period of at least 6 months. The behavior, sexual urges or fantasies cause clinically significant distress or impairment in social,

occupational, or other important areas of functioning. Paraphiliac imagery may be acted out with a non-consenting partner in a way that may be injurious to the partner. The individual may be subject to arrest and incarceration. Sexual offenses against children constitute a significant proportion of all reported criminal sex acts" (DSM-IV, pages 522-523). This class of disorders is also referred to as "sexual deviations." Examples include pedophilia, exhibitionism, frotteurism, fetishism, voyeurism, sexual sadism, sexual masochism and transvestic fetishism. This classification system includes a category labeled "Paraphilia Not Otherwise Specified" for other paraphilias which are less commonly encountered.

Shared Living Arrangement: A separately contained living unit in which more than one adult sex offender in treatment resides for the purpose of increased public safety, increased accountability, intensive containment, and more consistent treatment interventions, provided by treatment providers who are approved by the SOMB. Also known as a SLA. Refer to section 3.170 for details.

SOMB: The Colorado Sex Offender Management Board.

Special Populations: Persons subject to federally mandated protections and accommodations under the *Americans with Disabilities Act (1990*), *Section 504 of the Rehabilitation Act (1973),* or who were subject to the *Education of All Handicapped Act (1975)* and the subsequent *Individuals with Disabilities Education Act (1990)* and *Individuals with Disabilities Education Improvement Act (2004),* are clearly identified as special populations according to those legislative guidelines.

Standard: Criteria set for usage or practices; a rule or basis of comparison in measuring or judging.

Standards and Guidelines: The S*tandards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders.*

Supervising Officer: The probation or parole officer or community corrections case manager to whom the offender's case is assigned.

Treatment: According to Section 16-11.7-102(4), C.R.S. treatment means therapy, monitoring and supervision of any sex offender which conforms to the *Standards* created by the SOMB (see also Sex offense-specific treatment).

Treatment Provider: A person who provides sex offense-specific treatment to sex offenders according to the *Standards and Guidelines* contained in this document.

Victim:	Any person against whom sexually abusive behavior has been perpetrated or attempted.
Victim Clarification Process:	A process designed for the primary benefit of the victim, by which the offender clarifies that the responsibility for the assault/abuse resides with the offender. The process will clarify that the victim has no responsibility for the offender's behavior. It also addresses the damage done to the victim and the family. This is a lengthy process that occurs over time, including both verbal and written work on the part of the offender. Although victim participation is never required and is sometimes contraindicated, should the process proceed to an actual clarification meeting with the victim, all contact is victim centered and based on victim need. Refer to section 5.000 for details.

1.000
GUIDELINES FOR PRE-SENTENCE INVESTIGATIONS

1.010 A pre-sentence report shall be prepared for each person convicted as a sex offender as defined in 16-11.7-102(2), and the court may not dispense with the pre-sentence evaluation, risk assessment, and report unless such a report has been completed within the last six months and there has been no material change that would affect the report in the past six months.

Discussion: The purpose of the pre-sentence investigation is to provide the court with verified and relevant information upon which to base sentencing decisions. Sex offenders pose a high risk to community safety and have special needs. Therefore, pre-sentence investigations on these cases differ from those in other types of cases, primarily by the inclusion of a sex offense-specific evaluation. The evaluation establishes a baseline of information about the offender's risk, type of deviancy, amenability to treatment and treatment needs.

The pre-sentence investigation report, including the results of the sex offense-specific evaluation, should follow the sex offender throughout the time the offender is under criminal justice system jurisdiction, whether on probation, parole, community corrections, or in prison.

1.020 In cases in which a defendant is found by the court on the record to be a sex offender as defined by C.R.S. 16-11.7-102(2), the pre-sentence investigation report should be completed by a pre-sentence investigator specially trained in sex offender management.

1.030 Probation officers assessing sex offenders during the pre-sentence investigation should have successfully completed required training. (See 5.222 for required training.)

1.040 A pre-sentence investigation (PSI) report should address the following:

- Criminal history
- Education/employment
- Financial status
- Residence
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Victim impact
- Emotional/personal problems
- Attitude/orientation
- Family, marital and relationship issues
- Offense patterns and victim grooming behaviors
- Sex offense-specific evaluation report
- Risk factors, risk level, and amenability to treatment
- The potential impact of the sentencing recommendation on the victim
- Sexually Violent Predator (SVP) assessment

Based on the information gathered, the pre-sentence investigation report should make recommendations about an offender's suitability for community supervision. If community supervision is recommended for an offender, special conditions and a supervision period sufficiently lengthy to allow for an extended period of treatment *and* a period of aftercare and behavioral monitoring should be requested.

1.050 When referring an offender for a sex offense-specific evaluation, pre-sentence investigators should send to the evaluator, as part of the referral packet:

- Police reports
- The victim impact statement
- Child protection reports
- A criminal history
- Any available risk assessment materials
- Prior evaluations and treatment reports
- Prior supervision records, if available
- Any other information requested by the evaluator

Evaluations received by the pre-sentence investigator that have been performed prior to an admission of guilt by the offender may not meet the requirements of these *Standards*. It is the responsibility of the PSI writer to ensure all areas of information gathering and testing required by these *Standards* in Section 2.000 have been covered in such a way that the sex offense specific evaluation is comprehensive. The investigating officer must inform the court if an evaluation submitted to the court does not meet the SOMB *Standards*. The officer must then provide recommendations to resolve the outstanding issues so that the evaluation meets the requirements described in these *Standards*.

1.060 At the time of the intake interview, the pre-sentence investigation writer should provide the sex offender with a copy of the required disclosure/advisement form and should have the offender sign for receipt of the form.

Discussion: This disclosure/advisement form notifies an offender and other concerned parties of the requirements the offender will have to meet should probation be granted.

2.000
STANDARDS FOR SEX OFFENSE-SPECIFIC EVALUATIONS

Evaluations are conducted to identify levels of risk and specific risk factors that require attention in treatment and supervision, and to assist the court in determining the most appropriate sentence for offenders. Because of the importance of the information to subsequent sentencing, supervision, treatment, and behavioral monitoring, each sex offender shall receive a thorough assessment and evaluation that examines the interaction of the offender's mental health, social/systemic functioning, family and environmental functioning, and offending behaviors. Sex offense specific evaluations are not intended to supplant more comprehensive psychological or neuropsychological evaluations. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner regardless of the offender's status within the criminal justice system.

Evaluators who provide evaluations to sex offenders with developmental disabilities shall be SOMB approved with a specialty in the evaluation of sex offenders with developmental disabilities in accordance with the qualifications required pursuant to *Standards*, Section DD 4.000.

2.010 Assessment and evaluation are ongoing processes and should continue through each transition of supervision and treatment. Re-evaluation by community supervision team (CST) members should occur on a regular basis to ensure recognition of changing levels of risk.

2.011 The CST shall utilize the Low Risk Protocol (LRP) for eligible sex offenders over the course of the initial phase of treatment. (See Appendix D)

2.020 In accordance with Section 16-11-102(1) (b) C.R.S., each sex offender shall receive a sex offense-specific evaluation at the time of the pre-sentence investigation.

2.030 The evaluator shall obtain the informed assent of the offender for the evaluation, by advising the offender of the assessment and evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. The evaluator shall explain to the offender about the role the evaluator fills with regard to the offender and the court. Results of the evaluation should be shared with the offender and any questions addressed. The evaluation shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse.

2.030 DD

(A) The information shall be provided in a manner that is easily understood, verbally and in writing, or through other modes of communication as may be necessary to enhance understanding.

Discussion: When the evaluator is working with a sex offender with developmental disabilities and obtaining informed assent, the evaluator (see Section 4.000 related to evaluator qualifications and Appendix G related to special populations) should be familiar with characteristics of persons with developmental disabilities such as cognitive functioning, communication style, mental health issues, vocabulary and language skills,

or other significant limitations. If the evaluator feels that informed assent could not be acquired at the time of the evaluation, the evaluator shall obtain assistance from a third party who is not a practitioner from within the same agency. A third party may be an individual or group of individuals who understands the definition of informed assent and who has had significant knowledge of the person's unique characteristics.

(B) The evaluator shall obtain the assent of the legal guardian, if applicable, and the informed assent of the offender with developmental disabilities for the evaluation and assessments. The legal guardian will be informed of the evaluation methods, how the information may be used and to whom it will be released. The evaluator shall also inform the offender with developmental disabilities and the legal guardian about the nature of the evaluator's relationship with the offender and with the court. The evaluator shall respect the offender's right to be fully informed about the evaluation procedures. Results of the evaluation may be reviewed with the offender and the legal guardian upon request.

The mandatory reporting law (Section 19-3-304, C.R.S.) requires certain professionals to report suspected or known abuse or neglect to the local department of social services or law enforcement. Evaluators are statutorily mandated reporters.

(C) If informed assent cannot be obtained after consulting with the third party, then the evaluator shall refer the case back to the community supervision team or the court.

2.040 The evaluator shall be sensitive to any cultural, ethnic, developmental, sexual orientation, gender, medical and/or educational issues, or disabilities that become known during the evaluation.

2.050 To ensure the most accurate prediction of risk for sex offenders, the following evaluation modalities are all required in performing a sex offense-specific evaluation:

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- *Examination and integration of criminal justice information and other collateral information, including:*
  - *The details of the current offense*
  - *Documents that describe victim trauma, when available*
  - *Scope of offender's sexual behavior other than the current offense that may be of concern*
- Structured clinical and sexual history interview
- Offense-specific psychological testing and standardized assessments/instruments
- Testing of deviant arousal or interest (i.e. Plethysmograph, Abel Screening or other Viewing Response Time (VRT) instruments.
- Use of at least one validated risk assessment instrument that was normed on a population most similar to the offender being evaluated.

Discussion: Evaluation instruments and processes will be subject to change as more is learned in this area. Because measures of risk are imperfect at this time, evaluation and assessment must be done by collecting information through a

variety of methods. Evaluation and assessment therefore currently involve the integration of physiological, psychological, historical, and demographic information to adequately assess a sex offender's level of risk and amenability to treatment. When the evaluator is in doubt, s/he should err on the side of protecting community safety in drawing conclusions and making recommendations.

2.050 DD

(A) Due to the complex issues of evaluating sex offenders with developmental disabilities, methodologies shall be applied individually and their administration shall be guided by the following:

1. When possible, instruments should be used that have relevance and demonstrated reliability and validity which are supported by research in the mental health and sex offender treatment fields as they relate to persons with developmental disabilities.
2. If a required procedure is not appropriate for a specific client, the evaluator shall document in the evaluation why the required procedure was not done.

(B) Evaluators shall carefully consider the appropriateness and utility of using a plethysmograph assessment, or VRT assessment with sex offenders who have developmental disabilities. For these assessments to be effective with this population, evaluators shall assess whether the offender has a sufficient level of cognitive functioning to be able to adequately discriminate between stimulus cues. In addition, consideration shall be given to use of specialized protocols that have been developed for sex offenders who have developmental disabilities, such as the Behavioral Technologies, Inc. stimulus cue package for the plethysmograph and the Abel-Blasingame Assessment System *for Individuals with Intellectual Disabilities*™ (ABID). In administering the Abel Screening it is critical to use the questionnaire in addition to the VRT procedure. Further, the use of the relapse prediction scores from the Abel Screening are not recommended due to not having been adapted for use with sex offenders who have developmental disabilities and therefore, shall not be used by evaluators. Finally, the evaluator shall interpret the results of plethysmograph and VRT assessments with caution given the limited research and minimal validation of these tools with sex offenders who have developmental disabilities and the evaluator shall seek other evaluative information to confirm diagnostic considerations generated by the plethysmograph and VRT assessment data.

2.060 A sex offense-specific evaluation of a sex offender shall evaluate the following required areas:

- Cognitive Functioning
- Mental Health
- Medical/Psychiatric Health
- Drug/Alcohol Use
- Stability of Functioning
- Developmental History
- Sexual Evaluation

- Risk
- Motivation and Amenability to Treatment
- Impact on Victim
- Sadism

2.060 DD

Evaluators shall also address the level of functioning and neuropsychological concerns for sex offenders with developmental disabilities and make appropriate recommendations regarding treatment modality and any need for additional behavioral interventions or containment and supervision requirements. To address an offender's level of functioning and appropriate treatment interventions, the evaluation areas in section 2.061 DD shall also be addressed.

2.061 SEX OFFENSE-SPECIFIC EVALUATION

Outlined in the following chart are the required areas of a sex offense-specific evaluation. The left hand column identifies the required areas to be evaluated. The right hand column identifies the required and optional evaluation procedures that may be used. All major categories identified in Standard 2.060 shall be addressed.

Instruments utilized in the evaluation shall be commensurate with the specific offender population being evaluated (e.g. female, developmentally disabled, or juvenile offense being evaluated for adult non-sex offense).

Evaluation Areas – Required	***Required and Optional Evaluation Procedures*** • *Closed bullet indicates a required method* o *Open bullet indicates an optional method*
COGNITIVE FUNCTIONING	
Intellectual Functioning (Mental Retardation, Learning Disability, and Literacy)	• *Clinical Interview (D)* • *History of Functioning and/or standardized tests:* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* • *Collateral Information/Contact/Interview (F)* o *WAIS III (C)* o *TONI (Test of Non-Verbal Intelligence) (B)* o *Shipley Institute of Living Scale Revised (B)* o *Kaufman IQ Test for Adults (C)* o *Stanford Binet (C)* o *Slosson Intelligence Test – Revised (B)* o *Slosson Full-Range Intelligence Test (B)* o *Kaufman Brief Intelligence Test (B)* o *Universal Nonverbal Intelligence Test (C)*
Neuropsychological Functioning (fluid intelligence)	• *Clinical Interview (D)* • *Clinical Mental Status Exam (D)* o *Observational Assessment (E)* o *Case File/Document Review (F)* o *Collateral Information/Contact/Interview (F)* o *Test of Memory and Learning (C)* o *K-SNAP (B)* o *Cognistat – Neurbehavioral Cognitive Status Exam (B)* o *Boston Naming Test (B)* o *Boston Diagnostic Aphasia Test (C)* o *Luria-Nebraska Screening Test (B)* o *Weschler Memory Scale Revised (C)* o *Jacobs Cognitive Screening Test (B)* o *Quick Neurological Screening Test (B)* o *Bilingual Verbal Abilities Test (B)* o *Referral to Neuropsychologist if necessary (S)* o *WAIS III (C)* o *Bender – Gestalt (C)*

Academic Achievement	• *Clinical Interview (D)* • *Clinical Mental Status Exam (D)* o *Observational Assessment (E)* o *Case File/Document Review (F)* o *Collateral Information/Contact/Interview (F)* o *Woodcock-Johnson Psychoeducational Battery, Revised (C)* o *Wide Range Achievement Test 3 (B)* o *Referral to Educational Diagnostic if necessary (S)* o *Referral to Vocational Specialist if necessary (S)*

MENTAL HEALTH	
Character/Personality Pathology	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* o *Hare Psychopathy Checklist Revised (C)* o *Psychopathy Checklist – Screening Version (B)* o *MCMI-III (C)* o *MMPI 2 (C)* o *Jessnes Inventory (C)* o *Rorschach Test (C)* o *Sentence Completion Series (B)* o *State-Trait Anger Inventory (B)* o *State-Trait Anxiety Inventory (B)* o *Social/Developmental History (D)*
Sadism	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* *Evidence of Sadism shall trigger <u>one</u> of the following[3]:* o *Specific assessment that measures sexual sadism, such as Marshall and Hucker Sexual Sadism Scale* o *PCL-R and Penile Plethysmograph*
Mental Illness	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview(F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* o *MCMI-III (C)* o *MMPI 2 (C)* o *Jessnes Inventory (C)* o *Rorschach Test (C)* o *Sentence Completion Series (B)* o *Symptom Checklist 90 (B)* o *Brief Symptom Inventory / Symptom Assessment 45 (B)* o *Trauma Symptom Checklist (C)* o *Beck Depression Inventory (A)* o *Positive and Negative Syndrome Scale (B)* o *Brief Psychiatric Rating Scale (B)*

[3] Kingston, Seto & Bradford (2009)

Self Concept/Self Esteem	• *Clinical Interview (D)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* • *Collateral Information/Contact/Interview (F)* o *MPD (Measures of Psychological Development) (B)* o *CAQ (Clinical Analysis Questionnaire) (D)* o *CPI (California Personality Inventory) (C)* o *MCMI-III (C)* o *MMPI 2 (C)* o *Jessnes Inventory (C)*

MEDICAL/PSYCHIATRIC HEALTH	
▭ *Pharmacological Needs* ▭ *Medical Condition Impacting Offending Behavior* ▭ *History of Medication Use/Abuse*	• *Clinical Interview (D)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* • *Collateral Information/Contact/Interview (F)* o *Referral to Physician, if indicated (S)* o *Referral to Psychiatrist, if indicated (S)* o *Referral for Medical Tests (S)*

DRUG/ALCOHOL USE*	
Use/Abuse	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* o *MCMI-III (C)* o *MMPI 2 (C)* o *Clinical Analysis Questionnaire (D)* o *Personal History Questionnaire (B)* o *SASSI – III (B)* o *Adult Substance Use Survey (B)* o *Substance Use History Matrix (B)*
Number of Relapses	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* • *Treatment History (F)* • *Clinical Mental Status Exam (D)* o *Observational Assessment (E)* o *Case File/Document Review (F)*

STABILITY OF FUNCTIONING	
Marital/Family Stability ▭ *Past* ▭ *Current* ▭ *Familial Violence* ▭ *Familial Sexual* ▭ *Financial* ▭ *Housing* ▭ *Social Support Systems*	• *Clinical Interview (D)* • *Interview Attitudes* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* • *History of Functioning (F)* o *Personal History Questionnaire (B)* o *Family Environment Scale (B)* o *Dyadic Adjustment Scale (B)* o *Marital Satisfaction Inventory (B)*
Access to Children ▭ *Legal Relationship to Child*	• *Clinical Interview* • *Collateral Information* o *PRA (Parental Risk Assessment)*
Employment/Education ▭ *Completion of Major Life Tasks*	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* • *History of Functioning (F)* • *Case File/Document Review (F)* o *Clinical Mental Status Exam (D)* o *Observational Assessment (E)* o *Personal History Questionnaire (B)*
Social Skills ▭ *Ability to Form Relationships* ▭ *Ability to Maintain Relationships* ▭ *Courtship/Dating Skills* ▭ *Ability to Demonstrate Assertive Behavior*	• *Clinical Interview (D)* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* o *Interpersonal Behavior Survey (B)* o *Social Avoidance and Distress Scale (B)* o *Miller's Social Intimacy Scale (A)*

DEVELOPMENTAL HISTORY	
▭ *Disruptions in parent/child relationship* ▭ *History of bed wetting, cruelty to animals* ▭ *History of behavior problems in elementary school* ▭ *History of special education services, learning disabilities, school achievement* ▭ *Indicators of disordered attachments*	• *Clinical Interview (D)* • *History of Functioning (F)* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)*

SEXUAL EVALUATION	
Sexual History (Onset, Intensity, Duration, Pleasure Derived) ▭ *Age of Onset of Expected Normal Behaviors* ▭ *Quality of First Sexual Experience* ▭ *Age of Onset of Deviant Behaviors* ▭ *Witnessed or Experienced Victimization (Sexual or Physical)* ▭ *Genesis of Sexual Information* ▭ *Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes* ▭ *Current and Past Range of Sexual Behavior*	• *Clinical Interview (D)* • *History of Functioning (F)* • *Collateral Information/Contact/Interview (F)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* o *Personal Sentence Completion Inventory – Miccio-Fonseca (B)* o *Sex Offender Incomplete Sentence Blank (B)* o *Wilson Sexual Fantasy Questionnaire (B)* o *SONE Sexual History Background Form (D)* o *Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison)*
Reinforcement Structure for Deviant Behavior ▭ *Culture* ▭ *Environment* ▭ *Cults*	• *Clinical Interview (D)*
Arousal/Interest Pattern ▭ *Sexual Arousal or Sexual Interest*	• *Clinical Interview (D)* • *Plethysmograph (S) or Abel Assessment (S)*
Specifics of Sexual Crime(s) (Onset, Intensity, Duration, Pleasure Derived) ▭ *Detailed Description of Sexual Assault* ▭ *Seriousness, Harm to Victim* ▭ *Mood During Assault (Anger, Erotic, "Love")* ▭ *Progression of Sexual Crimes* ▭ *Thoughts Preceding and Following Crimes* ▭ *Fantasies Preceding and Following Crimes*	• *Clinical Interview (D)* • *History of Crimes (F)* • *Collateral Information (F)* • *Review of Criminal Records (F)* • *Review of Victim Impact Statement, if available (F)* o *Contact with Victim Therapist (F)* o *Polygraph (S)*
Sexual Deviance	• *Clinical Interview (D)* o *SONE Sexual History Background Form (R)* o *Multiphasic Sex Inventory I or II (C)* o *Hanson Sexual Attitudes Questionnaire (B)* o *Wilson Sex Fantasy Questionnaire (B)* o *Abel and Becker Card Sort (B)* o *Sexual Projective Card Sort (B)* o *Sexual Autobiography (R)* o *Attitudes Toward Women Scale (B)* o *Burt Rape Myth Acceptance Scale (B)* o *Abel and Becker Cognition Scale (B)*
Dysfunction (Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.)	• *Clinical Interview (D)* o *Multiphasic Sex Inventory I or II (C)* o *SONE Sexual History Background Form (R)* o *Medical tests (S)*
Offender's Perception of Sexual Functioning	• *Clinical Interview (D)* • *History* o *Bentler Heterosexual Inventory (B)* o *Abel and Becker Card Sort (B)* o *Plethysmograph (S) or Abel Assessment (S)* o *Bentler Sexual Behavior Inventory (R)*
Preferences (Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors)	• *Clinical Interview (D)* • *Plethysmograph (S) or Abel Assessment (S)*

Attitudes/Cognition ▭ *Motivation to Change/Continue Behavior* ▭ *Attitudes Toward Women, Children, Sexuality in General* ▭ *Attitudes About Offense (i.e., Seriousness, Harm to Victim)* ▭ *Degree of Victim Empathy* ▭ *Presence/Degree of Minimalization* ▭ *Presence/Degree of Denial* ▭ *Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior*	• *Clinical Interview (D)* o *Burt Rape Myth Acceptance Scale (B)* o *Multiphasic Sex Inventory I or II (C)* o *Buss/Durkee Hostility Inventory (R)* o *Abel and Becker Cognitions Scale (B)* o *Attitudes Towards Women Scale (B)* o *Socio-Sexual Knowledge and Attitudes Test (For use with sex offenders who have developmental disabilities) (B)*

RISK	
Risk of Re-offense	• *Criminal History* o *SOMB Checklist (7 Dynamic Indicators, normed on Colorado offenders from probation, parole and community corrections)* o *Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison)* o *Violence Risk Assessment Guide (Normed on a psychiatric hospital sample)* o *Sex Offense Risk Assessment Guide* o *MnSOST-III (Normed on Minnesota offenders in the Department of Corrections, excludes incest offenders)* o *CARAT* o *Static 99R or 2002R* o *Stable 2007* o *Acute 2007*
Risk of Failure in Treatment and Supervision	• *Clinical Interview* • *Criminal History* • *Colorado Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison)* o *PCLR* o *Stable 2007* o *Acute 2007*

MOTIVATION AND AMENABILITY TO TREATMENT	
	• *Clinical Interview (D)* • *Clinical Mental Status Exam (D)* • *Observational Assessment (E)* • *Case File/Document Review (F)* • *History of Functioning (F)* • *Review of Criminal Records* • *History of Compliance with Treatment and Supervision* o *DCJ Checklist*

IMPACT ON VICTIM	
Evaluate impact on victim and the offender's perception of impact on victim	• *Clinical Interview of Offender (D)* • *Case File/Document Review (F)* • *Review of Police Reports* • *Review Victim Impact Statement* o *Contact Victim Therapist/Advocates, when available* o *Interview Family Members*

Discussion: No single test should be seen as absolute or predictive; rather, results should be seen as contributing to the overall evaluation of the sex offender and his or her risk to the community. Offender self-report is an unreliable source of information during the evaluation, and the evaluator shall take steps not to rely solely on self-report information. Evaluators shall incorporate all available information when making a determination regarding risk and not rely solely on risk assessment instruments. Risk assessment instruments will not identify all risk factors. Of particular concern are <u>stand alone risk factors</u>, such as Psychopathy and Sadism, which are indicative of high risk.[4]

[4] Briken et al, (2006); Firestone et al, (2008); Langevin (2003); Kingston, Seto, & Bradford (2009);

2.061 DD ADDITIONAL EVALUATION AREAS FOR SEX OFFENDERS WITH DEVELOPMENTAL DISABILITIES

Evaluation Areas – Required	Required & Optional Evaluation Procedures • *Closed bullet indicates a required method* o *Open bullet indicates an optional method*
Level of planning in crime of conviction and other sexual offending behavior	• History of functioning (D) • Structured interview (D) • Collateral information (F)
"Street smarts"	• History of functioning (D) • Structured interview (D) • Collateral information (F)
Expressive and receptive language skills	• Clinical evaluation (D) o Peabody Picture and Vocabulary Test Revised (PPVT-R) (B) • Collateral information (F) o Expressive tests, e.g. CELF, TOLD (B)
Social judgment/ability to participate in group settings	• History of functioning (D) • Structured interview (D) • Collateral information (F) o Young Adult Institute Tools (YAI Tools) (B)
Adaptive behavior	• Clinical evaluation (D) o Vineland Adaptive Behavioral Scale (B) o Adaptive Behavioral Scale of the American Association for Mental Retardation (B)
Support systems	• History of functioning (D) o Current DD system involvement (F) o Current family involvement (F) o Current social involvement (F,R)
Executive functioning	• History of functioning (D) • Structured interview (D) • Collateral information (F) o Wisconsin Card Sort Test (B) o Boston Naming Test (B) o Trail Making Test (B) o Bender-Gestalt (B) o Cognistat – Neurbehavioral Cognitive Status Exam (B)

DD Discussion: Many widely used risk assessment tools have not been created specifically for adult sex offenders with developmental disabilities. Therefore, the evaluator shall use caution when choosing to use such instruments and when interpreting the resulting data.

2.070 The evaluator shall make recommendations or findings regarding:

- Level of risk, including an overall or cumulative assessment of the offender's risk
- Amenability for treatment
- Appropriateness for community placement.
  - The evaluator shall assess the sex offender's level of denial (see Standard 3.510). The evaluator shall not recommend community based treatment and supervision for a sex offender who is in Level 3: Severe Denial (see Standard 3.520).
- Type of placement (e.g. outpatient, residential)
- Intensity of offense-specific treatment (i.e. frequency of treatment contact)
- Multi axial diagnoses
- Treatment of co-existing conditions and further assessments needed to address areas of concern
- The need for medical/pharmacological treatment, if indicated
- Expectations for involvement in treatment of the offender's family
- Specific risk factors that require management and potential interventions
- Access to, contact with and/or restrictions against contact with children and victims

Upon request, the evaluator (if different from the treatment provider) shall also provide information to the case management team or prison treatment provider at the beginning of an offender's term of supervision or incarceration.

2.070 DD

If the sex offender with developmental disabilities meets the statutory requirements for completion of the Sexually Violent Predator Risk Assessment, the instrument shall be completed using the existing instruments as required pursuant to Section 18-3-414.5, C.R.S. The evaluator shall document any concerns regarding this instrument's validity for the client.

2.080 In the evaluation process, physiological testing through the use of polygraph examinations can be useful in understanding an offender's level of deception and denial and is recommended in the evaluation process. The polygraph should not be used to determine guilt or innocence or as the primary finder of facts for legal purposes. (See Sections 6.000 for standards on the use of the polygraph.)

2.090 Evaluators have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and compliance with the mental health statutes. Evaluators should use testing instruments in accordance with their qualifications and experience. Un-interpreted raw data from any type of testing should never be released to those not qualified to interpret.

2.010 Any required evaluation areas that have not been addressed, or any required evaluation procedures that have not been performed, shall be specifically noted. In addition, the evaluator must state the limitations of the absence of any required evaluation areas or procedures on the evaluation results, conclusions or recommendations. When there is insufficient information to evaluate one of the required areas, then no conclusions shall be drawn nor recommendations made concerning that required area.

2.011 Evaluators shall not represent or imply that an evaluation meets the criteria for a sex offense specific evaluation if it does not comply with the SOMB *Standards*. Evaluators shall include a

statement in each completed evaluation as to whether the evaluation is fully compliant with the SOMB *Standards* or not.

3.000
STANDARDS OF PRACTICE FOR TREATMENT PROVIDERS

3.100 ♦ Sex Offense Specific Treatment

3.110 Sex offense specific treatment must be provided by a treatment provider listed at the full operating level or the associate level under these Standards.

3.110 DD

In a situation where a client's developmental disability interferes with the provider's ability to meet the requirements of any section of 3.000, the Community Supervision Team must come to consensus about any modification to the Standards that is implemented. The modification must be documented in writing and signed by each CST member.

3.120 A provider who treats sex offenders under the jurisdiction of the criminal justice system must use sex offense-specific treatment (see Definition Section). This does not preclude participation in adjunctive treatment as clinically indicated and approved by the Community Supervision Team.

Discussion: A provider who chooses to begin treating an offender during the pre-conviction stage should provide treatment in compliance with these Standards.

3.120 DD

When providing treatment to individuals with developmental disabilities who may exhibit sexually inappropriate behaviors but who have not been convicted of a sex offense, it is recommended that the Standards be used as guidelines. The treatment of non-convicted individuals does not fall under the purview of the Sex Offender Management Board.

3.130 Upon an offender entering treatment, a provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender. Treatment plans should evolve over the course of treatment as new information is discovered.

The treatment plan shall:

- Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and unwanted contact with the offender
- Address the issue of ongoing victim input (will the victim be involved, in what manner, at what stage of treatment, etc.)
- Be individualized to meet the unique needs and risks of the offender
- Identify the issues to be addressed, the planned intervention strategies, and the goals of treatment
- Define expectations of the offender, his/her family (when possible), and support systems

3.140 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law and federal statutes on health care records. Client files shall:

- Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment plans
- Record specific achievements, failed assignments, rule violations and consequences
- Accurately reflect the client's treatment progress, sessions attended, and changes in treatment

3.150 Approved providers shall participate in, and cooperate with, Board research projects related to evaluation or implementation of the Standards or sex offender management in Colorado in accordance with Section 16-11.7-103 (4) (d), C.R.S.

3.160 A provider shall employ treatment methods that are supported by current professional research and practice:

A. The provider shall employ treatment methods that give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.

B. Group therapy (with the group comprised only of sex offenders) is the preferred method of sex offense-specific treatment. At a minimum, any method of psychological treatment used must conform to the Standards for content of treatment (see F., below) and must contribute to the management of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and should be avoided except when geographical—specifically rural—or disability limitations dictate its use.

Discussion: Group therapy may be supplemented by additional treatment modalities.

C. The use of male and female co-therapists in group therapy is highly recommended.

Discussion: Many sex offenders have polarized views of men and women. As a result, it is beneficial to have male and female co-therapists conduct therapy groups. Therapists can model equal non-sexual relationships, assertive communication, and the value of multiple perspectives. Based on the offender's preexisting stereotypes, he/she may tend to discount information from a therapist of a specific gender. The gender of the therapist that the offender is most willing to listen to varies from offender to offender. Therapeutic feedback generally becomes more powerful and less likely to be discounted when it is expressed by both a male and female therapist. Use of male and female co-therapists also provides a catalyst for a diversity of issues to emerge, which can then be addressed in treatment.

D. The ratio of therapists to sex offenders in a treatment group shall not exceed 1:8. Treatment group size shall not exceed 14 sex offenders.

D. DD

It is likely that a group populated by sex offenders with developmental disabilities will require an even smaller client to therapist ratio. Ratios shall be determined based upon the needs of the group.

Discussion: It is understood that the occasional illness or absence of a co-therapist may occur, which may cause the treatment group to exceed this ratio. It is also understood that a particular treatment program may be structured in such a way that specific didactic modules of psycho-educational information are presented to larger groups of sex offenders at one time. Such psycho-educational information is a component of, but not a substitute for sex offense-specific treatment. These circumstances constitute occasional exceptions to the standard described in c. above. The test for compliance with this standard will be the regularity with which the ratio of therapists to sex offenders is congruent with c. above.

The Sex Offender Management Board believes that the treatment of sex offenders is sufficiently complex and the likelihood of re-offense sufficiently high that the client to therapist ratio and group size should be fairly small.

E. Genders shall not be mixed in a sex offense specific treatment group.

Discussion: It is understood that psycho-educational groups, informed supervision sessions, victim clarifications sessions and other modalities that do not require the same level of therapeutic work as a treatment group, may successfully contain, and sometimes require, a mix of genders to participate together.

It is also understood that in the event a treatment group cannot be found for an individual because of their gender, individual therapy may be warranted. In this situation, case notes should carefully document why individual therapy was chosen for the specific offenders.

F. The provider shall employ treatment methods that are based on recognition of the need for long-term, comprehensive, offense-specific treatment for sex offenders. The provider shall use an evidence-based approach. Self-help or time-limited treatments shall be used only as adjuncts to long-term, comprehensive treatment.

F. DD

Treatment planning and content shall take the needs of sex offenders who have developmental disabilities into consideration.

DD Discussion: Progress in treatment and the ability to integrate material is generally slower for sex offenders with developmental disabilities than for the non-disabled population. The presence of concrete thinking, difficulty with concepts and abstraction and the need for frequent repetition and simple, direct instruction is common. For example, sex offenders who have developmental disabilities may not be able to conceptualize the sequential cycle portion of the traditional relapse prevention plan. In this case, the ability to identify risk situations or behaviors and appropriate interventions is a reasonable alternative.

G. The provider, in consultation with the Community Supervision Team (CST), shall determine treatment intensity including frequency and duration of contact based on offender's needs and risk. The treatment provider shall consult with the CST regarding the need for referral to a program of different intensity if not offered in his/her program.

Discussion: The intensity of treatment (number of hours of treatment per week) should be based on the offender's evaluated risk and treatment needs. The majority of sex offenders have significant long-standing problems that have contributed to their sexual offending behavior. Therefore, most sex offenders will need intensive treatment for a long period of time in order to decrease their risk of re-offense. Research has suggested that treatment intensity and duration are significant factors in the effectiveness of treatment for sex offenders and substance abusers. Programs that cannot provide the level of intensity necessary to manage the offender's risk should refer the offender to a treatment team that can provide the necessary level of intensity. At a minimum, offenders should participate in weekly group session; many offenders may benefit from more than one treatment session per week.

G. DD

Managing the client's risk to the community remains the primary goal of treatment. The fact that clients with DD may progress more slowly in treatment shall never be used as a reason for reducing monitoring and containment when risk continues to be present, or for accepting reduced compliance from the client.

H. A treatment provider shall employ treatment methods that integrate the results of a polygraph, plethysmographs, visual reaction time assessments or other physiological testing, as indicated.

Discussion: Providers who utilize this data shall be aware of the limitations of these technologies shall recognize that this data is only meaningful within the context of a comprehensive evaluation and treatment process.

H. DD

Use of some of these assessments and testing instruments with sex offenders with developmental disabilities is relatively new; employing these results for the purposes of assessing risk and planning for treatment should be done cautiously. Please see Section DD2.000 for additional Standards pertaining to evaluations. Wherever possible, materials appropriate for use with sex offenders with developmental disabilities shall be utilized instead of materials developed for a non-developmentally disabled population.

I. Offense-specific treatment for sex offenders shall:

1. Hold offenders accountable for their behavior and assist them in maintaining their accountability;

2. Require offenders to complete a full sex history disclosure and to disclose all current sex offending behaviors;

3. Reduce offenders' denial and defensiveness;

4. Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;

5. Educate offenders and individuals who are identified as the offenders' support systems about the potential for re-offending and an offender's specific risk factors, in addition to requiring an offender to disclose critical issues and current risk factors;

6. Teach offenders self-management methods to avoid a sexual re-offense;

7. Identify and treat the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;

8. Identify and treat offenders' cognitive distortions;

9. Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;

10. Educate offenders about the impact of sexual offending upon victims, their families, and the community;

11. Provide offenders with training in the development of skills needed to achieve sensitivity and empathy with victims;

12. Provide offenders with guidance to prepare, when applicable, written explanation or clarification for the victim(s) that meets the goals of: establishing full perpetrator responsibility, empowering the victim, and promoting emotional and financial restitution for the victim(s);

13. Identify and treat offenders' personality traits and deficits that are related to their potential for re-offending;

14. Identify and treat the effects of trauma and past victimization of offenders as factors in their potential for re-offending (It is essential that offenders be prevented from assuming a victim stance in order to diminish responsibility for their actions);

15. Identify deficits and strengthen offenders' social and relationship skills, where applicable;

16. Require offenders to develop a written plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses;

Discussion: This plan shall be shared with the offender's identified support system.

17. Provide treatment or referrals for offenders with co-existing treatment needs such as medical, pharmacological, psychiatric needs, substance abuse, domestic violence issues, or disabilities;

18. Maintain communication with other significant persons in offenders' support systems to the extent possible to assist in meeting treatment goals;

19. Evaluate existing treatment needs based on developmental or physical disabilities, cultural, language, sexual orientation, and gender identity that may require different treatment arrangements;

20. If clinically indicated, every effort should be made to provide services in the client's primary language using professional interpretive and translation resources as needed;

Discussion: Individuals who have an existing relationship with the offender, such as family members, shall not be used as interpreters in order to avoid dual relationships and conflict of interest.

21. Identify and address issues of gender role socialization; and,

22. Identify and treat issues of anger, power, and control.

I. DD

Achieving success in the above listed content areas for the sex offender with developmental disabilities may require modifications based on the needs of the individual such as using pictures instead of written assignments, or using a data collection system by the treatment provider to document skills learned by the client.

J. A treatment provider shall model empathy and respect to the offender.

Discussion: Disrespectful behavior includes, but is not limited to, labeling the person not the behavior, unnecessary volume when speaking to the offender, and name calling.

K. In cooperation with the supervising officer, the provider shall address the results of polygraph examinations. The treatment provider shall collaborate with the Community Supervision Team to schedule polygraph examinations and review the results and admissions in accordance with Section 6.000. Results and admissions of the polygraph shall be used to identify treatment and behavioral monitoring needs.

L. Recognizing the importance that the continuum of treatment intensity is dependant on offender progress, providers shall offer phases of reduced treatment intensity following an offender successfully addressing all applicable issues and concepts contained in Standards 3.160 (I) 1. - 22. This phase of treatment shall include regular polygraph examinations. The main focus of this reduced intensity "maintenance treatment" shall be to:

- Enhance application of the concepts learned in Standards 3.160 (I) 1. - 22. in the client's current lifestyle, including internalizing, integrating and consolidating these concepts.
- Refine re-offense prevention skills. As offenders apply concepts it is possible that they will have lapses, which shall be addressed during the maintenance treatment.
- Return offenders to a more intensive phase of treatment if clinically indicated.

M. An offender can be moved to a maintenance phase of treatment when the community supervision team reaches consensus that the sex offender has:

- Satisfactorily addressed all applicable issues listed in Standards 3.160 (I) 1. - 22;

- Completed the non-deceptive sexual history disclosure polygraph process;
- Yielded non-deceptive results on the two most recent and consecutive maintenance polygraphs and they are absent any information not previously disclosed to the containment team;
- Produced an objective sexual arousal or interest measure demonstrating management of deviance;
- Demonstrated consistent compliance with treatment and supervision conditions;
- Modified his/her lifestyle to actively manage his/her risk and consistently applies the concepts learned in treatment. In addition, he/she discloses and addresses ongoing risk factors in treatment;
- Accepted s/he needs ongoing treatment and external support irrespective of required supervision conditions.

In assessing offender progress, teams shall look for external, objective and behaviorally measurable evidence.

M. DD

In assessing progress of the offender with developmental disabilities, teams should remain mindful that not all sex offenders with developmental disabilities are appropriate for polygraph and/or for some sexual arousal or interest measurements. Please see DD.2.000 for further discussion.

N. In collaboration with the CST, the treatment provider shall utilize the Low Risk Protocol (LRP) for eligible sex offenders (see Appendix D).

3.170 Shared Living Arrangements (SLAs)

SLAs are a modality of treatment and supervision designed to provide a higher level of accountability for sex offenders. Please see the Definitions section for details.

When a SLA is being used, the following shall occur:

- The offender is subject to increased offender accountability/therapeutic supervision;
- The SLA location is approved in advance by the CST;
- The SLA location is within a jurisdiction that legally permits two unrelated sex offenders to reside in the same household;
- The CST notifies the landlord/property management that the residence is a SLA;
- The CST notifies local law enforcement of SLA location;
- Visitors of the SLA are approved in advance by the CST;
- Non-SLA members are prohibited from residing within the residence unless approved by the CST;
- The provider matches offenders in the same residence based on individual risk/needs;
- Offenders are expected to report violations regarding his/her roommate to provider and supervising officer;
- When multiple treatment programs are involved in a SLA, communication among all involved providers occurs consistently;

- Treatment progress in a SLA is identified through the use of an individualized treatment plan which meets specific goals and objectives, and may incorporate specific time frames.

3.171 Providers utilizing a SLA modality of treatment should consider the following:

- "Two-man accountability"[5] may be beneficial to the milieu;
- Maintaining a specific vacancy and discharge policy/contract;
- Monitoring of offender's/SLA member's whereabouts for accountability purposes;
- Providers are prohibited from renting to an offender due to ethical and dual relationship issues.

3.172 Placement of offenders in a SLA shall include consideration of the following:

- Offender risk level
- Offender amenability to treatment
- Offender's level of personal accountability (e.g. denial issues)
- Offender's stage in the legal process (post-conviction vs. pre-plea)
- Offender self-sufficiency (e.g., employment, mental health, disability, etc.)
- Offender's prior history with treatment and supervision
- Offender's victim preference

Discussion: According to the study conducted by the SOMB in 2004, SLAs are a viable treatment/supervision option for moderate to high risk sex offenders. In fact, the SLA provides a higher level of containment than the home environment of most sex offenders in this risk classification.[6] However, the SLA should be used in a similar manner as any other treatment option and be matched using risk, need, and responsivity measures. With economic and housing concerns, a SLA can be an appealing solution. Research has yet to be conducted to confirm if SLAs are beneficial for offenders in other risk levels.

3.200 ♦ Successful Completion of Legally Mandated Treatment

3.210 In certain cases it may be appropriate to end legally mandated, offense-specific treatment. However, most offenders will need ongoing treatment at some level. Completion of treatment is not the end of offenders' rehabilitative needs or the elimination of all risk to the community. Successful completion of legally mandated treatment prior to an offender's supervision termination date shall only be considered upon the unanimous agreement of the Community Supervision Team.

The decision to end treatment shall be based on:

- A determination by the team that the offender would not pose an undue risk to victim and community safety without treatment;
- A reexamination of the offender's progress over an extended period of time in the maintenance phase of treatment;
- A determination that the offender is low risk on criminogenic factors as defined by all information gained over the course of treatment and supervision.

[5] Two adult sex offenders approved by the CST to accompany one another to approved locations.

[6] Colorado Department of Public Safety, Division of Criminal Justice, SOMB. (2004). Report on Safety Issues Raised by Living Arrangements for and Location of Sex Offenders in the Community.

DD Discussion: Because some sex offenders with developmental disabilities have difficulty learning to generalize behaviors and/or memorize information without subsequent behavioral change, the Community Supervision Team should, in these cases, also base its decision to end treatment on the client's actual demonstration of new skills.

3.220 Prior to discontinuing offense-specific treatment, a provider shall, in cooperation with the Community Supervision Team, make recommendations for an aftercare plan that may include a variety of self-management skills/techniques and support systems.

3.230 For offenders who meet the designation of low risk per the Low Risk Protocol (LRP) by unanimous decision of the CST, the provider shall make a recommendation for discharge from sex offense specific treatment. The provider may make recommendations for further treatment based on individual offender needs.

3.300 ♦ Confidentiality

3.310 When enrolling an offender in treatment, a provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. This waiver shall explain that written and verbal information will be shared between all team members. The waiver of confidentiality shall, if applicable, extend to the Department of Human Services, other individuals or agencies responsible for the supervision of the offender, and the Board for the purpose of research related to evaluation or implementation of the Standards or sex offender management in Colorado.

Discussion: Waivers of confidentiality should be required of the sex offender by the conditions of probation, parole, and community corrections and shall be part of the treatment provider-client contract.

3.310 DD

The information shall be provided in a manner that is easily understood, verbally and in writing, in the native language of the person, or through other modes of communication as may be necessary to enhance understanding.

(A) The provider shall obtain the informed assent of the legal guardian, if applicable, and the informed assent of the offender with developmental disabilities for treatment. The guardian will be informed of the treatment methods, how the information may be used and to whom it will be released. The provider shall also inform the offender with developmental disabilities and the guardian about the nature of the provider's relationship with the offender and with the court. The provider shall respect the offender's right to be fully informed about treatment procedures.

(B) If informed assent cannot be obtained after consulting with the third party, then the provider shall refer the case back to the Community Supervision Team or the court.

3.320 Waivers of confidentiality shall extend to the victim, the victim advocate/therapist, the guardian ad litem of a child victim, the caseworker, the approved supervisor(s), the offender's current partner, the guardian, or other individuals involved in the case. This is especially important with regard to, but not limited to, offender non-compliance with

treatment, information about risk, threats, and possible escalation of violence, and decisions regarding clarification or reunification of the family, and an offender's contact with past or potential child victims.

3.330 The provider shall notify all clients in writing of the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304, C.R.S.

3.340 The provider shall ensure that an offender understands the scope and limits of confidentiality in the context of his/her particular situation, including the collection of collateral information, which may or may not be confidential.

3.350 The provider shall ensure that as a condition of residing in a SLA the offender is required to hold other offenders living in the SLA accountable. The offender is required to discuss and share information about other offenders in the SLA to the treatment provider and supervising officer for accountability purposes.

3.360 The provider shall obtain signed waivers from offenders living in a SLA for their roommate's CST members.

3.400 ♦ Treatment Provider-Client Contract

3.410 A provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client.

A. The contract shall explain the responsibility of a provider to:

1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;

2. Describe the waivers of confidentiality and the limits of confidentiality pursuant to Standards, Section 3.300, which will be required for a provider to treat the client for his/her sexual offending behavior and describe the procedures necessary for the client to revoke the waiver;

3. Describe the right of the client to refuse treatment and to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;

4. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304, C.R.S;

5. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined;

6. Describe the expectations and requirements for a Shared Living Arrangement (SLA), when applicable.

B. The contract shall explain any responsibilities of a client (as applicable) to:

1. Pay for the cost of assessment and treatment for him or herself, and his or her family;

2. Comply with all requirements to pay for the cost of assessment and treatment for the victim(s) and their family(ies), including all medical and psychological tests, and consultation;

3. Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and relevant to the re-offense plan. Clinical judgment should be exercised in determining information provided to children;

4. Actively involve relevant family and support system;

5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;

6. Participate in polygraph testing and sexual arousal/interest testing as prescribed in the Standards and Guidelines (including DD3.160.K);

7. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and in the contract between the provider and the client.

C. Failure to comply with the terms of the contract may result in termination from treatment. The contract shall also, (as applicable):
   - Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
   - Describe limitations or prohibitions on the use or viewing of sexually stimulating, violent material and material related to deviant sexual interest;
   - Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, avoiding high risk situations, and reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
   - Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff;
   - Describe limitations or prohibitions on employment and recreation.

3.500 ♦ Managing Sex Offenders in Denial

3.510 Levels of Denial

The following is a description of different levels of denial as it relates to the conviction. This classification is similar to those proposed by Salter (1988)[7], Leflen and Sturm (1993)[8], Winn

[7] Salter, A. (1988). *Treating Child Sex Offenders & Victims*, Newbury Park, CA: Sage Publications.

[8] Laflen, B., & Sturm, W.R. (1994). Understanding and Working with Denial in Sexual Offenders. *Journal of Child Sexual Abuse. 3.* Pp. 19-36. Discussion article conceptualizing denial in adult sexual offenders as stages through which the offender will cyclically progress during treatment.

(1993)[9], and Brake and Shannon (1995)[10]. These levels should be used in conjunction with the rest of 3.500.

Level 1: Low Denial
This level consists of attitudes that reflect low or occasional avoidance of responsibility. Most offenders present with Level 1 denial at one time or another. Offenders presenting with Level 1 denial are considered to be "admitters of fact".

Level 2: Moderate to High Denial
This level consists of offenders who a) admit to some of the behavior involved in the offense, but justify its occurrence or minimize its importance, b) offenders who admit the facts of the offense, but deny the sexually abusive aspect of the offense, and/or c) offenders who do not admit committing the current sexual offense, but admit to engaging in less harmful sexual behaviors.

Level 3: Severe Denial
This level consists of offenders who deny committing the current offense and refuse to acknowledge responsibility for even remotely similar behaviors. Offenders may also appear excessively hostile or defensive. These types of denial are most resistant to change.

3.520 Sex offenders who are in Level 3 Denial shall not be recommended for community based treatment and supervision.

Discussion: Secrecy, denial, and defensiveness are part of sex offenders' pathology. Almost all offenders fluctuate in their level of accountability or minimization of the offenses. Although most are able to admit responsibility for the sexual offense relatively soon after conviction, some offenders do not. As denial impedes treatment engagement and progress[11], an offender's continued denial of the sexual offense after conviction threatens community safety. Offender denial is highly distressing and emotionally damaging to victims.

3.530 When a sex offender in severe denial is placed in the community, despite the requirements of 3.520, (e.g. on mandatory parole), a Denier Intervention shall specifically address the sex offender's denial and defensiveness as it relates to preventing the sex offender from successfully participating in sex offender treatment. Denier Intervention shall not exceed three months and shall be regarded as preparatory for offense-specific treatment.

Discussion: Although all offense-specific treatment programs usually begin by addressing minimization and defensiveness, Denier Intervention for those in Level 3 Denial, typically occurs separately from regular group therapy that is provided for offenders who have, at a minimum, admitted the crime of conviction. Level 3 deniers are

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[9] Winn, M.E. (1996). The Strategic and Systematic Management of Denial in the Cogntive/Behavioral Treatment of Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment. 8.* Pp. 25-36. Presents a rationale for working with denial as a component of pre-treatment, identifies types of denial, and offers several interventions to address the function and maintenance of denial in the offender and his family.

[10] Brake, S. C. & Shannon, D. (1997). *Using PreTreatment to Increase Admission in Sex Offenders.* In The Sex Offender: New Insights, Treatment Innovations and Legal Developments, BK Schwartz and HR Cellini (Eds.), Civic Research Institute: Kingston, N.J.

[11] Denial was found to be inversely associated with treatment engagement and progress (Levenson & MacGowan, 2004). Further, the Division of Criminal Justice, Office of Research and Statistics, found that denial measured early in treatment using the SOMB Checklist significantly correlated with treatment failure/revocation (see English, Kleinsasser and Retzlaff, 2002, "The Colorado Sex Offender Risk Scale" in the *Journal of Child Sexual Abuse, Vol. 11*, No. 2).

not considered amenable to offense specific treatment. They do not admit sex offenses and therefore do not acknowledge a need to work on issues that contribute to their offending behavior or re-offense plans. Since severe denial prevents therapists from obtaining critical information from the offender, they are unable to develop effective interventions to address the offending behavior. Further, including deniers in regular groups may disrupt the group's focus on treatment tasks and encourage other offenders to deny their crimes and can increase their level of denial. Denier Intervention for Level 3 Denial may include a variety of modalities specifically designed to reduce denial and resistance to treatment and supervision.

During the time an offender is attending Denier Intervention, the CST should work closely together to ensure maximum containment, supervision and accountability measures are enforced for the offender. Intermediate sanctions should also be used during the course of Denier Intervention to reduce denial and encourage disclosure. In addition to requiring the offender to undergo an instant offense polygraph regarding the offense of conviction, the CST shall also require the offender to undergo Maintenance polygraph testing to monitor current behavior and enable the CST to respond to concerns quickly.

3.540 Use of the polygraph is important in reducing an offender's denial. Deniers shall be referred for an instant offense polygraph examination. Documentation is imperative for future revocation proceedings, in the event that an offender fails to make sufficient progress and is therefore terminated from Denier Intervention.

3.550 Offenders who are still in Level 3 Denial and are strongly resistant after this three (3) month phase of Denier Intervention shall be terminated from treatment and revocation proceedings should be initiated. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if a revocation does not occur. In no case should a sex offender in continuing denial of the sexual offense remain indefinitely in Denier Intervention.

Discussion: It is important to support victim recovery and community safety by proceeding with revocations for those sex offenders whose continued denial /or resistance make treatment ineffective.

3.550 DD

An exception may be made for sex offenders with developmental disabilities who are in Level 3 Denial and are strongly resistant after this three (3) month phase. If revocation and termination from treatment are not clearly indicated for a specific client, then a Community Supervision Team review shall occur at this 3 month mark to determine whether an extension of this pre-treatment phase following by a second case review shall occur. Other options may be explored at this time and shall always consider the client's current risk of sexual re-offending and availability of community supervision.

3.560 Denier Intervention shall only be provided by treatment providers who also meet the requirements to provide sex offense-specific treatment, as defined in this document.

3.570 Progress in Denier Intervention is reflected by the offender's decreased resistance to treatment, decreased defensiveness and denial, and increased accountability for offense behavior.

3.580 Treatment providers and community supervision teams must establish specific and measurable goals and tasks for offenders in denial. These measurable goals will establish whether offenders have reached the threshold of eligibility for referral to offense-specific treatment at the end of three months or earlier. It is especially important to document offenders' accountability for their offenses.

3.600 ♦ Treatment of Sex Offenders Within the Department of Corrections

3.610 During incarceration and parole a continuum of treatment services shall be available to sex offenders.

3.620 Unless otherwise noted in this section, treatment for sex offenders in prison shall conform to these Standards for sex offense specific treatment described in Section 3.000 and shall be provided by therapists who meet the qualifications for treatment providers described in Section 4.000.

The prison treatment provider shall employ treatment methods that are based on recognition of the need for long-term, comprehensive, sex offense specific treatment. Self-help or time-limited treatments shall be used only as adjuncts to long-term, comprehensive treatment. Offenders who have been removed from the community are presumed to have a higher risk level and longer-term intensive treatment is warranted. The duration of treatment in prison will be based on the assessment by the clinical team. This shall be followed by community based sex offense specific treatment upon the offender's release.

A sex offender who has been sentenced to the Department of Corrections (DOC), and who is participating in the treatment program, and who did not receive a sex offense-specific evaluation at the time of the pre-sentence investigation shall receive a sex offense-specific evaluation.

3.630 It is highly recommended that Treatment in prison should be provided by male/female co-therapy teams.

3.640 Prison treatment providers shall utilize a modified team approach similar to that described in Section 5.000. Specifically, the polygraph examiner and treatment provider shall work closely together, and other professionals should be included in the team as indicated.

3.650 Treatment providers shall:

a. Prepare a summary of offenders' progress and participation in sex offender treatment and their institutional behavior. This summary shall be provided to the parole board prior to a hearing;

b. Prepare a summary for pre-parole investigation with recommendations regarding ongoing treatment needs, living arrangements and conditions of supervision related to the offender's rehabilitative needs, and;

c. Forward pertinent documents including any pre-sentence investigation reports to outpatient treatment providers upon request and with a valid release.

4.000
QUALIFICATIONS OF TREATMENT PROVIDERS, EVALUATORS, AND POLYGRAPH EXAMINERS WORKING WITH ADULT SEX OFFENDERS

Pursuant to 16-11.7-106, C.R.S., the Department of Corrections, the Judicial Department, the Division of Criminal Justice of the Department of Public Safety, or the Department of Human Services shall not employ or contract with, and shall not allow a sex offender to employ or contract with any individual to provide sex offender evaluation or treatment services unless the sex offender evaluation or treatment services to be provided by such individual conform with these *Standards*.

It is incumbent upon the provider (treatment, evaluator, or polygraph examiner), regardless of his/her listing status (Intent, Associate, or Full Operating Level), to practice within the scope of his/her qualifications and expertise. While there are a limited amount of specialty areas recognized by the SOMB with regard to approval and listing status (adult, juvenile, developmental disability), the SOMB also recognizes that the sex offender population is diverse and certain portions of the population may require additional clinical experience and training (e.g. female offenders, chronically mentally ill, etc). The SOMB expects providers to practice responsibly and ethically.

4.100 Intent to Apply: Individuals who have not applied to the SOMB Approved Provider List, but who are working towards meeting the provider qualifications for an evaluator, treatment provider, or any other SOMB listing status, shall submit an Intent to Apply, including a supervision agreement co-signed by a SOMB Full Operating Level provider (clinical supervisor), and fingerprint card (pursuant to Section 16-11.7-106 (2), C.R.S) within thirty (30) days from the time the supervision began.

The supervision agreement shall include:

- The frequency of face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows.

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.*

- The length of the supervision agreement.
- The type of supervision (i.e. individual or group supervision, or both).
- The nature of the supervision (focus on treatment, evaluation, or both).

For applicants working towards listing as Associate Level Treatment Providers, their Clinical Supervisor shall conduct one hundred (100) hours of co-facilitated treatment in the same room with the applicant, or shall ensure that another Full Operating or Associate Operating Level treatment provider is conducting co-facilitated treatment in the same room. It is incumbent upon the supervisor to determine the appropriate time to move the applicant from exclusively co-facilitated clinical contact to non-co-facilitated clinical contact based upon that individual's progress in attaining competency to perform such treatment.

The Full Operating Level supervisor shall review and co-sign all treatment plans, evaluations and reports by the applicants. The Full Operating Level supervisor is responsible for all clinical work performed by the applicant.

4.200 All Applicants Begin at the Associate Level: With the possible exception of some out-of-state applicants, all applicants shall apply for, and be approved at the Associate Level treatment provider, evaluator, or polygraph examiner status prior to applying for Full Operating Level.

4.210 Professional Supervision of Associate Level Treatment Providers and Evaluators:

- Supervision of Associate Level treatment providers shall be done by Full Operating Level treatment providers in good standing.
- Supervision of Associate Level evaluators shall be done by Full Operating Level evaluators in good standing.
- The supervisor shall provide clinical supervision as stated in the Intent to Apply Section (4.100). Supervision hours for treatment and evaluation clinical work may be combined.
- The supervisor shall review and co-sign all treatment plans, evaluations, and reports generated by Associate Level treatment provider or an Associate Level evaluator.
- Full Operating Level adult treatment providers and evaluators shall supervise applicants applying to the Adult Provider List.

4.210 DD

Associate Level and Full Operating Level treatment providers and evaluators who want to provide evaluation and/or treatment services to adult sex offenders with developmental disabilities shall demonstrate compliance with and submit an application attesting to having met all requirements identified as Developmentally Disabled (DD) Standards in this section.

4.220 Out-of-State Applicants: Individuals who hold professional licensure and reside outside Colorado may seek Full Operating Level or Associate Level status if they meet all the qualifications listed in these *Standards*. Required supervision hours must have been provided by an individual whose qualifications substantially match those of a Full Operating Level provider as defined in these *Standards*. Out-of-state applications will be reviewed on a case-by-case basis.

4.230 Movement between Adult and Juvenile Listing Status: Providers who are Full Operating or Associate Level treatment providers, evaluators, or polygraph examiners for juveniles who have committed sexual offenses may apply to be listed as an Associate Level treatment provider, evaluator, or polygraph examiner for adult sex offenders.

- The Full Operating Level or Associate Level treatment provider, evaluator, or polygraph examiner for juveniles who have committed sexual offenses shall submit an application outlining the level of compliance with the application criteria as identified in these *Standards*, and identify any experience or training that may be considered for equivalency to these criteria. The Application Review Committee (ARC) shall determine if the submitted documentation substantially meets the application criteria or not, and will provide written notification of any additional needed experience or training.

4.300 TREATMENT PROVIDER: Adult Associate Level: An Associate Level treatment provider may treat adult sex offenders under the supervision of a Full Operating Level treatment provider under these *Standards*. To qualify to provide sex offender treatment at the Associate Level under Section 16-11.7-106 C.R.S. an applicant shall meet all the following criteria:

A. The applicant shall have a baccalaureate degree or above in a behavioral science with training or professional experience in counseling or therapy;

B. The applicant shall hold a professional mental health license or be listed with the Department of Regulatory Agencies as a registered psychotherapist, and not be under current disciplinary action;

C. The applicant shall have completed, within the past five (5) years, and in not less than one (1) year, a minimum of one hundred (100) direct face-to-face clinical contact co-therapy hours with adult sex offenders, in the same room, with a Full Operating or Associate Level treatment provider;

C.DD

Of the one hundred (100) hours of direct face-to-face clinical co-therapy with adult sex offenders, the provider shall have completed twenty-five (25) hours with adult sex offenders with developmental disabilities while a Full Operating or Associate Level treatment provider with developmental disability specialty listing status is in the same room.

D. The applicant shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direst Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the* face-to-face *requirement of this Standard may be approved in order to allow for extraordinary circumstances.*

D.DD

The provider shall have completed 25% of their required supervision hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

E. Within the past five (5) years, the applicant shall have a total of fifty (50) hours of training with a minimum of the following hours in each category:

- Twenty-eight (28) hours of sex offense specific training;
- Eight (8) hours of victim issues training;
- Ten (10) hours of training specific to the treatment of adult sex offenders, and;
- Four (4) hours of training specific to female sex offenders.

These fifty (50) training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The applicant must demonstrate a balanced training history. Please see the list of training categories in section 4.900;

E.DD

Of the fifty (50) training hours, the provider shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

F. The applicant shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;

G. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

H. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

I. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

J. The applicant shall demonstrate compliance with the *Standards*;

K. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.310 Continued Placement of Associate Level Treatment Providers on the Provider List: Using a current re-application form**,** Associate Level treatment providers shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The provider shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours of which shall be direct face-to-face clinical contact with adult sex offenders;

A.DD

Of the six hundred (600) hours of clinical experience, the provider shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred (150) hours, seventy five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

B. The provider shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.*

B.DD

The provider shall have completed 25% of the required supervision hours with a Full Operating Level treatment provider with developmentally disability listing status.

C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The provider shall demonstrate a balanced training history. Please see the list of training categories in section 4.900;

C.DD

Of the forty (40) training hours the providers shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The provider shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

G. The provider shall report any practice that is in significant conflict with the *Standards*;

H. The provider shall demonstrate compliance with the *Standards*;

I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.320 Movement to Full Operating Level: Associate Level treatment providers wanting to move to Full Operating Level status shall complete and submit documentation of all of the requirements listed in Standard 4.400 as well as a letter from the provider's supervisor providing an explanation and description of the provider's readiness to move to Full Operating Level status.

4.400 TREATMENT PROVIDER: Adult - Full Operating Level: A Full Operating Level treatment provider may treat adult sex offenders without supervision and may supervise Associate Level treatment providers. To qualify to provide sex offender treatment at the Full Operating Level under Section 16-11.7-106 C.R.S., a provider shall meet all the following criteria:

A. The provider shall have been approved on the provider list in good standing at the Associate Level or shall have met the requirements at the Associate Level as outlined in 4.300;

B. The provider shall have attained the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;

C. The provider shall have completed within the past five (5) years, and in no less than one (1) year, one thousand (1000) hours of clinical experience specifically in the areas of sex offense specific evaluation and treatment, at least half (500) of

which shall have been direct face-to-face clinical contact with adult sex offenders;

Discussion: Clinical experience and direct face-to-face clinical contact hours may include hours previously utilized to achieve Associate Level treatment provider status.

C.DD

Of the one thousand (1000) hours of clinical experience, the provider shall have completed two hundred fifty (250) hours with adult sex offenders with developmental disabilities, at least half, one hundred twenty-five (125) of which have been in direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

D. The provider shall have received an additional sixty (60) direct face-to-face clinical contact co-therapy hours with convicted adult sex offenders, in the same room, with a Full Operating Level treatment provider;

Discussion: These sixty (60) hours of direct face-to-face clinical contact co-therapy hours are in addition to the one hundred (100 hours) that have previously been completed to achieve Associate Level treatment provider status.

D.DD

Of the additional sixty (60) hours of direct face-to-face clinical contact co-therapy hours with adult sex offenders, in the same room, the provider shall have completed fifteen (15) hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

E. The provider shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the* face-to-face *requirement of this standard may be approved in order to allow for extraordinary circumstances.*

Providers should know the limits of their expertise and seek consultation and supervision as needed (i.e. clinical, medical, psychiatric). Adjunct resources should be arranged to meet these needs.

E.DD

The provider shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with developmentally disability specialty listing status.

F. Within the past five (5) years, the provider shall have a total of one hundred (100) hours of training with a minimum of the following hours in each category:

- sixty-five (65) hours of sex offense specific training,
- fifteen (15) hours victim issues training, and
- twenty (20) hours of training specific to the treatment of adult sex offenders

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. The provider shall demonstrate a balanced training history. Please see the list of training categories with examples in section 4.900;

Discussion: Training hours may include hours previously utilized to achieve Associate Level treatment provider status.

F.DD

Of the one hundred (100) training hours, the provider shall have completed twenty (20) training hours specific to the treatment of adult sex offenders with developmental disabilities.

G. The provider shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;

H. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall include other members of the community supervision team;

I. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

J. The provider shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

K. The provider shall demonstrate compliance with the *Standards*;

L. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.410 FIRST RE-APPLICATION. Continued Placement of Full Operating Level Treatment Provider on the Provider List: Using a current re-application form, treatment providers shall re-apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The provider shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;

B. The provider shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours of which shall be direct face-to-face clinical contact with convicted adult sex offenders;

B.DD Of the six hundred (600) hours of clinical experience, the provider shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred fifty (150) hours, seventy-five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be related to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

C.DD Of the forty (40) training hours, the provider shall have completed ten (10) training hours specific to the treatment of adult sex offenders with developmental disabilities.

D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The provider shall submit to a current background investigation. (Section 16-11.7-106 (2), C.R.S.);

G. The provider shall report any practice that is in significant conflict with the *Standards*;

H. The provider shall demonstrate compliance with the *Standards*;

I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.420 SECOND AND SUBSEQUENT RE-APPLICATIONS. Continued Placement of Full Operating Level Treatment Providers on the Provider List: Using a current re-application form, the treatment provider shall re-apply for continued placement on the List every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The provider shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;

B. The provider shall stay active in the field through clinical experience, supervision, administration, research, training, teaching, consultation and/or policy development;

C. The provider shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be related to the treatment of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900. Treatment providers may substitute a combination of consulting, research, teaching, training or other equivalent activities that further their proficiency in the field of sex offender treatment;

C.DD

Of the forty (40) hours of continuing education, the provider shall have completed ten (10) continuing education hours specific to the treatment of adult sex offenders with developmental disabilities.

D. The provider shall submit satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

E. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A

certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The provider shall submit to a current background investigation. (Section 16-11.7-106 (2), C.R.S.);

G. The provider shall report any practice that is in significant conflict with the *Standards*;

H. The provider shall demonstrate compliance with the *Standards*;

I. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.500 EVALUATOR: Associate Level: An Associate Level evaluator may evaluate adult sex offenders and conduct Child Contact Assessments (CCAs) under the supervision of an evaluator approved at the Full Operating Level. To qualify to provide sex offender evaluation at the Associate Level under Section 16-11.7-106 C.R.S. an applicant shall meet all the following criteria:

A. The applicant shall have completed ten (10) adult sex-offense specific evaluations in the last five (5) years;

A.DD

Of the ten (10) required adult sex offense specific evaluations, two (2) sex offense specific evaluations shall be completed on adult sex offenders with developmental disabilities.

B. The applicant shall be listed as an Associate Level or Full Operating Level treatment provider for adult sex offenders;

C. The applicant shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.*

C.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with a developmentally disability specialty listing.

D. Within the past five (5) years, the applicant shall have at least: Ten (10) hours of the fifty (50) specialized training hours required for Associate Level treatment

providers specifically related to the sex offense specific evaluations of adult sex offenders.

If the applicant intends to conduct Child Contact Assessments, the applicant shall have a minimum of eight (8) hours of training in this area of evaluation.

All of the evaluation training hours may be utilized to meet the qualifications for both adult and juvenile evaluators. Please see the list of training categories with examples in section 4.900;

D.DD

Of the fifty (50) training hours, the evaluator shall have completed ten (10) hours specifically addressing the sex offenses specific evaluation of adult sex offenders with developmental disabilities.

E. The applicant shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;

F. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;

G. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

H. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);

I. The applicant shall demonstrate continued compliance with the *Standards*, particularly 2.000;

J. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.510 Continued Placement of Associate Level Evaluators on the Provider List: Associate Level evaluators shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The evaluator at the Associate Level shall complete a minimum of ten (10) adult sex-offense specific evaluations in the three (3) year period;

A.DD

Of the ten (10) required sex offense specific evaluations, two (2) sex offense specific evaluations shall be completed on adult sex offenders with developmental disabilities.

B. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the sex offense specific evaluation of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

B.DD

Of the forty (40) hours of continuing education, the evaluator shall have completed ten (10) hours specific to sex offense specific evaluation of adult sex offenders with developmental disabilities.

C. The evaluator shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: *Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.*

C.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level treatment provider with a developmentally disability specialty listing status.

D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;

E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A

certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The evaluator shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

G. The evaluator shall report any practice that is in significant conflict with the *Standards*;

H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;

I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.520 Movement to Full Operating Level: Associate Level evaluators wanting to move to Full Operating Level status shall complete and submit documentation of all of the requirements listed in Standard 4.600, as well as a letter from the evaluator's supervisor indicating the evaluator's readiness to move to Full Operating Level status.

4.600 EVALUATOR: Adult Full Operating Level: A Full Operating Level evaluator may evaluate adult sex offenders and/or conduct Child Contact Assessments (CCAs) without supervision and may supervise an evaluator operating at the Associate Level. To qualify to provide sex offender evaluations at the Full Operating Level under Section 16-11.7-106 C.R.S., an evaluator must meet all the following criteria:

A. The evaluator shall have attained the underlying credential of licensure or certification and not be under current disciplinary action as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist;

B. The evaluator shall be simultaneously applying for, or currently listed as, a Full Operating Level treatment provider;

C. Within the last five (5) years, the evaluator shall have completed a minimum of thirty (30**)** adult sex-offense specific evaluations as defined in section 2.000 of these *Standards*;

C.DD

Of the required thirty (30) sex offense specific evaluations, the evaluator shall have completed seven (7) sex offense specific evaluations on adult sex offenders with developmental disabilities.

Discussion: Evaluations accumulated for approval as an Associate Level evaluator status may be included for Full Operating evaluator approval.

D. Within the past five (5) years, the evaluator shall have at least:
Twenty (20) hours of the one hundred (100) specialized training hours required for Full Operating Level treatment providers related to the sex offense specific evaluation of adult sex offenders.

If the applicant intends to conduct Child Contact Assessments, the applicant shall have a minimum of eight (8) hours of training in this area of evaluation.

All of the evaluation training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

D.DD

Of the required one hundred (100) training hours, the evaluator shall have completed twenty (20) hours related to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

E. The evaluator shall have completed face-to-face supervision hours specific to sex offender treatment and/or evaluation calculated as follows:

Direct Clinical Contact Hours per Month	Minimum Supervision Hours per Month
0-59	2
60-79	3
80 or more	4

Discussion: Upon written request to the SOMB, reasonable accommodations to the face-to-face requirement of this Standard may be approved in order to allow for extraordinary circumstances.

E.DD

The evaluator shall have completed 25% of the supervision hours with a Full Operating Level evaluator with a developmentally disability specialty listing status.

F. The evaluator shall demonstrate competency according to the individual's respective professional standards and ethics consistent with the accepted standards of practice of sex offense specific treatment;

G. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. The references shall relate to the work the applicant is currently providing;

H. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

I. The evaluator shall submit to a current background check (Section 16-11.7-106 (2) C.R.S.);

J. The evaluator shall demonstrate compliance with the *Standards*, particularly 2.00;

K. The provider shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.610 FIRST RE-APPLICATION. Continued Placement of Full Operating Level on the Provider List: Using a current re-application form**,** evaluators shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The evaluator shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;

B. The evaluator may re-apply for listing as a Full Operating Level Adult treatment provider and evaluator. In this case, the evaluator shall accumulate a minimum of six hundred (600) hours of clinical experience every three (3) years, three hundred (300) hours or which shall be direct face-to-face clinical contact including consultation, evaluation or therapy with adult sex offenders. The evaluator shall complete a minimum of twenty (20) adult sex-offense specific evaluations in the three (3) year period;

OR

The evaluator shall discontinue their listing as a Full Operating Level adult treatment provider and be placed on the Provider List as an evaluator only. Evaluators re- applying as evaluators only shall complete a minimum of twenty (20) adult sex offense-specific evaluations in the three (3) year period;

B.DD

Of the six hundred (600) hours of clinical experience, the evaluator shall accumulate one hundred fifty (150) hours with adult sex offenders with developmental disabilities, and of the one hundred fifty (150) hours, seventy-five (75) hours shall be direct face-to-face clinical contact with adult sex offenders with developmental disabilities.

Of the required twenty (20) adult sex offense specific evaluations, the evaluator shall have completed five (5) sex offense specific evaluations on adult sex offenders with developmental disabilities.

C. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to sex offense specific evaluation of adult sex offenders.

These training hours may be utilized to meet the qualifications for both adult and juvenile treatment providers. Please see the list of training categories in section 4.900;

C.DD

Of the forty (40) hours of continuing education the evaluator shall have completed ten (10) hours specific to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;

E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The evaluator shall submit to a current background investigation (Section 16-11.7-106 (2), C.R.S.);

G. The evaluator shall report any practice that is in conflict with the *Standards*;

H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;

I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.620 SECOND AND SUBSEQUENT RE-APPLICATION. Continued Placement of Full Operating Level Evaluators on the Provider List: Using a current re-application form**,** evaluators shall apply for continued placement on the List every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The evaluator shall have the underlying credential of licensure or certification and not be under current disciplinary action as a Psychiatrist, Psychologist, Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Clinical Psychiatric Nurse Specialist or Licensed Addiction Counselor;

B. The evaluator may re-apply for listing as a Full Operating Level adult treatment provider and evaluator OR the evaluator may discontinue their listing as a Full Operating Level treatment provider and be placed on the Provider List as an evaluator only. In either case, the evaluator shall stay active in the field through clinical experience, supervision, administrations, research, training, teaching, consultation or policy development;

C. The evaluator shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of sex offender treatment and evaluation and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Eight (8) of the hours shall come from the area of victimology, and ten (10) of the hours shall be specific to the sex offense specific evaluation of adult sex offenders.

Please see the list of training categories in section 4.900. These training hours may be utilized to meet the qualifications for both adult and juvenile evaluators. The evaluator may substitute a combination of consulting, research, teaching, training or other equivalent activities that further their proficiency in the field of sex offender evaluation;

C.DD

Of the forty (40) hours of continuing education the evaluator shall have completed ten (10) hours specific to the sex offense specific evaluation of adult sex offenders with developmental disabilities.

D. The evaluator shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall relate to the work the applicant is currently providing;

E. The evaluator shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The evaluator shall submit to a current background check (Section 16-11.7-106 (2), C.R.S.);

G. The evaluator shall report any practice that is in conflict with the *Standards*;

H. The evaluator shall demonstrate continued compliance with the *Standards*, particularly 2.000;

I. The evaluator shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.630 Period of Compliance: A listed treatment provider or evaluator, who is applying for reapplication, may receive up to one (1) year to come into compliance with any *Standards* revisions, if they are unable to fully comply with the *Standards* at the time of reapplication. It is incumbent upon the treatment provider or evaluator to submit in writing a plan to come into compliance with the *Standards* within a specified time period.

Any new applicants must be in compliance with the *Standards* of practice when they apply.

4.640 The original Adult *Standards*, published in January 1996, allowed for a one-time waiver of the *Standards* regarding the requirement of licensure and/or an academic degree above a baccalaureate for treatment providers and evaluators who could meet the waiver requirements by December 31, 1996. No waivers have been granted since December 31, 1996. The waiver process was not intended to be available at any time after December 31, 1996. The original intent of the waiver was to recognize the work of a small number of treatment providers and evaluators, as identified in the January 1996 *Standards*, on a one-time basis only. Waivers will be recognized for the life of the individual. There is currently no provision for a waiver of the Adult *Standards* for treatment providers or evaluators for any reason.

4.700 POLYGRAPH EXAMINER: Associate Level: An Associate Level polygraph examiner may administer post-conviction sex offender polygraph tests under the supervision of a Full Operating Level polygraph examiner under the *Standards*. To qualify to administer post-conviction sex offender polygraph tests at the Associate Level, an applicant shall meet all of the following requirements:

A. The applicant shall complete a minimum of fifty (50) polygraph tests while operating under the Intent to Apply status.

B. The applicant shall have completed all training as outlined in Standard 4.800 of these *Standards*.

If an applicant wishes to substitute any training not listed here, it is incumbent on the applicant to write a justification demonstrating the relevance of the training to this standard;

C. The applicant shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the polygraph examiner community;

D. The applicant shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall include, but not be limited to other members of the community supervision team;

E. The applicant shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency. Peer review must be conducted annually at a minimum;

F. The applicant shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

G. The applicant shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);

H. The applicant shall demonstrate compliance with the *Standards*;

I. The applicant shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.710 Professional Supervision of Associate Level Polygraph Examiners: A supervision agreement shall be signed by both the polygraph examiner and his/her supervisor. The supervision agreement shall specify supervision occurring at a minimum of four (4) hours of one-to-one direct supervision monthly, and that the supervisor is ultimately responsible for the test results.

The applicant shall have an application on file with the SOMB that includes the supervision agreement. Supervision must continue for the entire time an examiner remains at the Associate Level. The supervision agreement must be in writing.

A. The supervisor of a polygraph applicant shall review samples of the audio/video recordings of polygraphs and/or otherwise observe the examiner; and provide supervision and consultation on question formulation for polygraph exams, report writing, and other issues related to the provision of polygraph testing of adult sexual offenders.

B. The supervisor shall review and co-sign all polygraph examination reports completed by an Associate Level polygraph examiner under their supervision.

The components of supervision include, but are not limited to:

- Preparation for a polygraph examination
- Review/live observation of an examination
- Review of video and/or audio tapes of an examination
- Review of other data collected during an examination

4.710 DD

Professional Supervision of Associate Level Polygraph Examiners with Developmental Disability Specialty: The applicant must have a Full Operating Level Polygraph Examiner who has the Developmental Disability Specialty providing supervision of these exams. All of the information indicated in 4.710 pertains to 4.710 DD.

4.720 Continued Placement on the Provider List: ASSOCIATE LEVEL: Polygraph examiners at the Associate Level shall apply for continued placement on the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. The examiner shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of polygraph testing and to remain current on any developments in the assessment, treatment, and monitoring of adult sex offenders. Up to ten (10) hours of this training may be indirectly related to sex offender

assessment/treatment/management. It is incumbent on the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment/treatment/management. The remaining thirty (30) hours shall be directly related to sex offender assessment/treatment/ management and ten (10) of these hours shall be specific to adult sex offenders (see 4.900 for further details). These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners;

A.DD

Of the required forty (40) hours of continuing education, the examiner shall have completed ten (10) hours of continuing education specially related to polygraph testing of adult sex offenders with developmental disabilities.

B. The examiner shall conduct a minimum of seventy-five (75) polygraph examinations in the three (3) year listing period with adult sex offenders;

B.DD

Of the required seventy-five (75) polygraph examinations, ten (10) shall have been completed with adult sex offenders with developmental disabilities.

C. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*, including, but not limited to other members of the community supervision team;

D. The examiner shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency. Peer review must be conducted annually at a minimum;

E. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The examiner shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);

G. The examiner shall report any practice that is in significant conflict with the *Standards*;

H. The examiner shall demonstrate compliance with the *Standards*;

I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.730 Movement to Full Operating Level: Associate Level polygraph examiners wanting to move to Full Operating Level status shall complete and submit documentation of:

A The examiner shall have conducted at least two hundred (200) post-conviction sex offender polygraph tests on adult sex offenders and juveniles who have committed sexual offenses, as indicated in Standard 4.800;

B. The examiner shall submit a letter from his/her supervisor indicating the examiner's readiness to move to Full Operating Level status, including documentation of having completed the professional supervision components.

4.800 POLYGRAPH EXAMINER - Full Operating Level: Polygraph examiners who administer post-conviction sex offender polygraph tests shall meet the minimum standards as indicated by the American Polygraph Association as well as the requirements throughout these *Standards*.

Polygraph examiners who conduct post-conviction sex offender polygraph tests on adult sex offenders shall adhere to best practices as recommended within the polygraph profession.

To qualify at the Full Operating Level to perform examinations of adult sex offenders, an examiner must meet **all** the following criteria:

A. The examiner shall have graduated from an accredited American Polygraph Association (APA) school and shall have a baccalaureate degree from a four (4) year college or university;

B. The examiner shall have conducted at least two hundred (200) post-conviction sex offender polygraph tests on adult sex offenders within five (5) years of application.

B.DD

Of the required two hundred (200) post-conviction sex offender polygraph tests, twenty-five (25) shall have been completed on adult sex offenders with developmental disabilities within five (5) years of application.

C. Following completion of the curriculum (APA school) cited in these *Standards*, the applicant shall have completed an APA approved forty (40) hours of training within five (5) years of application specific to post-conviction sexual offending which focuses on the areas of evaluation, assessment, treatment and behavioral monitoring and includes, but is not limited to the following:

- Pre-test interview procedures and formats
- Valid and reliable examination formats
- Post-test interview procedures and formats
- Reporting format (i.e., to whom, disclosure content, forms)
- Recognized and standardized polygraph procedures
- Administration of examinations in a manner consistent with these *Standards*
- Participation in sex offender community supervision teams
- Use of polygraph results in the treatment and supervision process

- Professional standards and conduct
- Expert witness qualifications and courtroom testimony
- Interrogation techniques
- Maintenance/monitoring examinations
- Periodic/compliance examinations

The successful completion of an APA approved forty (40) hour training specific to post-conviction sexual offending (PSOT) as referenced above will meet the qualifications for both adult and juvenile polygraph examiners.

Ten (10) of the forty (40) hours shall be specific to the treatment of adult sex offenders. These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners.

If an examiner wishes to substitute any training not listed here, it is incumbent on the examiner to write a justification demonstrating the relevance of the training to this standard;

C.DD

Of these forty (40) hours of training, the examiner shall have completed ten (10) hours specific to adult sex offenders with developmental disabilities.

D. The examiner shall demonstrate competency according to the individual's respective professional standards and conduct all examinations in a manner that is consistent with the reasonably accepted standard of practice in the clinical polygraph examiner community;

E. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*. These references shall include, but not be limited to, other members of the community supervision team;

F. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

G. The examiner shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);

H. The examiner shall demonstrate compliance with the *Standards*;

I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.810 Continued Placement on the Provider List: FULL OPERATING LEVEL: Polygraph examiners at the Full Operating Level shall apply for continued placement on

the list every three (3) years by the date provided by the SOMB. Requirements are as follows:

A. Full Operating Level polygraph examiners shall complete a minimum of forty (40) hours of continuing education every three (3) years in order to maintain proficiency in the field of polygraph testing and to remain current on any developments in the assessment, treatment, and monitoring of adult sex offenders. Up to ten (10) hours of this training may be indirectly related to sex offender assessment/treatment/management. It is incumbent on the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment/treatment/management. The remaining thirty (30) hours shall be directly related to sex offender assessment/ treatment/ management and ten (10) of these hours shall be specific to adult sex offenders (see 4.900 for further details). These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners;

A.DD Of these forty (40) hours of continuing education, the examiners shall have completed ten (10) hours specifically related to adult sex offenders with developmental disabilities.

B. The examiner shall conduct a minimum of one hundred (100) post-conviction sex offense polygraph examinations in the three (3) year listing period on adult sex offenders;

B.DD Of the required one hundred (100) post-conviction sex offense polygraph examinations, the provider shall have completed fifteen (15) with adult sex offenders with developmental disabilities.

C. The examiner shall provide satisfactory references as requested by the SOMB. The SOMB may also solicit such additional references as necessary to determine compliance with the *Standards*, including, but not limited to other members of the community supervision team;

D. The examiner shall submit quality assurance protocol forms from three (3) separate examinations submitted to three Full Operating Level polygraph examiners from outside the examiner's agency each year. Three different types of reports should be reviewed (e.g. specific issue, maintenance/monitoring, sex history/disclosure);

E. The examiner shall not have a conviction of, or a deferred judgment for, a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contender to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved applicant to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea;

F. The examiner shall submit to a current background investigation (Section 16-11.7-106 (2) C.R.S.);

G. The examiner shall report any practice that is in significant conflict with the *Standards*;

H. The examiner shall demonstrate compliance with the *Standards*;

I. The examiner shall comply with all other requirements outlined in the SOMB Administrative Policies.

4.820 Period of Compliance: A listed polygraph examiner, who is applying for reapplication, may receive up to one (1) year to come into compliance with any *Standards* revisions, if they are unable to fully comply with the *Standards* at the time of reapplication. It is incumbent upon the polygraph examiner to submit in writing a plan to come into compliance with the *Standards* within a specified time period.

Any new applicants must be in compliance with the *Standards* of practice when they apply.

4.900 LIST OF SPECIALIZED TRAINING CATEGORIES

Sex offense specific training may include but is not limited to training from these areas:	**Victim specific training** may include but are not limited to training from these areas:	**Adult specific training** may include but are not limited to training from these areas:	**Juvenile specific training** may include but are not limited to trainings from these areas:	**Developmental Disabilities specific training** may include but are not limited to trainings from these areas:
▪ Sex offender evaluation and assessment ▪ Sex offender treatment planning and assessing treatment outcomes ▪ Community supervision techniques including approved supervisor training ▪ Treatment modalities: • Group • Individual • Family • Psycho-education • Self-help ▪ Sex offender treatment techniques including: o Evaluating and reducing denial o Behavioral treatment techniques o Cognitive behavioral techniques o Relapse prevention o Offense cycle	▪ Victim impact ▪ Victim treatment ▪ Victims role in the legal system ▪ Secondary and vicarious trauma ▪ Impact of clarification and reunification on victims ▪ Elements of harm, restorative and reparative actions ▪ Secondary victims	▪ Prevalence of sexual offending by adults/victimization rates ▪ Typologies of adult sex offenders ▪ Continuing research in the field of adult sexual offending ▪ Anger management ▪ Healthy sexuality and sex education ▪ Learning theory ▪ Multicultural sensitivity ▪ Understanding transference and counter-transference ▪ Family dynamics and dysfunction ▪ Co-morbid conditions, differential diagnosis ▪ Investigations ▪ Addictions and substance abuse ▪ Domestic Violence	▪ Prevalence of sexual offending by juveniles/victimization rates ▪ Typologies of juveniles who commit sexual offenses ▪ Continuing research in the field of sexual offending by juveniles ▪ Difference between juveniles and adults ▪ Philosophy of treatment adult vs. juvenile ▪ Clarification and reunification between juveniles who offend on family members ▪ Healthy sexuality and sex education ▪ Multicultural sensitivity ▪ Developmental stages ▪ Understanding transference and	▪ Treatment, evaluation and monitoring considerations for the sex offender with developmental disabilities ▪ Impact of disability on the individual ▪ Healthy sexuality and sex education for the sex offender with developmental disabilities ▪ Statutes, rules and regulations pertaining to individuals with developmental disabilities ▪ Co-occuring mental health issues

Sex offense specific training may include but is not limited to training from these areas:	**Victim specific training** may include but are not limited to training from these areas:	**Adult specific training** may include but are not limited to training from these areas:	**Juvenile specific training** may include but are not limited to trainings from these areas:	**Developmental Disabilities specific training** may include but are not limited to trainings from these areas:
o Empathy training o Confrontation techniques o Safety and containment planning ▪ Sex offender risk assessment ▪ Child Contact Assessment ▪ Crossover ▪ Objective measures including: o Polygraph o Plethysmograph o VRT ▪ Psychological testing ▪ Special sex offender populations including: • Sadists • Psychopaths • Developmentally disabled • Compulsives • Juveniles • Females ▪ Family clarification/ visitation/reunification		▪ Knowledge of criminal justice and/or district court systems, legal parameters and the relationship between the provider and the courts ▪ Any of the topics in the above sex offense specific category that is also specific to Adult sex offenders ▪ Philosophy of treatment adult vs. juvenile	counter-transference ▪ Family dynamics and dysfunction ▪ Co-morbid conditions, differential diagnosis ▪ Investigations ▪ Addictions and substance abuse ▪ Partner Violence ▪ Any of the topics in the above sex offense specific category that is also specific to juveniles who sexually offend	

Sex offense specific training may include but is not limited to training from these areas:	**Victim specific training** may include but are not limited to training from these areas:	**Adult specific training** may include but are not limited to training from these areas:	**Juvenile specific training** may include but are not limited to trainings from these areas:	**Developmental Disabilities specific training** may include but are not limited to trainings from these areas:
▪ Pharmacotherapy with sex offenders ▪ Impact of sex offenses ▪ Assessing treatment progress ▪ Supervision techniques with sex offenders ▪ Offender's family stability, support systems and parenting skills ▪ Sex offender attachment styles ▪ Knowledge of laws, policies and ethical concerns relating to confidentiality, mandatory reporting, risk management and offender participation in treatment ▪ Ethics ▪ Philosophy and principles of the SOMB				

5.000
STANDARDS AND GUIDELINES FOR MANAGEMENT OF SEX OFFENDERS ON PROBATION, PAROLE AND COMMUNITY CORRECTIONS

5.100 ♦ Establishment of an Interagency Community Supervision Team (CST)

5.110 As soon as possible after the conviction and referral of a sex offender to probation, parole, or community corrections, the supervising officer should convene a (CST) to manage the offender during his/her term of supervision:[12] When offenders are placed in institutions, "community" refers to the institutional setting and there is a modified CST. See 5.120 for details.

A. Community and victim safety, and risk management are paramount when making decisions about the management and/or treatment of offenders.

B. The purpose of the team is to staff cases, share information, ensure consistency, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender. The team should use the sex offense-specific evaluation and pre-sentence investigation as a starting point for determining the best treatment match.

C. Supervision and behavioral monitoring is a joint, cooperative responsibility of the supervising officer, the treatment provider, and the polygraph examiner.[13]

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[12] Petersilia, J., & Turner, S. (1993). Intensive Probation and Parole. In M.H. Tonry, ed., *Crime and Justice: A Review of Research.*Chicago: University of Chicago Press.; Gendreau, P., Goggin, C., & Fulton, B. (2000). Intensive probation in probation and parole settings. In C. R. Hollin (Ed.), *Handbook of Offender Assessment and Treatment.* 195-204. Chichester, UK: John Wiley & Sons Ltd.; Cumming, G., &Buell, M. (1997). *Supevision of the Sex Offender*. Brandon, VT: Safer Society Press.; Kercher, G., & Long, L. (1991). *Supervision and Treatment of Sex Offenders*. Huntsville, TX.: Sam Houston Press.; O'Connell, M., Leberg, E., & Donaldson, C. (1990). *Working with Sex Offenders: Guidelines for Therapist Selection*. Thousand Oaks, CA: Sage Publications, Inc.; English, K., Pullen S., and Jones, L. (eds.). (1996). *Managing Adult Sex Offenders: A Containment Approach.* American Probation and Parole Association.; Center for Sex Offender Management (CSOM). (January 2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Retrieved from: http://www.csom.org/pubs/supervision2.pdf; CSOM. (October 2000). *The Collaborative Approach to Sex Offender Management*. Retrieved from: http://www.csom.org/pubs/collaboration.pdf; Baker, D.K., Skolnick, J., Doucette, G., Levitt, G., & O'Connor, C. (2005). Intensive Parole Supervision of the Sex Offender—Putting the Containment Approach Into Practice. In B. Schwartz, ed. *The Sex Offender: Issues in Assessment, Treatment, & Supervision of Adult and Juvenile Populations, Volume V*. Kingston, NJ: Civic Research Institute.

[13] McGrath, R. J., Hoke, S. E., & Vojtisek, J. E. (1998). Cognitive-behavioral treatment of sex offenders: A treatment comparison and long-term follow-up study. *Criminal Justice and Behavior*. 25. 203-225.; Abrams, S., & Abrams, J. (1993). Polygraph Testing of the Pedophile. Ryan Gwinner Press. ; Scott, L.K. (1997). Community Management of Sex Offenders. In B. Schwartz, ed. *The Sex Offender: New Insights, Treatment Innovations and Legal Developments, Volume II*. Kingston, NJ: Civic Research Institute.; English, K., Pullen S., and Jones, L. (eds.) (January 1996) *Managing Adult Sex Offenders: A Containment Approach.* American Probation and Parole Association.; Center for Sex Offender Management (CSOM). (January 2000). *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Retrieved from: http://www.csom.org/pubs/supervision2.pdf; CSOM. (October 2000). *The Collaborative Approach to Sex Offender*

D. After the CST has convened, a meeting (face-to-face or non-face-to-face) with the offender should be held as soon as possible to explain the operation of the CST, the expectations and responsibilities of supervision to the offender, and answer any questions the offender may have related to supervision, in order to facilitate the successful supervision of the offender.

E. The CST may make exceptions to any of the following supervision standards if there is consensus among the CST members to do so and community and victim safety is not compromised. The rationale for any exception should be documented.

F. The CST should be aware of offenders that meet the Low Risk Protocol (LRP) criteria and act accordingly (see Appendix D).

5.120 The CST is convened and coordinated by the supervising officer with input from other team members. Team members should participate in regular meetings to address pertinent issues and should communicate frequently enough to manage and treat sexual offenders effectively with community safety as the highest priority.

Institutional treatment programs utilize a modified Community Supervision Team (CST) approach similar to that described in Section 5.000. Specifically, the polygraph examiner and SOMB approved treatment provider should work closely together, and other professionals should be included in the CST as indicated. The SOMB approved treatment provider shall function as the head of the CST for purposes of convening the team. Sexual Treatment and Evaluation liaisons will be educated in sex offense specific risk monitoring factors on living units where sexual offenders are housed to enhance unit based behavioral reporting. Liaisons will provide feedback to the CST and participate as necessary.

Discussion: Some offenders may have multiple supervising officers (e.g. a probation officer and parole officer, or a probation officer and community corrections case manager). In such cases, the supervising officers should determine the role each will serve in supervising the offender. As issues arise, agency representatives are encouraged to staff the matters and develop a coordinated response.

5.130 Each CST shall consist of the following core members:[14]

Management. Retrieved from: http://www.csom.org/pubs/collaboration.pdf; Baker, D.K., Skolnick, J., Doucette, G., Levitt, G., & O'Connor, C. (2005). Intensive Parole Supervision of the Sex Offender—Putting the Containment Approach Into Practice. In B. Schwartz, ed. *The Sex Offender: Issues in Assessment, Treatment, & Supervision of Adult and Juvenile Populations*, Volume V. Kingston, NJ: Civic Research Institute.

[14] Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., English, K., & Harrison, L. (2003). *Evaluation of Colorado's prison therapeutic community for sex offenders: A report of findings*. Office of Research and Statistics, Colorado Division of Criminal Justice, Denver, CO.; Stalans, L. (2004). Adult Sex Offenders on community supervision: A review of recent assessment strategies and treatment. *Criminal Justice and Behavior 31 (5)*, 564-608.; Boone, D.L., O'Boyle, E., Stone, A., & Schnabel, D. (2006, March). *Preliminary evaluation of Virginian's sex offender containment programs.* Richmond, VA: Research, Evaluation and Forecasting Unit, Virginia Department of Corrections.; Hepburn, J., & Griffin, M. (2002). *An analysis of risk factors contributing to the recidivism of sex offenders on probation.* Report submitted to the Maricopa Adult Probation Department and the National Institute of Justice.; England, K. A., Olsen, S., Zakrajsek, T. Murray, P. & Ireson, R. (2001). Cognitive/behavioral treatment for sexual offenders: An examination of recidivism. *Sexual Abuse: A Journal of Treatment and Practice, Vol. 13, No. 4*, 223-231.; Walsh, M. (2005). *Overview of the IPSO program intensive parole for sex offenders in Framingham, Massachusetts. Presentation by the Parole Board Chair to the National Governor's Association policy meeting on*

- The supervising officer (except in the case of institutional settings, see 5.110 and 5.120)
- The offender's treatment provider and
- The polygraph examiner[15]

Adjunct members of the CST, beyond the required membership, may include, but are not limited to:

- Victim representatives (see SOMB document "Resources for Victim Representation")
- Guardians
- Social services
- Family members
- Authorized representatives
- Law enforcement

Additionally, other team members may need to be included on the CST (i.e. human services worker, adjunct therapist, interpreter, etc.).

Each CST is formed around a particular offender and is flexible enough to include any individuals necessary to ensure the best approach to managing and treating the offender. CST membership may therefore change over time.

5.130.DD

In addition to the supervising officers from probation, parole or community corrections who serve as the team leader, the treatment provider and the polygraph examiner, any of the following team members, when involved, shall be added to teams supervising sex offenders who have developmental disabilities:

- Community Centered Board Case Manager
- Residential Providers
- Supported Living Coordinator
- Day Program Provider
- Vocational or Educational Provider
- Guardians
- Social Services
- Family Members
- Authorized Representatives
- Other Applicable Providers

5.131.DD

Responsibilities of Additional Team Members For Sex Offenders Who Have Developmental Disabilities

A. Team members shall have specialized training or knowledge regarding sexual offending behavior, the management and containment of sex offenders and the impact of sex offenses

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sexual offenders. November 15, 2005. San Francisco, CA.; English, K., Pullen, S., & Jones, L. (Eds.) (1996). *Managing adult sex offenders: A containment approach*. Lexington, KY: American Probation and Parole Association.

[15] Please see section 5.430 regarding attendance of polygraph examiners at CST meetings.

on victims.

C. Team members shall be familiar with the conditions of the offender's supervision and the treatment contract.

D. Team members shall immediately report to the supervising officer and the treatment provider any failure to comply with the conditions of supervision or the treatment contract or any high-risk behavior.

E. Team members shall limit the offender's contact with victims and potential victims. Residential, supported living, day, vocational and educational providers of services to other clients with developmental disabilities shall recognize the risk to their clients and shall limit the sex offender's access to possible victims in their programs. Clients who are lower functioning or who are non-verbal are at particularly high risk because of their inability to effectively set limits or report inappropriate behavior or sexual assaults.

5.140 The CST should follow these behavioral norms:

- There is an ongoing, completely open flow of information among all members of the CST;

- The CST member participates in the management of the offender;

- CST members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The CST shall work collaboratively to achieve consensus as its goal. The final team decision regarding community safety and supervision rests with the supervising officer.

Discussion: CST members shall be committed to the team approach and settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. CST members may seek assistance from supervisors regarding conflicts or alignment issues that occur.

5.200 ♦ Responsibilities of the Supervising Officer for Team Management

5.201 The supervising officer shall refer sex offenders for evaluation and treatment only to treatment providers who meet these Standards (Section 16-11.7-106, C.R.S.). When making referrals for evaluation and treatment, the supervising officer should consider the provider who will best meet the offender's treatment/evaluation needs and the need for community safety.

The following factors are some that should be taken into account:

- Intensity of treatment need
- Specialized offender needs such as mental illness, developmental disability, and cultural differences
- Treatment provider location

- Continuity of care
- Offender stability factors (i.e. work, family situation, etc.)

If an offender has already begun treatment prior to supervision, the supervising officer may nonetheless require a change of provider if, in consideration of the above factors, a change is warranted.

5.202 The Supervising officer should ensure that sex offenders sign reciprocal releases to allow for the free-flow of information when relevant between the following:

- Supervising officers
- Treatment providers/evaluators
- Polygraph examiners
- Human service workers
- Adjunct therapists
- Victim therapists/representatives
- Guardian(s) ad litem
- Medical professionals
- Other involved parties as specified by the CST

5.203 The supervising officer, in collaboration with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Core CST members should provide input and information to the polygraph examiner regarding examination questions. The information provided by the CST should include date and results of last polygraph examination.

Discussion: It is the supervising officer's responsibility to refer to polygraph examiners who will best meet the sex offender's treatment and evaluation needs and the need for community safety.

If pursuant to Standard 6.210, the CST or the polygraph examiner determines the offender is currently unsuitable for polygraph examination, the requirement for polygraph examination may be waived.

Discussion: Although deceptive findings on a polygraph test are not in and of themselves a violation of probation or parole, they can be considered in determining the intensity and conditions of supervision. Pre-and post-test admissions, however, may be used in a revocation or regression hearing. An offender's refusal to take a polygraph as directed or purposeful non-cooperation should be considered a violation of probation, parole, or community corrections.

5.204 The supervising officer should immediately report the following to the treatment provider:

- Violations of Supervision Conditions including those related to specific conditions of probation, parole, or community corrections
- Change in supervision level
- Change in case plan
- Change in offender status
- Any significant occurrence(s) in the offender's circumstances

5.205 The supervising officer should ensure maximum behavioral monitoring and supervision when supervising an offender who displays a high to severe level of denial per 3.510. The officer should use supervision tools that place limitations on an offender's use of free time and mobility and emphasize community and victim safety and containment of offenders.[16]

5.206 The supervising officer should review the treatment provider's monthly written updates on the sex offender's status and progress in treatment.

5.207 The supervising officer should assess and periodically review the level of supervision based on:

- Risk assessment of each sex offender to include the agency's standardized risk assessment instruments;
- The sex offender's offending pattern;
- Physiological monitoring results;
- The offender's progress in treatment and supervision;
- The adult sex offender LRP when applicable

5.208 The supervising officer should generally not request early termination of sex offenders from supervision. For sex offenders subject to lifetime sentencing, please refer to the criteria in Appendix LS3.00.[17]

*Discussion: In **rare** and **extraordinary** circumstances, a sex offender may be appropriate for early termination from supervision. This decision should only be considered in cases when the offender has successfully completed treatment and has an established pattern of supervision compliance and ongoing low risk as verified through polygraph testing and monitoring. As indicated throughout the Standards and Guidelines, the majority of sex offenders will require ongoing offense specific treatment in order to be effectively managed in the community. Thus, the decision to recommend early termination from supervision shall be unanimous by all members of the CST.*

5.209 If necessary and statutorily permissible, the supervising officer should request an extension of supervision to allow an offender to successfully complete treatment.

5.210 The supervising officer should discuss and review treatment issues, progress, and written work with offenders.

5.211 The supervising officer should impose intermediate sanctions or petition for a revocation of probation or parole, or regression from Community Corrections, after considering the following:

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[16] See Section 3.510; Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis.* Public Works and Government Services Canada, 2004-02.; Levenson, J. & Macgowan, M. (2004). Engagement, denial, and treatment progress among sex offenders in group therapy. *Sexual Abuse: A Journal of Research and Treatment*. 16, (1), 49-63.

[17] Lowden, K., Hetz, N., Harrison, L., Patrick, D., English, K., & Pasini-Hill, D. (2003). *Evaluation of Colorado's prison Therapeutic Community for sex offenders: A report of findings*; McGrath, R. J., Hoke, S. E., & Vojtisek, J. E. (1998). Cognitive-behavioral treatment of sex offenders:
A treatment comparison and long-term follow-up study. *Criminal Justice and Behavior*. 25. 203-225.

- Nature and severity of violation(s) of the treatment contract
- Nature and severity of violation(s) of supervision conditions
- Offender's current risk level
- Pattern of violation behavior and past interventions utilized

5.212 The supervising officer should require sex offenders who are transferred from other states through an Interstate Compact Agreement to participate in offense-specific treatment and specialized conditions of supervision contained in these Standards.

5.213 The supervising officer should not allow a sex offender who has been unsuccessfully terminated from a treatment program to enter another program unless the new treatment program and case management arrangement will provide greater behavioral monitoring and increased treatment in the areas the sex offender "failed" in the previous program. The use of a SLA may be an appropriate option in this scenario.

5.214 If an offender successfully completes treatment and subsequently engages in high risk behavior or otherwise regresses in attitude/behavior, the supervising officer should consider returning the offender to treatment. This decision should be based on the offender's concerning behavior and a current assessment which may include an updated psychosexual evaluation.

5.215 Supervising officers assessing or supervising sex offenders should successfully complete training programs, including annual continuing education, specific to sex offenders. Such training shall include information on:

- Prevalence of sexual assault
- Offender characteristics
- Assessment/evaluation of sex offenders
- Current research
- Community management of sex offenders
- Interviewing skills
- Victim issues
- Sex offender treatment
- Sexual Arousal/Interest Assessments (Plethysmograph and VRT)
- Determining progress
- Offender denial
- Special populations of sex offenders
- Cultural and ethnic awareness
- Use of polygraph
- Computer search and monitoring

It is also desirable for agency supervisors of officers managing sex offenders to complete such training.

Discussion: Treatment providers should encourage supervising officers to periodically attend group or individual treatment sessions to monitor sex offenders under their supervision. The visiting supervising officer shall be bound by the same confidentiality rules as the treatment provider and should sign a statement to that effect. It is understood that the treatment team may set reasonable limits on the number and timing of visits in order to minimize any disruption to the group process. The successful completion of the above training is necessary prior to the

supervising officer attending any individual or group treatment sessions of sex offenders under his/her supervision.

5.215.DD

Supervising officers should have specialized training specific to sex offenders who have developmental disabilities.

5.300 ♦ Responsibilities of the Treatment Provider within the Team

5.310 A treatment provider shall:

A. Work collaboratively with the supervising officer of each offender, the polygraph examiner, and with other relevant professionals;

B. Immediately report to the supervising officer any significant occurrence(s) in the offender's circumstances and all violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;

C. Immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending;

D. Report to the supervising officer any reduction in frequency or duration of contacts or any alteration in treatment modality that constitutes a change in an offender's treatment plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the CST;

E. Provide to the supervising officer on a monthly basis progress reports documenting an offender's attendance, financial status in treatment, participation in treatment, change in risk factors, changes in the treatment plan, and treatment progress;

F. Provide the following information regarding the offender's treatment progress pursuant to Colorado State Statute if a revocation of probation or parole, or regression of community corrections is filed by the supervising officer:

- Changes in the treatment plan
- Attendance record
- Treatment activities
- The offender's compliance in treatment
- Treatment recommendations including level
- Offenders' threat to the community
- Any other material relevant to the court at the hearing

G. Be prepared to testify in court if necessary;

H. Coordinate with the (CST) all recommendations regarding child and victim contact in compliance with all pertinent aspects of Section 5.700 of the Standards;

I. Require the offender to complete comprehensive safety plans for a variety of activities in the community. The safety plan shall include the following information:

- Activity
- Who is participating in the activity
- Date and time of activity
- Location of activity
- Pertinent risk factors
- Coping skills
- Signatures and date of approval by CST members

J. Assess and periodically review treatment needs based on the adult LRP when applicable;

5.400 ♦ Responsibilities of the Polygraph Examiner within the Team

5.410 The polygraph examiner shall work collaboratively and participate as a member of the CST established for each sex offender.

5.420 The polygraph examiner shall submit written reports to each member of the (CST) for each polygraph exam as required in section 6.190.

5.430 Participation in CST meetings shall be on an as needed basis.

5.500 ♦ Responsibilities of the Victim Representative within the Team

5.510 As an adjunct member of the (CST), the primary responsibility of the victim representative is to provide an avenue for victims and their families to be informed and heard. Involving a victim representative on the CST has many benefits, including improving supervision of the offender, increasing offender accountability, building empathy for the victim, decreasing offender secrecy, preventing an unbalanced alignment with the offender, and ensuring a safer community. The exchange of information between the victim, or the victim representative, and CST is crucial for the treatment of the offender and is often beneficial for the healing of the victim.

The victim may choose not to provide or receive information. In that circumstance, or if a victim does not exist on the case (e.g., an internet case), the victim representative will contribute general input regarding the perspective of victims to the CST. Bringing the victim perspective is important in protecting potential victims and the community.

Upon convening, the CST should identify the best person to be the victim representative for each individual case, such as the victim therapist, a victim advocate, or other (refer to the document titled “Resources for Victim Representation”). Due to the importance of victim contribution to the CST for the reasons stated above, reasonable attempts should be made to contact the victim and provide the victim with accurate information regarding offender treatment and containment. The CST shall orient the victim representative on the function of the team and their role as a member.

5.520 Responsibilities of the Victim Representative:

A. The primary responsibility of the victim representative is to assure that the CST is emphasizing victim safety, both physically and psychologically, throughout the supervision and management of the offender.

B. The representative should share information received from the victim and concerns of the victim to the CST when available. Such information could include safety concerns, grooming behaviors, specifics of the offense, and offending behaviors.

C. The representative should convey information to the victim from the CST such as, but not limited to, terms and conditions of probation, general treatment contract, treatment and supervision timelines, offender placement, offender progress in treatment, victim clarification and family reunification planning, and any other pertinent information as determined by the CST. Team members should determine what information to share based on what is in the best interest clinically for the victim and the offender. Victim and community safety is paramount when determining what information will be shared (Guidelines on confidentiality are outlined in Section 3.300 of these Standards).

D. The representative should provide input on how CST decisions may affect victims, secondary victims, or potential victims.

E. The representative should assist the CST in ensuring that victim needs and perspectives are considered and responded to by the CST to the best of their ability.

F. The representative may provide support, referrals, and resource information to the victim.

G. The representative should participate in CST meetings.

H. The representative should contribute to the treatment content by providing the following types of information to the treatment team:

    1. Awareness of victim impact.
    2. Recognition of harm done to the victim(s).
    3. Impact of sexual offending on victim(s), families, community and self.
    4. Restitution/reparation to victims (including victim clarification) and others impacted by the offense including the community.

I. The representative may submit questions from the victim to the CST for review and share the responses to these questions with the victim if appropriate. The representative can also explain to the victim why certain types of information may not be shared.

J. The representative may function as a liaison between and/or resource for the victim(s), victim therapist, and CST as needed.

K. If appropriate to the case, the representative should assist with planning for victim clarification sessions or family reunification.

L. The representative should advocate on behalf of the victim for the non-offending parent and family members to support the victim, prioritize the victim's safety, physical and emotional well being, and address the needs of the victim. This parental and family support is critical for the healing of the victim.

M. The representative may assist with issues related to newly identified victims.

5.600 ♦ Behavioral Monitoring

The purpose of behavioral monitoring of offender compliance with treatment and supervision is to enhance offender accountability, and community safety, and to support offenders' efforts to change. Behavior monitoring is the responsibility of all CST members.

5.610 For purposes of compliance with this Standard, behavioral monitoring activities should include, but are not limited to the following: (For some activities, monitoring and treatment overlap.)

1. Reports and observations from collateral sources;

2. The use of disclosure and maintenance polygraphs;

3. Incorporation of the results of arousal and interest assessments into the supervision plan;

4. The use and support of targeted limitations on an offender's behavior based on the offender's current risk factors, in addition to those conditions set forth in section 5.510;

5. The verification by means of observation and/or collateral sources of information, or self report of offender's:

   (a) Compliance with sentencing requirements, supervision conditions and treatment contract and directives;

   (b) Cessation of sexually deviant behavior;

   (c) Reduction of behaviors related to ~~a~~ sexual re-offense;

   (d) Living, work and social environments, to reduce offender's potential to re-offend and support positive changes;

   (e) Utilization of treatment tools and interventions;

6. Promotion of active support of individuals significant in the offenders' life in monitoring offenders' compliance and fostering positive changes. Those individuals must be approved by the CST.[18]

7. Similarly, when the CST has identified a person of concern, effort should be made to minimize the offender's exposure and contact with that individual.

8. Behavioral monitoring may be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:[19]

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[18] Dowden, C., Antonowicz, D., & Andrews, D.A., (2003). Effectiveness of relapse prevention with offenders: A meta analysis. *International Journal of Offender Therapy and Comp Criminology, (4), 5*, 516-528.

[19] Hanson, R.K., Harris, A.J.R., Scott, T.-L. & Helmus, L.. (2007). *Assessing the Risk of Sexual Offenders on Community Supervision: The Dynamic Supervision Project*. Public Safety Canada. Retrieved from: http://www.publicsafety.gc.ca/res/cor/rep/_fl/crp2007-05-en.pdf

- The offender demonstrates noncompliance or resistance with treatment or supervision;
- The offender has approved victim contact and is reporting or demonstrating difficulties;
- The collapse of the offender's social support;
- The offender demonstrates emotional collapse;
- The offender's sexual deviance increases;
- The offender demonstrates hostility;
- The offender is sexually preoccupied.

9. Offender access to populations identified by the CST as being vulnerable should be restricted.

Discussion: In rare cases when the sentencing Court orders treatment conditions that do not meet the Standards and Guidelines and the treatment provider believes a variance is clinically indicated, it shall be sought by the treatment provider through application to the SOMB. For these offenders, the supervising officer should maximize the use of surveillance, monitoring and containment methods including more frequent use of polygraphs.

5.620 In addition to general conditions imposed on all offenders under supervision, the supervising agency should impose the following special conditions on sex offenders under supervision.

A. Pursuant to §16-22-106(1)(a), C.R.S. and §16-22-108, C.R.S., offenders must register as a sex offender with the local law enforcement agency within **5 business days** after being given notice to register. If they move, they must re-register within **5 business days** following their move. They must also fill out an address change form with the law enforcement office they last registered. Regardless of whether or not the offender moves, they must register annually on their birth date or per statute.

B. If convicted of any Felony, or Misdemeanor offense involving unlawful sexual behavior or if granted a deferred sentence for an offense involving unlawful sexual behavior, offenders shall be required to submit to and pay for a test of their biological substance to determine genetic markers (DNA) in accordance with §16-11-102.4, C.R.S.

C. Offenders shall have no contact with any children under the age of 18, including their own children, nor attempt contact except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST. Contact includes correspondence, written or verbal, telephone contact, or any communication through a third party.

1. The offender shall not engage in any activities to purposefully entice

children.

D. If an offender has incidental contact with children, they will be civil and courteous to the children and immediately remove themselves from the situation. The offender will discuss the contact at their next treatment session and their next supervision appointment.

E. Offenders shall not reside or be in a residence with any children under the age of 18, including their own children, unless ordered by the Court.

F. Offenders shall have no contact with any victim (the victim of the current offense or a victim from any other offense) including correspondence, telephone contact, or communication through a third party except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST. They shall not enter onto the premises, travel past or loiter near where the victim resides.

G. Offenders shall not go to or loiter near schoolyards, parks, playgrounds, swimming pools, arcades or other places primarily used by children under the age of 18.

H. Offenders must inform their supervising officer of all their significant relationships and they may be required by the supervising officer to inform certain people of their present offense and restrictions. Offenders shall not date or marry anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the CST.

I. Offenders shall not be employed or participate in any volunteer activity where they have contact with children under the age of 18 except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.

J. Offenders shall not access, possess, utilize, or subscribe to any sexually oriented material or material related to their offending behavior to include, but not limited to, mail, computer, television, or telephone, nor patronize any place where such material or entertainment is available.

1. The offender may not place or respond to any personal ads in any media (e.g. newspapers, magazines, telephonic, Internet). The offender shall not solicit any escort service.

K. Any change of residence must receive prior approval by the supervising officer and those with whom the offender resides must know that they are a sex offender.

1. The offender must secure advanced approval from the supervising officer if anyone moves into their residence or stays at their residence. This includes people staying on a permanent or temporary basis (including overnight visitors). Offenders must notify their supervising officer immediately if someone moves out of their residence. The offender shall disclose to anyone staying in their residence that they are a sex offender.

L. Offenders shall abide by any curfew imposed by the supervising officer.

M. Offenders shall not hitchhike or pick up hitchhikers.

N. Offenders shall attend and actively participate in a sex offender evaluation and treatment program approved by the supervising officer. They will abide by the rules of the treatment program, and the treatment contract and will successfully complete the program to the satisfaction of the supervising officer and the treatment provider.

O. Offenders will be financially responsible for all evaluations and treatment unless other arrangements have been made through their supervising officer or treatment provider.

P. Offenders shall not change treatment programs without prior approval of the supervising officer.

Q. Offenders shall submit, at their own expense, to any program of psychological or physiological assessment and monitoring at the direction of the supervising officer or treatment provider. This includes but is not limited to the polygraph, plethysmograph and/or visual reaction time measuring instruments to assist in treatment, planning and case monitoring.

R. Offenders shall sign Releases of Information to allow the supervising officer to communicate with members of the CST. This will include a release of information to the therapist of the victim of their offense.

S. Offenders shall not purchase, possess or consume alcoholic beverages nor shall they frequent or patronize any establishment where the primary source of income is through the sale of alcoholic beverages without permission from their supervising officer and the CST.

T. Offenders shall not purchase, possess or utilize any mind altering or consciousness altering substance without a written lawful prescription.

U. Offenders shall not be allowed to subscribe to any internet service provider, by modem, LAN, DSL or any other avenue (to include, but not limited to, satellite dishes, PDAs, electronic games, web televisions, internet appliances and cellar/digital telephones) and shall not be allowed to use another person's internet or use the internet through any venue until approved by the CST. When access has been approved, they agree to sign, and comply with, the conditions of the "Computer Use Agreement". Additionally, offenders will allow their supervising officer, or other person trained to conduct searches of computers or other electronic devices used by the offender. The person conducting the search may include a non-judicial employee and the offender may be required to pay for such a search (See Appendix G).

V. The offender will not be allowed to possess or view any discovery materials, to include photos or videos, or souvenirs of their victim(s).

W. The offender shall not use or possess distance vision enhancing or tunnel focusing devices, any cameras or video recording devices except under circumstances approved in advance and in writing by the supervising officer in consultation with the CST.

X. The offender may be required to submit safety plans for approval by the CST in order to manage their risk to the community.

Y. The offender shall allow their supervising officer to search their personal residence or vehicle. Offender's personal property is subject to seizure if it violates any of the terms and conditions of their supervision.

Z. Offenders may be subject to location monitoring using Electronic Home Monitoring (EHM), Global Position Satellite (GPS), or other forms of electronic monitoring.

AA. Offenders shall not utilize, by any means, any social networking forums offering an interactive, user-submitted network of friends, personal profiles, blogs, chat rooms, or other environment which allows for real-time interaction with others without permission from the supervising officer and the CST.

5.621 These conditions are subject to modification/waiver when an offender is identified as low risk via the adult sex offender LRP by a unanimous decision from the CST.

5.700 ♦ Sex Offenders' Contact with Victims, Minor Children, and At Risk Adults

Contact is restricted until more is known about an offender's risk for recidivism, and even when an offense specific evaluation and CCA have been completed accurate risk prediction is limited. The offense for which the offender was charged and convicted likewise is not the only indicator of risk to offend against minor children.[20] Additional information may be discovered at anytime and should be incorporated into assessments and team decisions regarding offender management. An important aspect of ongoing risk assessment is measuring an offender's ability to comply with the requirements of treatment and supervision.[21]

A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records[22]. Some of this research has been conducted with convicted sex offenders in Colorado.[23] Minor children are particularly vulnerable and unlikely to report abuse. Research suggests that adult and minor child victims are also unlikely to report or re-report abuse.[24]

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[20] Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Tanner, J. (1999); Hanson, R., Harris, A. (1998); Hindman, J. (1989).
[21] Hanson, R.K., Harris, A. (1998).
[22] Knopp, F.H. (1984); Freeman-Longo, R., Blanchard, G. (1998); Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000); English, K. (1998); Heil, P., Ahlmeyer, S., Simons, D. (2003); Ahlmeyer, S. (1999); Becker, J., and Coleman, E. (1987); Abel, G., Rouleau, J. (1990); Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety (2000); Weinrott, M. & Saylor, M. (1991).
[23] Heil, P. & Simons, D. (2008). Multiple paraphilias: Prevalence, etiology, assessment and treatment. In R. Laws & Donohue, W. (Eds). *Sexual deviance* (2nd ed.). New Yor,: Guilford Publications, Inc.; Heil, P., Simons, D., & Burton, D. (2010). Using the polygraph with female sexual offenders. In T. Gannon & F. Cortoni (Eds), *Female sexual offenders: Theory, assessment, and treatment*. Chichester, UK: John Wiley & Sons, Ltd.
[24] Marshall, W. (1998) ; Hanson, R.F., et al. (1999); (1992). *Rape in America: A Report to the Nation*; Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999); Hindman, J. (1989); Colorado Coalition Against Sexual Assault (1998); Cardarelli, A. (1998).

Research indicates that sex offenders often engage in physical and sexual abuse of their intimate partners.[25] It is critical that the CST investigate and assess a sex offender's history of physical and sexual abuse and stalking behaviors of partners and/or family members. It is also critical to assess for the potential of violence in the offender's current relationship. Domestic violence is difficult to detect and it is incumbent upon the CST to rule out its occurrence prior to allowing any contact with minors or approving of an Approved Supervisor as it is unlikely a victim of domestic violence would report issues of concern to the CST.

This section addresses the restrictions and methods to approve supervised contact with minor children, victims, and at risk adults (pursuant to 5.740 – 5.757). Before an offender can have contact with any minor child(ren), he/she must meet the criteria stated in 5.740. An offender who wants contact with his/her own minor child(ren) prior to meeting the criteria in 5.740 may submit to a CCA to determine if contact is appropriate. An offender who has ever victimized any of his/her own minor children, regardless of the victim's age, is ineligible for the CCA. This assessment will result in a recommendation regarding the level and type of contact, if any, with the offender's own child(ren). The CST shall utilize the CCA to inform decisions regarding contact with an offender's own child(ren). Standard 5.750 and 5.756 address criteria for contact with victims and at risk adults.

Offenders residing in a SLA shall not have contact with their child(ren) at the SLA location or with their SLA roommate present.

5.710 Definitions

- **Own Minor Child** is a minor child with whom the offender has a parental role, including but not limited to, biological, adoptive, and step-child(ren).

- **Approved Supervisor** is a person who can supervise the offender's contact with a specified minor child or children per 5.760. This person is an individual who has met the criteria described in 5.771-5.775, has been approved by the CST, and has signed the contract.

- **Approved Community Support Person** provides positive support for change efforts and may accompany the offender in approved activities that do not involve minor children. Someone significant to the offender and/or a roommate who attends treatment with the offender, has a positive relationship with the supervising officer and treatment provider, and is well versed in and supportive of the offender's supervision and treatment requirements.[26]

- **At Risk Adult** is an individual who is less able to protect him/her self based on diminished capacity or position of trust pursuant to Section 18-6.5-102, C.R.S.

5.720 No Contact with Minor Children

Sex offenders shall have no contact with any minor child under the age of 18 or any victim until the CST unanimously agrees that the offender has either met the corresponding criteria listed in Standard 5.740 or with regard to an offender's own child(ren) under the age of 18, the offender

[25] Simons, D. A., & Davies, A. M. (2009, October). Intimate partner rape: Prevalence and characteristics among domestic violence and sexual offenders. Paper presented at the 28th Annual Association for the Treatment of Sexual Abusers Research and Treatment Conference in Dallas, TX.

[26] Colorado Department of Public Safety, Division of Criminal Justice, (2004). *Report on safety issues raised by living arrangements for and location of sex offenders in the community*.

has been approved for contact based on a CCA, if eligible (see Standard 5.730). Any offender who is identified as low risk via the LRP may be allowed to have contact with non-victim minor children only by unanimous decision of the CST.

Additionally, in order for contact to occur, the CST shall ensure the offender does not meet any of the Exclusionary Criteria listed in Standard 5.725 and 5.732.

Discussion: There may be situations where the CST deems it appropriate for young adult offenders, ages 18 to 20, per 5.110 (E), to have contact with teenage siblings or peers that are close in age when there is not a significant power differential or when it does not pose an undue risk.

Discussion: The SOMB recognizes the significance of the relationship between a parent and his/her minor child and the risk that a sex offender can pose to his/her own minor children. When contact is prohibited with the offender's immediate family members that are under the age of 18, treatment providers should consider the impact on the minor children and facilitate resolution of the separation per Appendix E as appropriate.

5.721 Contact is intended to refer to any form of interaction including:

- Physical contact, face to face, or any verbal or non-verbal contact;
- Being in a residence with a minor child or victim;
- Being in a vehicle with a minor child or victim;
- Visitation of any kind;
- Correspondence including written, electronic, telephone contact, messages left on a voice mail or answering machines, text messaging, computer communications, Twitter, Facebook and other social networking sites, gifts, or communication through third parties;
- Entering the premises, traveling past or loitering near any of the offender's victims' residences, schools, day cares, or places of employment;
- Going to or loitering near places used primarily by minor children, as defined by the CST;
- Giving birth to or attending the birth of a child.

5.722 When contact is being considered based on the CCA or the offender's achievement of the criteria, the treatment provider, in conjunction with the CST, shall:

1. Ensure that contact does not conflict with any existing court order or parole board directives;
2. Consider the child's best interest;
3. Ensure consultation with, and, consider the views of the custodial parent or guardians of the minor child prior to authorizing contact. If the minor child has a therapist, he/she shall be consulted;
4. Arrange contact in a manner that places the child's safety first. When assessing safety, both psychological and physical well-being shall be considered.
5. Ensure all contact occurs in the presence of a Approved Supervisor, (see Standard 5.770) or professional member of the CST.
6. Specify what is approved for the offender with each child. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical.
7. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.

8. Ensure the ongoing assessment of the child's emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

Discussion: In the event of a pregnancy the CST may consider parent-minor child attachment and bonding when making a decision about minor child contact.

5.723 In rare instances, the supervising agency may be required to request treatment while allowing minor child contact based on a court order in conflict with the Standards. It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity.[27] While the Court has authority and discretion in sentencing matters, the treatment provider is an independent entity who is responsible to maintain best clinical practices in compliance with the Standards.

5.724 Treatment providers shall refuse to accept or continue to treat offenders who do not agree to comply with the requirements in the Standards and Guidelines regarding restricted contact with minor children or victims. The supervising agency should be informed in writing of the reasons for the refusal and of the possible risk to the involved minor children or victims.

5.725 Exclusionary Criteria for Any Form of Minor Child Contact

Due to extreme risk, when any of the following are present, the offender is not eligible for a CCA and the CST shall ensure that the offender is **NEVER** considered for any type of contact with minor children and/or a CCA.

A clinical diagnosis by an approved evaluator or treatment provider of:

- Pedophilia – Exclusive type per the most current version of the Diagnostic and Statistical Manual (DSM); OR
- Psychopathy or Mental Abnormality per the Psychopathy Check List Revised (PCL-R) or per the (Millon Clinical Multi-phasic Inventory) MCMI III (85 or more on each of the following scales: Narcissistic, Antisocial and Paranoid); OR
- Sexual sadism, a defined in the most current version of the DSM and/or via any standardized Sadism assessment instrument.

Discussion: When there is a diagnosis of pedophilia or a diagnosis of a history of pedophilia, the evaluator should refer to the current version of the DSM to ensure that the diagnosis is accurate prior to excluding the offender from a CCA.

5.726 Contact with minor children shall be in the presence of a trained and Approved Supervisor. The exception is offenders who have met the criteria for unsupervised contact with their own minor children (Refer to Standard 5.760, 5.761) or via decision by the CST following a Child Contact Assessment (CCA).

Discussion: CST members should not abdicate any part of their authority or responsibility regarding an offender to an Approved Supervisor. CSTs should evaluate and assess the performance of the Approved Supervisor on an ongoing basis and revoke Approved Supervisor status if necessary.

[27] Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998).

5.730 Child Contact Assessment (CCA with own minor child)

When the following circumstances exist, a CCA may be initiated to assess the appropriateness of an offender's contact with his/her own minor child (see definition):

- The offender does not meet any of the exclusionary criteria in 5.725 and 5.732;
- The offender does not have two or more pre-screen factors;
- The offender wants contact with his/her own minor child as defined in 5.710, under the age of eighteen (18);
- The offender does not have a history of victimizing any of his/her own minor child(ren), regardless of the victim's age, as substantiated by criminal or civil court history or by self-report.

When a CCA is being conducted it may occur after a plea has been entered, after conviction, during incarceration, or upon acceptance of an Interstate Compact case and shall be completed by an approved Sex Offender Management Board Evaluator. Contact with an offender's minor child(ren) shall be prohibited prior to, and during, the offense specific evaluation. The CST should evaluate any pre-plea CCA to determine if it is adequate and current to inform the CST's decision regarding minor child contact and meets the requirements of the Standards. A recommendation regarding an offender's appropriateness for contact with his/her own minor children cannot be made until a CCA has been completed and a CST has been convened. If the offender qualifies for a CCA after the pre-screen is completed, the evaluator shall complete all components of the CCA. The completed CCA shall contain recommendations for the level and type of contact, if any. Contact is ultimately determined by the CST. It is important to acknowledge that risk levels can change and that the plan must be continually assessed and revised as necessary throughout the period of criminal justice supervision.

If the CCA is not conducted during the offense specific evaluation, it may be completed at a later time; however, the offender should not have contact with his/her own minor children until the CCA has been completed and the CST determines that contact is appropriate or the offender has met the criteria in 5.740.

When conducting a CCA, evaluators shall:

- Ensure that subjects sign appropriate release of information forms to allow the mandatory scoring protocol to be sent to the Division of Criminal Justice (DCJ)/SOMB for research purposes
- Send all CCA scoring forms conducted on completed CCAs to DCJ/SOMB

Discussion: Though offenders often desire to undergo a CCA as soon as possible, the SOMB recognizes that the accuracy of assessing an offender's appropriateness for contact with his/her minor child(ren) increases with the duration that an offender is involved in treatment and supervision.

Discussion: The SOMB recognizes that in cases involving DHS, where a criminal case has not been filed, it may be useful to conduct an evaluation similar to a CCA in conjunction with an offense specific evaluation in order to make informed decisions regarding minor child contact. This standard is not intended to preclude that from occurring.

Discussion: Ideally, the sex offender should not have contact with his/her own minor children until a CCA is completed and finds contact is appropriate. However, if a court has allowed contact absent the completion of a CCA, it should not preclude a CCA from being completed.

5.731 Evaluators conducting CCAs shall:

- Be a current SOMB approved evaluator (See section 4.500, 4.600)
- Have CCA specific training (See section 4.500 D, 4.600 D)
- Submit sample reports for review to the ARC (Application Review Committee) as required on the SOMB application.

5.732 Disqualifiers for CCA:

- Pedophilia – Non-Exclusive Type (per current version of the DSM)
- SVP – Per finding in Colorado court, parole board, or via equivalency pursuant to C.R.S.
- Ever committed a sexual offense against own child

If an offender is disqualified from undergoing the CCA evaluation, he/she **must** meet 5.740 criteria to be approved for minor child contact

5.733 CCA Pre-Screen

CCA Pre-Screen Chart (If no Exclusionary criteria)	
PRE-SCREEN FACTORS If *2 or more factors* indicated, ineligible for CCA and must meet criteria in 5.7 to have minor child contact	**PRE-SCREEN DATA SOURCES** Evaluation Procedures or Documentation
Adult[28] history of illegal sexual behavior with child(ren) age 12 or younger[29]	Self report[30] Criminal history Substantiated civil court history
Three or more unlawful sexual behaviors	Self report Criminal history (Conviction, factual basis, or plea agreement) Substantiated civil court history
Sexual interest or arousal to prepubescent children	Valid baseline or initial PPG or VRT[31] Self report Criminal history of child pornography[32]
Unresolved CCA polygraph	CCA polygraph
Level III denial	SOMB Standards, Section 3.510[33]

[28] Adult is defined as 18 years old or older

[29] The age of 12 or younger is based on the distinction between pubescent and pre-pubescent development stages. There is disagreement in the current research regarding the onset of puberty, and the SOMB recognizes the limitations of defining the criteria based on a specific age.

[30] Admission made during polygraph assessments are considered self-report

[31] Tests that are inconclusive or show no response (flat line) are not valid and must be repeated or tested with the other procedures

[32] Conviction or documentation of history of seeking child pornography

5.733 – CCA Instrument

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
Interpersonal Relatedness		
Offender's Attachment Style	Insecure attachment, specifically Disorganized or Unclassified and Anxious	• History of Relationship Attachment • Clinical Interviews • Collateral Sources o Instruments: o The Attachment Style Questionnaire (ASQ: Feeney, Nollar & Hanrahan, 1994) o Batholomew Attachment Inventory o Adult Attachment Interview (George, C., Kaplan, N., & Main) o The Adult Attachment Projective (AAP: George) o Hazan & Shaver Adult Adult Attachment Scale
Offender's Empathy	Lack of empathy for minor children in abusive situations	• History of Empathy with Minor Children • Clinical Interviews • Collateral Sources o Instruments: o Hansons's Empathy for Children Test o Empat, McGrath
Offender's Ability for Family Stability	History of relationship instability and prior absences from the home; Childhood history of: -Witnessing sexual abuse	• Relationship history • Clinical Interviews including adult relationships and family of origin (parental models, family environment, stability, abuse, adult

[33] If one other factor is present, a complete CCA polygraph must be completed. A CCA polygraph is not necessary if 2 or more prescreen factors are present. If no other factors are present, the CCA polygraph can be delayed until the full CCA assessment.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
	-Witnessing domestic violence -Sexual abuse victimization; Any history of domestic Violence (DV): -Use and/or threatened use of weapons in current or past offense or access to firearms[34] -Obsession with the victim (i.e. stalking or monitoring, obsessive jealousy)[35] -Victim safety concerns (i.e. offender controls most of victim's daily activities) -Offender tried to strangle victim -Physical violence increasing in severity -Victim forced to have sex -Victim pregnant at time of offense and offender aware -Victim is pregnant and offender previously abused her during pregnancy[36] -Violence and/or threatened violence toward family members, including child	relationships) • Collateral Sources • Substantiated civil court history • DV restraining orders • DV arrests/criminal history <u>Minimum of one of the following,</u> if history of arrests or restraining orders Instruments Specific to DV[41]: o VRAG o DVRAG o SARA o DVRNA o ODARA o Or any other instruments standardized for the assessment of violence potential

[34] Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

[35] Campbell, J.C., Kozial-McLain, J., Webster, D., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., & Manganello, J. (2004). *Research results from a national study of intimate partner homicide: The Danger Assessment Instrument* (NCJ 199710). Washington, DC: U.S. Department of Justice, National Institute of Justice.

[36] Gazmararian, J.A., Lazorick, S., Spitz, A.M., Ballard, T.J., Saltzman, L.E., & Marks, J.S. (1996). Prevalence of violence against pregnant women. *JAMA*, 275(24), 1915-1920.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
	abuse[37] -Attitude support/condone DV[38] -Victim initiated separation within past 6 months related to DV[39] -Prior attempted or completed DV - treated[40]	
Offender's Parenting Involvement/Skills	History of non-payment of child support; No prior access to minor children in a home environment[42]; Poor parenting ability and disciplinary practices; Minimal knowledge of child(ren)'s life; Minimal knowledge of parenting skills; Any history of social services involvement; Minimal knowledge of child(ren)'s developmental stages & needs; Poor parental boundaries; History and risk of child abuse & neglect	• Parenting history • Clinical Interview • Collateral Sources (e.g., Social Services Records) If history of abuse, MUST conduct one of the following: Instruments: o Child Abuse Potential Inventory (Milner, 1986) o SIPA (Stress Index for Parents of Adolescents) o ASPECT (Ackerman-Schoendorf Scales for Parent Evaluation of Custody)

[41] Instruments should be used pursuant to relevance to normative population.

[37] Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

[38] Kropp, R.P. & Hart, S.D. (2008). *Manual for the spousal assault risk assessment guide* (2nd ed.). Vancouver, BC: ProActive Resolutions, Inc.

[39] Campbell, J.C., Kozial-McLain, J., Webster, D., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., & Manganello, J. (2004). *Research results from a national study of intimate partner homicide: The Danger Assessment Instrument* (NCJ 199710). Washington, DC: U.S. Department of Justice, National Institute of Justice.

[40] Stalans, L.J. et al. (2004). Identifying three types of violent offenders and predicting violent recidivism while on probation: A classification tree analysis. *Law and Human Behavior*, 28(3), 253-271.

[42] If the offender has not lived with children, an absence of problematic parenting should be considered unknown risk rather than lack of risk.

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
Offender Stability		

Offender's General Stability	History of poor compliance with supervision & treatment;
	History of supervision & treatment[43];
	History of unstable Employment;
	History of frequent moves[44];
	History of financial instability[45];
	Substance abuse history[46];
	Poor spousal conflict resolution skills
		• History of General Stability
		  • Clinical Interview
		  • Collateral Sources
		  • Criminal History
		
		o Instruments:
		  o LSI (Level of Supervision Inventory)
		  o PSI Report
		  o DVRAG

Offender's Non-Sexual Criminal Risk – Risk for Future Criminal Behavior	Past behavior from criminal record	• History of Criminal Behavior
		  • Clinical Interview
		  • Collateral Sources including criminal justice record
		
		o Instruments:
		  o LSI (Level of Supervision Inventory)

Offender's Mental/Emotional Health	History of mental health diagnosis;
	Personality disorder;
	Poor compliance with medication recommendations;
	Other mental health concerns
		• History of Mental/Emotional Health
		  • Clinical Interview
		  • Collateral Sources
		
		• Instrument/Assessment/Source (Minimum of <u>one</u> below <u>must</u> be conducted):
		  o MMPI 2
		  o MCMI III

[43] If the offender has no prior history of supervision and treatment, an absence of noncompliance should be considered unknown risk rather than lack of risk.
[44] Division of Criminal Justice Office of Research and Statistics, Colorado Department of Public Safety. (2010). Handbook: Sexually Violent Predator Assessment Screening Instrument. Retrieved from: http://dcj.state.co.us/ors/pdf/docs/Risk%20Assessment/merged%20SVP%20handbook.pdf
[45] Contact Probation Collections Investigator to obtain bankruptcy or low credit score information
[46] Within the last 6 months

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
		o PAI o DSM diagnosis from clinical interview
Sexual Risk		
Offender's Arousal to/Sexual Interest in Minor Children	Arousal to or interest in minor children, animals or sadism	• History of Deviant Arousal or Interest o Clinical Interview o Collateral Sources Minimum of <u>one</u> below <u>must</u> be conducted • Instruments: o VRT o Plethysmograph
Offender's Historical Sexual Behaviors	Review of index offense -Assess sexual compulsivity, particularly: -Affairs -Extent of pornography use -Early onset of sex with Peers; Paraphilias, particularly: -Coprophilia -Indecent Exposure -Voyeurism -Transvestism -Frottage; Any history of sexual contact with animals; Any history of sadistic behavior/fantasy; Any history of intimate partner sexual assault;	• History of Sexual Offense Risk Behaviors • Clinical Interview including the Offense Specific Evaluation • Collateral Sources/ official records • Self report • Instruments: • CCA Polygraph • Risk Assessment, pursuant to Standard 2.060
Offender's Cognitive Distortions	Boundary distortions; Distortions regarding: -Sexuality with minor child(ren) -Gender roles -Age, sex, and consent -Hostile masculinity	• Beliefs related to age, sex and consent • Clinical Interview • Collateral Sources o Instruments: o Multiphasic Sexual Inventory

CHILD CONTACT ASSESSMENT		
Required Areas of Evaluation	**Risk Factors**	**Evaluation Procedures Key:** • **Required** o **Optional**
		o Abel Assessment Cognitive Distortion Scale o Bumby Cognitive Distortion
Offender's Responsibility and Level of Denial	Significant denial	• Presence of Denial • Clinical Interview • Collateral Sources • SOMB Managing Sex Offenders in Denial (3.510 of Standards)

5.740 Criteria for Contact with Secondary/Non-Victim Minor Children

These criteria shall be applied in the following circumstances:

- Contact with any child(ren) under the age of 18, including an offender's own child(ren)
- When the CST has determined that contact is not allowed based on the results of the CCA
- When the CST has determined that contact with an offender's own minor child(ren) is allowed based on the results of the CCA and the offender requests contact with a minor child who is not an offender's own

Treatment providers, in conjunction with the CST, shall ensure the offender achieves the following criteria specific to the minor child with whom the offender wants contact before contact can be initiated:

1. The offender accepts responsibility for the offense related behavior and any significant differences between the offender's statements, the victim's statements and corroborating information about the abuse have been resolved;

2. The offender has yielded non-deceptive results in all required areas of the sexual history disclosure polygraph exam(s);

3. The offender has yielded non-deceptive results with no new disclosures on the most recent maintenance polygraph. The content of the maintenance polygraph shall have addressed behavior that puts victims/minor children at risk;

4. The offender is not exhibiting any significant risk related behavior(s);

5. The offender consistently demonstrates the use of cognitive and behavioral interventions to interrupt deviant fantasies and behaviors as evidenced by the offender's Plethysmograph or VRT (Visual Reaction Time) results;

6. The offender has disclosed information related to risk and other relevant factors as prescribed by the CST. The CST will make a determination of who should receive this information;

7. The offender consistently demonstrates and has documented an understanding of the factors that led to his/her offending and accepts the possibility of re-offense. The offender has developed a written plan for preventing re-offense to the satisfaction of the CST;

8. The offender consistently demonstrates an understanding of the impact of the abuse on the victim(s) and the victim's family, the offender's family, and the community, as evidenced by behavioral accountability and self-regulation;

9. The offender consistently demonstrates an understanding of and is willing to respect the minor child's verbal, non-verbal, and physical boundaries and need for privacy;

10. The offender consistently demonstrates an understanding of how to safely participate in having contact with minor child(ren);

11. The offender is willing to accept limits or prohibitions on contact as established by the CST with input from the minor child(ren), minor child's other parent or guardian, or minor child(ren)'s therapist and will put the minor child(ren)'s needs first;

12. The offender demonstrates he/she is willing to plan for contact, to develop and utilize an approved safety plan for all contact, to accept supervision during contacts, and to terminate contact when directed by the CST, the Approved Supervisor, or the minor child. The safety plan shall be approved in advance and in writing by the CST and signed by the offender;

13. The offender consistently demonstrates compliance with supervision conditions, accepts the interventions of the CST, and does not demonstrate ongoing hostility toward the criminal justice system;

14. The offender consistently demonstrates satisfactory progress in treatment, including consistent compliance with treatment conditions;

15. The offender has satisfactorily participated in clarification in order to re-establish a parental relationship when the contact involves a non-victim own minor child.

Discussion: Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.750 criteria, because of the likelihood that proximity to minor children will trigger or increase this arousal, the CST shall frequently reassess the offender's ability to maintain a reduced level of arousal[47]. The CST shall reject, deny, or terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed.

Discussion: Best practice indicates that clarification with the primary victim should occur prior to any contact occurring with the secondary victim(s). However, in situations where the primary victim does not desire clarification/contact, the wishes and best interest of the secondary victim(s) should be considered by the CST with regard to decision making on a case by case basis.

[47] Davis, G., Williams, L., and Yokley, J. (1996, 1999) *Sex offender treatment and monitoring program at the Colorado Department of Corrections.*

Discussion: When an offender wants to give an item to their minor child or a minor such as a gift, card, picture, etc. it shall be reviewed and approved in advance by the CST.

5.750 Contact, Clarification, or Reunification with Victims

It is crucial for the CST to ensure the greatest caution is used before allowing an offender contact with a known victim. A Child Contact Assessment is prohibited as an avenue for contact with known victims, (see grid in section 5.732 re: exclusionary criteria). The rationale for using the utmost caution in these matters is based on the knowledge that while minor children are among the most vulnerable potential victims, those previously victimized by the offender remain at high risk for re-victimization in a variety of ways. This is due to the fact that the offender has already demonstrated a willingness and ability to engage in offending behavior against them and it is highly unlikely that minor children will re-report abuse. CST members should be aware that research indicates younger minor children and those who know the perpetrator are least likely to report abuse in the first place,[48] and that almost 100% of victims whose offenders were family members indicate they would not report abuse if it recurred due to the devastating consequences they experienced upon their first report.[49] Further, even minor children known to be victims of sexual abuse, based on diagnoses of sexually transmitted diseases, were reluctant to report when questioned by trained investigators.[50] For these reasons, while some victims may express a desire for contact it may not actually be in their best interest. The CST must balance victim wishes with the paramount concern for victim safety. It is also important for the CST to resist pressure from an offender or victim's family regarding decision-making. The decision to allow victim contact shall be based on consideration over a protracted period of time regarding the best interests of the victim with significant input from the victim's therapist, or prior therapist, the offender's achievement of all criteria listed in 5.740; the presence of an Approved Supervisor (see 5.770), and unanimous approval by the CST.

Refer to Appendix E for best practice/guideline regarding victim or other family member criteria for contact, clarification, and reunification.

5.751 Clarification with the Victim

The victim clarification process is designed to primarily benefit the victim. Through the process the offender acknowledges that the victim has no responsibility for the offender's behavior. The questions posed to the offender and topics to be addressed must be victim-directed, defined and the goals and purpose of such communication must be clear to all involved. Issues to be addressed include the damage done to the victim, family and/or secondary victim(s).

Clarification is a lengthy process that occurs over time usually beginning with the offender's ability to accurately self-disclose about the offending behavior. Following written work, clarification may then progress to verbal or face-to-face contact. Although victim participation is never required and is sometimes contraindicated, should the process proceed to an actual clarification meeting with the victim, all contact is victim- centered and based on victim needs.

The CST shall incorporate all assessments including polygraph results into their decision-making process regarding victim clarification.

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[48] Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best. (2000).

[49] Marshall via ATSA. (1992).

[50] Lawson & Chaffin. (1992).

Secondary victims and significant persons in the victim's life may be impacted by sexual offenses. Clarification with others, (i.e. victim's parents, siblings, neighbors) who have been impacted by the offense may be warranted in some cases.

5.752 Victim clarification procedures shall be approved by the CST and specifically include the victim representative. The CST shall use the following criteria:

A. The victim requests clarification and the victim representative/therapist concurs that the victim would benefit from clarification.

B. Parents of a minor victim are informed of, and give approval for, the clarification process.

C. The offender evidences empathic regard through consistent behavioral accountability including an improved understanding of: the victim's perspective; the victim's feelings; and the impact of the offender's behavior.

D. Any significant differences between the offender's statements, the victim's statements and corroborating information about the offense has been resolved to the satisfaction of the CST. The offender is able to acknowledge the victim's statements without minimizing, blaming or justifying.

E. The offender shall be required to have an event specific polygraph prior to clarification if his/her description of the offense differs in any significant way from the victim's.

F. The offender is prepared to answer questions and is able to make a clear statement of accountability and give reasons for victim selection to remove guilt and perceived responsibility from the victim.

G. The offender is able to demonstrate the ability to manage abusive or deviant sexual interest/arousal specific to the victim.

H. The offender displays decreased risk by demonstrating progress in all the areas identified in section 3.160 (I), which are supported by polygraph testing.

I. Sexual impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies as determined by continued assessment.

Discussion: There may be rare occasions when, due to victim de-compensation, limited contact in writing or in a supervised, therapeutic setting in order to reduce victim trauma or symptomology may be beneficial and appropriate prior to all of the above criteria being met. Extreme caution should be employed to ensure the offender will not cause further harm if this course of action is pursued. It may be that while the victim would benefit from such a session the offender may not be at a point where he/she could safely participate. Additionally, therapeutic sessions under these circumstances must be very limited, (e.g. 1-2 sessions) as this is not meant to circumvent the standard procedure for clarification described above.

5.753 Contact with victims under age 18

Contact is first initiated through the clarification process. Offenders must meet all criteria listed in section 5.740 prior to being allowed victim contact. Once that criteria has been met, and upon agreement of the CST, the offender may progress to contact outside of a therapeutic setting.

The CST shall:

A. Ensure all contact occurs in the presence of an Approved Supervisor (see 5.770), or professional member of the CST.

B. Ensure that the wishes of the victim as well as the recommendations of the victim representative support all the contact that occurs. An offender's therapist shall not initiate offender contact with a victim absent professional victim representative support.

C. Support the victim's wishes regarding contact with the offender to the extent that it is consistent with the victim's safety and well-being.

Discussion: A common dynamic that may occur in families is direct or indirect influence or pressure on the victim to have contact with the offender. A third party professional assessment regarding victim needs may be warranted prior to contact with the offender.

D. Arrange contact in a manner that places victim safety first. When assessing safety, psychological and physical well-being shall be considered.

E. Determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. The CST shall consider placing more boundaries and limitations on types of contact with known victims than may be required of the same offender with non-victim minor children. Contact possibilities occur on a continuum including written, telephone, and in-person and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.

F. Closely supervise or monitor the contact process, including requiring that any concerns or rule violations be reported to the CST.

G. Ensure the ongoing assessment of the victim's emotional and physical safety and immediate termination of contact if any aspect of safety is in jeopardy.

5.754 Contact with adults victimized as minors (victim(s) named in present offense)

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim's age. The offender must meet all relevant criteria listed in section 5.740 (A) prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim's desires, best interests and need for self-determination are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered.

When contact is allowed the CST shall also determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what is approved for the offender with each victim.

Discussion: During the course of supervision and treatment, offenders will often disclose additional victims who are now adults with whom they may have an ongoing relationship. The CST should be mindful of allowing offenders to continue or re-establish relationships with known victims. Contact should be considered individually taking into account offender risk, progress in treatment, and victim characteristics.

5.755 Contact with adult victims (victim(s) named in present offense)

The CST must be attentive to the possibility of ongoing enmeshment and abuse of power between an offender and someone whom he/she victimized as an adult as risk is more proximate in these situations. While it is important for the CST to recognize an adult victim's need for self-determination the CST may prohibit the offender from having contact based on concerns for the victim's safety.

While the CST cannot control what an adult victim does, the Standards still apply to offender behavior regardless of the victim's age. The offender must meet all applicable criteria listed in section 5.752 prior to contact being approved. When making a determination about offender contact the CST shall ensure that the adult victim's desires and best interests are adequately represented throughout the decision-making process and as long as contact continues. Factors specific to the offender and his/her relationship to the victim shall also be considered. The CST shall take into account whether the adult in question has been victimized in non-sexual ways by the offender such as domestic violence or stalking.

When contact is allowed the CST shall determine what types of contact are permissible based on offender and victim factors, known risk factors and other considerations. Contact possibilities occur on a continuum including written, telephone, and in-person, (therapeutic or otherwise), and from non-physical to physical. The CST shall specify what type of contact is approved regarding each victim.

Discussion: See Discussion in 5.754

5.756 Potential Adult Victims

The SOMB recognizes that it is not possible to limit a sex offender's contact with all adults in the community. However, care should be taken to limit the offender's access to places and groups where he or she has a history of accessing victims (e.g.: bars, clubs, singles groups, senior centers, medical care facilities, campuses, etc.) or where he or she may present a current risk.

It is also imperative that consideration be given to protecting at-risk adults. Treatment providers and other members of CSTs shall not allow sex offenders to have unsupervised contact with adults who are at particular risk for victimization due to mental status, disability, incapacity, domestic violence, sexual offense, or position of trust. Decisions to allow any contact with at-risk adults should be made using the same criteria as for minor child contact (see Standard 5.740).

5.757 Family Reunification

Family Reunification is defined as the offender living in the same residence with his/her minor children.

Family reunification shall not occur for offenders who meet the exclusionary criteria (see Section 5.725).

Prior to considering family reunification, the offender shall have met the criteria listed in 5.740 and the CST shall unanimously agree that family reunification is appropriate.

For those offenders for whom the 5.740 criteria are waived pursuant to the results of the Child Contact Assessment which includes the polygraph exams, this criteria does not apply unless new information of concern has arisen.

Due to ongoing risk of re-offense, family reunification in cases when the offender has a history of incestuous behavior is rarely indicated.

The CST shall coordinate all efforts toward family reunification with any active child protective agency.

Family reunification shall never take precedence over the safety (physical, sexual, and psychological) of any victim or the offender's own minor children. If reunification is indicated, after careful consideration of the potential risks over an extended period of time, supervising officers and treatment providers shall carefully monitor the process through termination of supervision.

The CST shall ensure that the spouse/partner or primary caregiver is willing and able to fully support all conditions imposed by the CST, which includes active involvement in the offender's treatment process and any treatment in which the minor child(ren) are involved. The CST shall consider any history of domestic violence when determining whether the spouse/partner or primary caregiver support the conditions necessary for family reunification.

5.760 Unsupervised Contact with Offender's Minor Child(ren) Under Age 18

Offenders being considered for unsupervised contact with their minor child(ren) shall:

a) Not meet any of the Exclusionary Criteria (as referenced earlier in Standard 5.725); and
b) Have met and demonstrated compliance with all criteria in Standard 5.740 without evidence of increased arousal or sexual acting out, as verified by the two most recent maintenance/monitoring polygraph tests. Not show any deviant arousal to, or interest in, minor children as confirmed through current clinical and physiological measures; and
c) Have demonstrated that supervised visits have been sufficient in quality, frequency, and duration as determined by the CST; and
d) Have demonstrated satisfactory progress in treatment and consistent compliance with supervision and treatment conditions; and
e) Not have committed any offenses against any of the minor children in question;

OR

f) An offender determined to be low risk via the LRP by unanimous decision of the CST.

5.761 The criteria listed below shall be used by the CST when considering granting an offender unsupervised contact with his/her own minor children. Offenders shall not be allowed to have unsupervised contact with minor children who are not their own.

A. For those offenders for whom the 5.740 criteria are waived pursuant to the results of the CCA which includes the polygraph exams, these criteria does not apply, unless new

information of concern has arisen.

B. Unsupervised contact shall never be allowed for a sex offender diagnosed with any type of pedophilia (per current version of DSM) or with an established and ongoing pattern of deviant sexual interest/arousal to minors.

Discussion: An established pattern is determined to exist when an offender has shown deviant sexual interest/arousal to minors via pattern of offending, self-report by the offender, or assessment of sexual interest/arousal over a period of time.

C. The CST shall support the minor child's wishes when he/she does not want to have unsupervised contact with the offender. In cases when the minor child wants unsupervised contact the CST shall prioritize the best interest of the minor child including physical and emotional safety.

D. When there is a therapist working with the minor child the therapist shall be consulted in the decision to grant unsupervised visitation. When the minor child is not currently seeing a therapist, the CST should consult a therapist who has worked with the minor child to discuss general issues surrounding unsupervised contact.

E. The CST shall ensure that the offender has an approved safety plan regarding the minor child involved.

F. The CST shall consider input from the custodial parent/guardian when making any decision regarding any unsupervised contact with the offenders own minor child.

H. The CST can rescind or suspend unsupervised contact if conditions change that warrant such action.

I. The CST shall thoroughly document reasons for all decisions made regarding an offender's unsupervised contact with his/her minor children.

J. There may be some offenders who can meet all the preceding criteria, however, due to an unforeseen event, there is a sudden loss of an Approved Supervisor (e.g. spousal death, etc.) and is the sole caregiver of his/her minor child. In such cases, the CST shall make a referral and consult with the Department of Social Services to develop an alternative plan for the care and parenting of the minor child(ren), which may or may not include maintaining the minor child(ren) in the offender's custody.

5.762 Modifying Contact

CSTs should plan for changes in risk level and recognize that offenders present with some level of risk for sexual re-offending. Progress in treatment may not be consistent over time. The CST should also consider that changes in child development characteristics or adult victim characteristics may affect offenders' risk level. CST approval of situations that involve contact with minor children under the age of eighteen shall be continually reviewed and may be changed, suspended, or rescinded by the CST based on current risk, non-compliance, or other concerns. It should be noted that continual or repetitive separation and reunification can be detrimental to family dynamics.

5.770 Approved Supervisor

Approved Supervisors are adults who have been approved by the CST to supervise contact between an offender and specified minors.

The following Standards sections regarding the responsibilities and duties of a Approved Supervisor apply in situations in which an offender is allowed to have supervised contact with minors. They are not intended to address situations where the CST is requiring accompaniment for general movement in the community or involving activities unrelated to contact with minors. The CST should consult with the minor children and children's custodial parents/guardians regarding any concerns regarding the Approved Supervisor.

5.771 Qualifications of an Approved Supervisor

Prior to allowing a person to be a Approved Supervisor, the CST shall ensure that he or she meets the following qualifications:

1. Agrees to undergo and pay for a complete criminal history background check;
1.DD Understands the nature of the disability and that sexual offending behavior exists independently of the disability of the offender.
2. Has adequately addressed any issues regarding personal history of victimization;
3. Supports intervention efforts of the CST without antagonism;
4. Willing to maintain open communication with the CST and report relevant offender behavior;
5. Willing to maintain protection of minor children as the highest priority and believes this outweighs any offender or family interests;
6. Demonstrates empathy for the offender's victims;
7. Does not deny or minimize the offender's responsibility or the seriousness of sexual offending;

5.772 Disqualifications/Exclusions for an Approved Supervisor

Prior to allowing a person to be an Approved Supervisor, the CST shall ensure that none of the following apply:

1. Currently under the jurisdiction of any court or criminal justice agency for a matter that the CST determines could impact his/her capacity to safely serve as a Approved Supervisor;
2. Prior convictions for child abuse or neglect, or for unlawful sexual behavior as defined by SOMB Statute. If ever investigated for unlawful sexual behavior, child abuse, or neglect presents information requested by the CST so that the CST may consider the current impact on his/her capacity to serve as Approved Supervisor.

   Discussion: In very rare circumstances, the CST may choose to make an exception to the prohibition about a misdemeanor child abuse conviction. The reasons for this exception should be made by the unanimous agreement of the CST and documented in writing.

3. Significant cognitive or intellectual impairment as determined by the CST;
4. Significant mental health or substance abuse problems as determined by the CST;

5. Significant cognitive health limitation that interferes with the performance of his/her duty as determined by the CST;
6. Relationships where a significant power differential exists that may inhibit the proposed Approved Supervisor from fulfilling the required responsibilities (e.g. adult child of the offender) (See section 5.775);
7. Past or present victimization by the offender with domestic violence or any other form of abuse. If there is any indication that this may have occurred, the CST shall investigate by privately interviewing the potential Approved Supervisor using questions derived to identify perpetration behaviors[51] or by requiring the offender to participate in a single issue polygraph regarding physical and sexual violence. Confidentiality for a victim in this situation must be upheld due to the possibility of offender retaliation.

Discussion: The CST shall periodically re-assess the Approved Supervisor to ensure ongoing compliance with qualifications and ensure that the Approved Supervisor is not subsequently excluded given that situations may change.

5.773 All sex offender treatment providers shall offer an Approved Supervisor training program of sufficient duration for the potential Approved Supervisor to learn, process, and internalize information about offender characteristics, risk, and behaviors. Additionally, providers shall require Approved Supervisors to attend ongoing support groups where concerns shall be discussed and addressed and clarification regarding expectations is available.

5.774 The CST shall ensure that the Approved Supervisor demonstrates understanding of the following information:

1. The underlying factual basis of the present offense(s);
2. The offender's thorough disclosure of the offense and acceptance of all responsibility;
3. The offender's complete and verifiable sexual history disclosure;
4. What constitutes sexual offending and other abusive behavior and the ongoing risk the offender presents to minors;
6. The offender's risk factors, deviant sexual arousal patterns, offense cycle, pathways, and grooming behaviors;
7. Offender treatment progress and offender risk are variable over time;
8. Any offender mental health issues without making excuses for his/her behavior;
9. The offender's community supervision conditions, including Standard 5.710, treatment contract expectations, and rules regarding the approved contact;
10. The offender's requirement to provide the CST with a written safety plan for supervised contact;
11. Any offender history of domestic violence and risk to his/her partner or to other family members;
12. The offender's potential ability to manipulate the Approved Supervisor;

5.775 Approved Supervisor Duties and Responsibilities

The treatment provider shall develop a written contract that is signed by the CST and the Approved Supervisor. The contract shall require that the Approved Supervisor:

1. Maintain qualifications and stay current on the knowledge and responsibilities as referenced in Standards 5.771 through 5.774, including annually providing the CST with a certified copy of

[51] e.g. Danger Assessment by Jacquelyn Campbell

his/her criminal history through the Colorado Bureau of Investigation that incorporates CCIC/NCIC information;

2. Shall not consume alcohol or mind-altering substances while functioning as a Approved Supervisor;
3. Maintain confidentiality regarding victim information;
4. Ensure compliance with all rules as specified by the CST;
5. Only allow contact with minors approved by the CST;
6. Never leave the offender alone with a minor or victim and always be within sight and sound of the offender and the minor/victim during contact;
7. Intervene when high risk situations or behaviors occur by immediately terminating contact and reporting concerns to the CST;
8. Assess the minor's emotional and physical safety on a continuing basis and terminate contact immediately if any aspect of safety is jeopardized;
9. Report any safety issues including domestic violence or violence toward family members or threats of abuse or violence toward the Approved Supervisor;
10. Maintain open and honest communication with the CST:
    - Regularly report offender's relevant behaviors and attitudes
    - Respond to inquiries by the CST
    - Meet with the CST as requested
    - Provide documentation of contacts
    - Express any concerns to the CST regarding the offender's non -compliance with the contract or treatment conditions

5.776 The following shall be specified in the written Approved Supervisor contract:

- Name(s) of the minor(s) with whom the Approved Supervisor is allowed to oversee any type of contact;
- Abide by the offender's approved safety plan for contact;
- If the Approved Supervisor is not in compliance with all of the requirements, the CST may discontinue or modify any contact privileges or the approval status of the Approved Supervisor;
- An explanation of a Approved Supervisor's potential civil liability for negligence in enforcing stated rules and limitations;

5.780 Circumstances under Which Criteria May Be Waived

Allowing contact prior to fulfillment of the criteria outlined in Section 5.740 of these Standards and Guidelines should occur only in **rare** circumstances. In addition, the CST shall agree that there is minimal risk of any crossover or additional crimes of opportunity. While it is not appropriate for the criteria to be waived in its entirety for ongoing contact, there may be parts of the criteria that may be waived or postponed.

When making a decision to waive any part of the criteria in Section 5.700 of these Standards, there shall be full consensus of the CST. An explanation of the specific circumstances and reasons shall be documented, including the potential risk to the community, victim(s), and potential victims involved.

5.781 Non-Victim Contact

Occasionally, the CST may approve a broader waiver of 5.740 criteria for a one-time contact only, such as for a minor child's contact with the offender in a therapy session to assist non-victim minor children in adjusting to the offender's removal from the home. Any approval for this

kind of closure/explanation session shall be in writing and the CST shall determine all the particulars of that session. If the minor child(ren) has a therapist or an advocate, that person should also be present during that session. The community supervision CST shall take every precaution to ensure that the minor children with whom a sexual offender is doing this kind of closure or explanation session are not his/her primary victims.

5.782 Adult Victim Contact

There may be instances when an adult victim desires contact with an offender prior to 5.755 criteria having been achieved. CSTs should staff these situations and determine if contact should be allowed and under what circumstances (e.g. with a therapist present, telephone contact, etc.). Victim safety and offender rehabilitation shall remain the priorities.

6.000
STANDARDS OF PRACTICE FOR POST-CONVICTION SEX OFFENDER POLYGRAPH TESTING

6.000 Requirement for Post Conviction Polygraph Testing

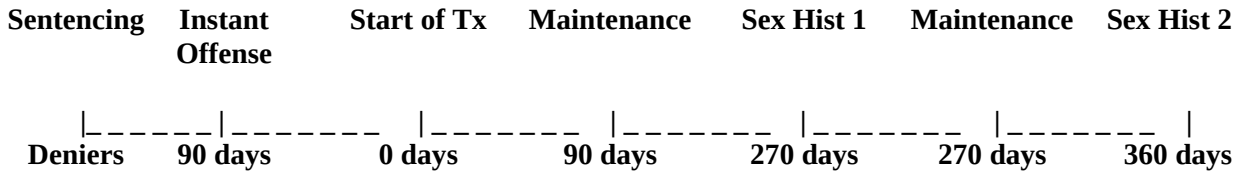
The polygraph shall be used to add incremental validity to treatment planning and risk management decisions regarding sex offenders in community and institutional settings. The concept of "incremental validity" refers to improvements in decision making through the use of additional information sources. Benefits of polygraph testing include improved decision making, deterrence of problem behavior and access to information that might otherwise not be obtained.

Discussion: Polygraph testing is one of many decision-support tools, and does not replace other forms of behavioral monitoring. The Community Supervision Team (CST) should consider all information from the polygraph examination, including disclosures of information and test results, in making any decisions pertaining to an offender's progress in treatment, activities in the community, and contact with potentially vulnerable persons. Information and results obtained from polygraph examinations should not be used in isolation when making treatment or supervision decisions. Other forms of behavioral monitoring, including drug/alcohol testing, plethysmograph testing, VRT assessment, and traditional investigative practices such as collateral contacts, home visits, work site visits, restrictions and increased supervision and treatment requirements, should be considered whenever polygraph examination results fail to confirm an offender's honesty and compliance with supervision and treatment.

6.001 Expectation for honesty and requirement to resolve all test questions

The CST shall set the expectation of honesty and complete disclosure for the purpose of ensuring community safety and the development of an appropriate treatment plan. If the offender is determined to have unresolved responses to any test questions, all test issues shall be considered unresolved and subject to further investigation.

6.002 Minimum Polygraph Requirements following onset of treatment



6.010 Types of Post-Conviction Polygraph Examinations

CST members, including polygraph examiners, shall maintain the integrity of the distinct types of post-conviction polygraph examinations, and shall not mix questions among maintenance/monitoring, sexual history, instant offense, and event specific exams. However, all polygraph examinations may include personally relevant questions about integrity and honesty with team members, authority figures and other significant persons.

6.011 Initial/Instant Offense Polygraph Examination

This test shall be required whenever significant discrepancies exist between the victim's and offender's accounts of the offense and whenever the offender denies the assault. When used, the exam shall occur within the first 90 days of treatment, or prior to victim clarification meetings.

Discussion: When the offender admits involvement in the issues under investigation, it may be useful to test the limits or extent of the offender's admitted behaviors. However, testing the limits of admitted behavior is more complicated compared with testing any involvement in an alleged behavior which the offender completely denies. Team members shall consider the potential impact to a victim to assume we know "everything."

6.012 Sexual History Polygraph Examination

Sexual history polygraph examinations shall be employed to thoroughly investigate the offender's lifetime history of sexual behavior, including identification of victims and victim selection behaviors, numbers of sexual partners, and deviant or compulsive sexual behaviors. An initial sexual history polygraph examination should be administered within the first nine months of treatment and shall be completed within the first eighteen months of entering treatment.

Discussion: The use of the polygraph examination in the treatment and supervision of convicted sex offenders underscores the fact that many offenders keep secrets about their dangerous and abusive lifestyles. Discussions with convicted sex offenders and professionals in the field suggest that the decision to reveal past secrets and all victims of abuse is an essential component in the development of meaningful treatment and containment plans. The use of the polygraph examination combined with the sexual history documentation prepared by the offender as part of the group process underscores the SOMB's expectation for honesty and compliance from offenders who have agreed to participate in supervision and treatment. Resolution of polygraph test questions may provide a reasonable basis to establish a tenuous trust relationship between known sex offenders and persons concerned about the offender.

A. The treatment provider shall ensure that the offender has completed a written sexual history disclosure using the SOMB Polygraph Sexual History Packet prior to the examination date. A sexual history polygraph examination shall not be conducted until the offender has written his/her sexual history and reviewed it in their treatment program. The treatment provider shall ensure that the polygraph examiner has access to a copy of the offender's SOMB Polygraph Sexual History Packet prior to or at the time of the exam. If the packet is not received by the time of the examination appointment, the examiner shall have the discretion of administering a sexual history polygraph examination or another type of examination.

   Discussion: Proper polygraph preparation by the offender involves the thorough review of recent and past behaviors. Offenders must be prepared to be open and honest with the polygraph examiner as the first step of offender accountability and community safety. Effective preparation has been shown to improve an offender's ability to resolve questions and issues of concern.

B. The sexual history polygraph examination process shall cover the following areas:

   1. Sexual contact with underage persons (persons younger than age 15 while the offender is age 18 or older);

   2. Sexual contact with relatives whether by blood, marriage, or adoption, or where a relationship has the appearance of a family relationship (a dating or live-in relationship exists with the person(s) natural, step or adoptive parent);

   3. Use of violence to engage in sexual contact including physical restraint and threats of harm or violence toward a victim or victim's family members or pets, through use of a weapon, or through verbal/non-verbal means; and

4. Sexual offenses (including touching or peeping) against persons who appeared to be asleep, were drugged, intoxicated or unconscious, or were mentally/physically helpless or incapacitated.

C. At the discretion of the CST, additional polygraph investigation may be necessary to explore the offender's history of involvement in other paraphilias including sexually compulsive behaviors, other sexually deviant activities, or unlawful sexual behaviors.

Discussion: CST members may direct the offender to address his or her sexual history polygraph examination requirements in a series of narrowly focused examinations instead of broader examination methods.

D. The CST should consider utilizing relevant questions that ask the female offender if she has helped or planned with anyone to commit a sexual offense, either against a minor-aged person, or a forcible sex act against anyone. Another area of consideration is whether she has been present when anyone has committed an illegal sex act. These questions should be covered in the female sex offender's sex history exam, and can also be utilized during a monitoring polygraph exam.

Discussion: Problematic and concerning behaviors by female offenders may not be detected or covered in the typical sex history questioning.

E. Failure to verify the offender's sexual history via non-deceptive polygraph results within twelve months after the onset of sex offense specific treatment shall result in a face-to-face or telephone staffing to determine the reasons for the offender's non-compliance with this requirement, and any steps necessary to effect more complete disclosure and satisfaction of this requirement. Structured intervention approaches, such as the polygraph decision grid in Appendix C-4, shall be used to address and correct these situations. For offenders whose sexual history polygraph examination results remain unresolved following this time-frame (12 months after onset of treatment), the CST shall respond to the offender's risk level in a manner consistent with offenders who are highly impulsive with prominent deviancy, compulsivity, and widely varied offending behaviors. Offenders who reside in highly restrictive institutional settings may be subject to programmatic time-lines that differ from community based programs.

Discussion: Sexual history polygraph examinations should generally be delayed for offenders who are denying significant aspects of the instant offense, including any substantial discrepancies between the victim's and offender's account of the abuse. Proper procedure dictates that denial surrounding the details of the instant offense be satisfactorily resolved before proceeding to a more general sexual history polygraph. However, when history examinations do occur prior to resolving the index offense, test questions shall exclude reference to the victim(s) of the instant offense.

F. Under rare circumstances, the CST can waive the SOMB requirements for fully resolved sexual history polygraph examination results – such as when an offender has already made substantial disclosures in all areas of inquiry and when additional information is unlikely to more fully inform the community supervision team about risk level, sexual deviancy or compulsivity patterns, and related treatment needs.

6.013 Maintenance/Monitoring Polygraph Examination

Maintenance/monitoring polygraph examinations shall be employed to periodically investigate the offender's honesty with community supervision team members and compliance with supervision. Maintenance/monitoring polygraph examinations shall be implemented every four to

six months, starting within the first 90 days of treatment and then periodically thereafter. A minimum of two maintenance/monitoring polygraphs shall occur on an annual basis. Maintenance/monitoring polygraphs shall be employed more frequently with those offenders who present as high-risk, have previously unresolved examination results, or may benefit from more active monitoring. Any follow up examination to resolve deceptive or inconclusive results shall be regarded as part of the initial examination and does not replace the minimal requirement for two maintenance polygraph examinations during each 12 month period.

Discussion: The polygraph conducted in the absence of any new allegations or incidents of concern can be an effective deterrent to high risk or non-compliant behavior. Research suggests the use of the polygraph can reduce involvement in ongoing sexually deviant behaviors and improves outcomes in supervision and treatment programs. Research and experience with other forms of deterrent interventions (e.g., drug screening) suggest that random vs. scheduled periodic testing may present a more effective deterrent effect in some situations. For this reason, community supervision team members should consider the possible deterrent benefits of randomly scheduled maintenance/monitoring exams for some offenders.

A. Maintenance/monitoring polygraph examinations shall cover a wide variety of sexual behaviors and compliance issues that may be related to victim selection, grooming behaviors, deviancy activities or high risk behaviors. Maintenance/ monitoring polygraph examinations shall prioritize the investigation and monitoring of the offender's involvement in any non-compliance, high-risk, and deviancy behaviors that may change over time and would signal an escalating risk level prior to re-offending. Narrowing the scope of maintenance/monitoring examinations can sometimes be helpful to address concerns about possible re-offending, and may be useful to resolve the concerns of the community supervision team. Waiting to catch the offender after re-offense is too late to prevent another person from being victimized.

   Discussion: It is generally understood in testing sciences that broader screening examinations, regarding multiple or mixed issues, offer greater screening utility through sensitivity to a broader range of possible concerns, while more narrowly focused tests offer greater diagnostic specificity to support action or intervention in response to known incidents or specific allegations.

B. When an offender is residing in an SLA with other offenders, it is appropriate for the polygraph examiner to ask questions in the pre test interview that address whether or not the offender has knowledge of another SLA member committing acts that are either illegal in nature, or violate his/her supervision agreement.

C. Maintenance/monitoring polygraph testing shall continue regardless of the timing of other polygraph testing such as sexual history, instant offense, or event specific investigations. The frequency of maintenance/monitoring testing may be accelerated if the offender's sexual history remains unresolved following 12 months after beginning sex offense specific treatment.

D. The CST shall prioritize the investigation of more recent behaviors when evaluating the offender's present stability or acute/short-term risk level. The CST should generally require that all test questions and all time periods are satisfactorily resolved before moving on to another maintenance/monitoring exam with different questions or time-frames.

E. When offenders fail to resolve a maintenance polygraph, the community supervision team shall manage the offender as a high risk offender.

6.014 Event-Specific Polygraph Examination

Event-specific (specific issue) polygraph examinations shall be used to investigate the details of an offender's involvement in a known or alleged incident, or to resolve any discrepancies or inconsistencies in the offender's account of a known incident or allegation. Due to the critical nature of these issues, the CST may convene a staffing to determine the necessity of any treatment or supervision interventions (see Sanctions Grid in Appendix C-4) in response to any deceptive or unresolved test results.

Discussion: The CST should not conduct event specific polygraph examinations on active criminal investigations, unless by agreement with the investigators.

6.015 Child Contact Assessment Polygraph Examination

Child contact assessment (CCA) polygraph examinations shall be used to assist the community supervision team in making recommendations about contact with the offender's own children who are not already known to be victims or siblings of victims. The CCA polygraph shall occur prior to the completion of the child contact assessment (pursuant to Standard 5.7). This examination is conducted in the absence of known or alleged offenses against the offender's own children, and is conducted for the purpose of gathering information to assist in the assessment of the offender's potential risk to offend against his/her own children.

6.020 Use of Polygraph by the Community Supervision Team (CST)

Results and information from polygraph examinations shall be used to assist CST members in tailoring more effective intervention and containment strategies. Timely administration of polygraph examinations assists the CST in effectively monitoring offenders in the community.

6.021 Communication with the offender

CST members shall not advise offenders of specific test questions prior to the scheduled appointment, although offenders can be informed regarding the type of examination.

6.022 Communication with the examiner

CST members shall confer and convey to the examiner the type of exam to be administered as well as any specific areas of concern.

6.023 Examiner responsibility for test questions

The examiner shall make the final determination of questions used, and determine whether to administer a broader or more narrowly focused examination.

6.030 Responding to Polygraph Examination Results

All CST members shall review the test report, and respond to any unresolved test results by sanctioning the offender per, but not limited to, the sanctions grid in Appendix C-4.

Discussion: Research demonstrates that the use of the polygraph with convicted sex offenders is most effective when sanctions, including consequences, restrictions and increased treatment relevant to any disclosed high-risk behaviors or unresolved test results are imposed quickly. Use of structured interventions, such as the Polygraph Decision Grid, when responding to test results is essential to safely managing the offender and facilitating success in treatment and supervision.

6.031 Follow-up examinations

Deceptive or inconclusive test results, or attempts to manipulate the test results, shall be addressed through follow-up examination within a short period of time, and the community supervision team has discretion regarding increased containment while awaiting resolution.

A. Follow-up examinations shall occur within 60 days and can be conducted as early as 48 hours after the initial examination. The time frame for testing shall be prioritized based on the offender's level of threat to the community and can be adjusted based upon the offender's preparedness to address and resolve any remaining issues of concern.

B. Resolution of remaining concerns upon follow-up testing shall be regarded as satisfactory resolution of the earlier test results, and follow-up examinations shall be regarded as a component of the earlier unresolved examination. In most cases it is recommended that follow-up examinations be completed with the same examiner.

Discussion: Non-deceptive test results are considered conclusive and the issue(s) under investigation shall be considered satisfactorily resolved. However, non-deceptive test results alone do not ensure safety on the part of the offender, nor should they automatically result in reduced monitoring on the part of the community supervision team.

C. New admissions or the presence of deceptive reactions at the time of follow-up testing shall require the initial examination to be regarded as unresolved and therefore re-investigated in its entirety.

6.032 Preventing splitting and triangulation

Team members shall not allow splitting or triangulating behaviors, and splitting efforts by the offender shall be communicated to other team members. Treatment providers and supervising officers shall not offer the offender excuses or justifications for deceptive or unresolved reactions to polygraph test questions; it is the offender's responsibility to explain such reactions to the team.

6.033 Technical expertise of the examiner

Questions regarding the technical aspects of the polygraph shall be referred to the polygraph examiner. CST members shall not attempt to educate offenders regarding how to pass or defeat the polygraph test, but shall limit their discussion to the need for honesty and disclosure. When any team member has difficulty understanding or interpreting written polygraph reports or results, he or she shall contact the polygraph examiner for clarification and refrain from interpreting polygraph results beyond what is contained in the report.

6.100 Administration of the Polygraph Examination

Polygraph examiners shall adhere to the established ethics, standards, and practices of the American Polygraph Association (APA) and the American Society for Testing and Materials (ASTM).

6.110 Equipment and instrumentation

Examiners shall use a computerized polygraph system consisting of five or more channel polygraph instrument that will simultaneously record the physiological phenomena of abdominal and thoracic respiration, electro-dermal activity, changes in cardiovascular activity, and additional component sensors to monitor and record in-test behavior.

6.120 Duration of examination

Each examination (including the pre-test, in-test, and post-test phases) shall be scheduled for a minimum of 90 minutes in duration. Examiners shall not conduct more than five post-conviction examinations per day.

6.130 Adherence to recognized standards

Polygraph examiners shall conduct all polygraph examinations in a manner that is consistent with the accepted standard of practice within the professional polygraph community.

Discussion: In order to avoid a conflict of interest with an in-house polygraph examiner, the integrity of the three distinct roles/perspectives of the CST must be preserved. The polygraph examiner and therapist or supervising officer must never be the same person. In community settings, the offender shall not be mandated to test with the in-house examiner.

6.140 Testing procedures

Examiners shall use examination techniques recognized by the American Polygraph Association (APA) as acceptable for Post-Conviction Sex Offender Testing (PCSOT).

6.141 Authorization and release

The examiner shall obtain the offender's agreement, in writing or on the audio/video recording, to a standard waiver/release statement. The language of the statement shall minimally include the offender's voluntary consent to take the test, that all information and results will be released to professional members of the community supervision team, an advisement that admission of involvement in unlawful activities will not be concealed from authorities, and a statement regarding the requirement for audio/video recording of each examination.

For offenders with a developmental disability, the examiner shall obtain the written agreement of the offender with a developmental disability, and if applicable, the legal guardian, for participation in the polygraph examination and the release of information authorization.

Discussion: Polygraph examiners are not mandatory child abuse reporters by statute; this includes polygraph examiners with clinical training. All members of the community supervision team who are mandatory child abuse reporters are responsible for assuring the timely and accurate reporting of child abuse to the appropriate authorities.

6.142 Case background information

The examiner shall request and review all pertinent and available case facts within a time frame sufficient to prepare for the examination.

Discussion: The supervising officer or treatment provider should ensure that the polygraph examiner conducting the current exam receives a copy of the Pre-Sentence Investigation Report (PSIR) and/or police report(s), the sexual history disclosure packet, the sex offense specific evaluation, the most recent polygraph report(s), and information relevant to clarifying a previously deceptive or unresolved examination (in addition to any other pertinent information about the purpose of the current examination).

6.143 Offender background information

Prior to beginning the examination, the examiner shall elicit relevant personal information from the offender consisting of brief personal and demographic background information, case

background information, and medical/psychiatric health information (including medications) pertaining to the offender's suitability for polygraph testing.

6.144 Review of testing procedures

The testing process shall be explained to the offender, including an explanation of the instrumentation used.

6.145 Pre-test interview

The examiner shall conduct a thorough pre-test interview, including a detailed discussion of each issue of concern. There shall be an open dialog with the offender to confirm his/her version of all issues under investigation.

6.146 Test questions

Before proceeding to the in-test phase of an examination, the examiner shall review and explain all test questions to the offender. The examiner shall not proceed until he/she is satisfied with the offender's response to each issue of concern.

A. Question construction shall be:

- Simple, direct and easily understood by the examinee;
- Behaviorally descriptive of the offender’s involvement in an issue of concern (questions about knowledge, truthfulness, or another person's behavior are considered less desirable);
- Time limited (date of incident or time-frame);
- Absent of assumptions about guilt or deception;
- Free of legal terms and jargon;
- Avoid the use of mental state or motivational terminology.

B. While the community supervision team members shall communicate all issues of concern to the examiner in advance of the examination date, the exact language of the test questions shall be determined by the examiner at the time of the examination.

6.147 Number of test charts

Three to five primary test charts shall be administered on the exam issue(s).

6.148 Post-test review

The examiner shall review initial test results with the offender. Offenders shall be given the opportunity to explain or resolve any reactions or inconsistencies.

6.149 Examination recording

Recording (audio and video) of polygraph examinations shall be required. Audio and video recording of the entire examination shall be maintained for a minimum of three years from the date of the examination.

6.150 Examination results

All testing data shall be hand scored by the examiner. Computerized scoring algorithms may be used for comparative purposes and quality assurance in the field.

6.151 Test results

The examiner shall render an empirically based opinion regarding the examinee's truthfulness or deception to each test question.

A. Examiners shall render an empirically based opinion that the test results indicate the examinee was deceptive whenever there are significant physiological responses that meet established criteria;

B. Examiners shall render an empirically based opinion that the test results indicate the examinee was non-deceptive (i.e., truthful) whenever there are no significant physiological responses that meet established criteria;

C. Examiners shall render "no opinion" whenever test results yield "inconclusive" scores, or whenever the overall set of test data do not allow the examiner to render an empirically based opinion regarding individual test questions. Examiners shall note in the examination report whenever it is suspected that an examinee has attempted to falsify or manipulate the test results, and whether the examinee was forthcoming in explaining his or her in-test behavior.

Discussion: "No opinion" is synonymous with "inconclusive."

6.152 Test results based on all available information

Consistent with other professional standards, the examiner shall be responsible for rendering an empirically based opinion regarding a polygraph examination. The opinion shall be based on all information gathered during the examination process. The computer algorithm shall never be the sole determining factor in any examination.

6.153 Prohibition against mixed results

To reduce the likelihood of erroneous test results, examiners shall not conclude the offender is deceptive in response to one or more test questions and non-deceptive in response to other test questions within the same examination.

6.160 Examination report

Examiners shall issue a written report to all members of the community supervision team within fourteen days of the examination. The report shall include factual and objective accounts of the pertinent information developed during the examination, including statements made by the examinee during the pre-test and post-test interviews.

6.161 Content of the examination report

All polygraph examination written reports shall include the following information:

- Date of examination;
- Beginning and ending times of examination;
- Reason for examination;
- Referring or requesting agents/agencies (all members of the CST);
- Name of offender;
- Location of offender in the criminal justice system (probation, parole, etc.);
- Case background (instant offense and conviction);

- Any pertinent information obtained outside the exam (collateral information if available);
- Brief demographic information (marital status, children, living arrangements, occupation, employment status, etc.);
- Statement attesting to the offender's suitability for polygraph testing (medical/psychiatric/developmental);
- List of offender's medications;
- Date of last post-conviction examination (if known);
- Summary of pre-test and post-test interviews, including disclosures or other relevant information provided by the offender;
- Examination questions and answers;
- Examination results;
- Reasons for inability to complete exam (if applicable);
- Any additional information deemed relevant by the polygraph examiner (e.g., behavioral observations or verbal statements).

6.162 Raw data and numerical scores

All numerical and computer scores shall be considered raw data and therefore shall not be disclosed in written examination reports.

6.163 Information released only to professionals

Written polygraph reports and related work products shall be released only to CST members, the court, parole board or other releasing agency, or other professionals at the discretion of the community supervision team.

6.164 Communication with the examiner after testing

Following the completion of the examination and post-test review, examiners shall not discuss polygraph results with the offender, or the offender's family members, unless done in the context of a formal case staffing.

6.170 Quality assurance

Examiners shall seek peer review of at least two examinations per year using the protocol. Additional peer reviews may be requested by the community supervision team. Quality assurance reviews shall consist of a systematic review of the examination report, test data, test questions, scored results, computer score (if available), audio/video recording, and collateral information. Documentation of six quality assurance peer reviews shall be submitted to the SOMB at the time of re-application. The purpose of the Quality Assurance Protocol shall be to facilitate a second professional opinion regarding a particular examination, to gain professional consensus whenever possible, and to formulate recommendations for the community supervision team.

Discussion: The Quality Assurance Protocol is intended to advise members of the CST on the polygraph test about the strengths and limitations of a particular test, and to provide examiners with a formal vehicle for gaining professional feedback and consensus. Quality assurance activities include: compliance with standards of practice, certification requirements, ongoing training, supervision and oversight, options for recourse in the event of identified problems, and program evaluation. Quality assurance activities take place at varying levels of formality,

including informal data checks via audio/video recording, procedural or follow-up case-staffing with the examiner, collaborative peer review, blind review, panel review, or referral to an outside agency for quality assurance review.

6.171 Initiating the quality assurance review

With the exception of exams required for reapplication purposes, quality assurance reviews shall be initiated by a member of the community supervision team. Quality assurance reviews may be initiated in response to a variety of circumstances, including but not limited to:

A. A formal or informal complaint regarding non-compliance with these *Standards*, or when critical decisions may be influenced by the information or results from the polygraph test.

B. When separate examinations yield differing test results regarding the same issue(s) and/or time period. This review would then be completed by the two examiners whose examinations yielded differing results. The purpose of this review is to clarify the reasons for the differing test results and formulate a recommendation for the community supervision team. If consensus cannot be reached, the team shall consult with a third, independent, SOMB listed full operating level polygraph examiner, agreed upon by both polygraph examiners, to review the conflicting information and offer an opinion regarding the issue. If differences in test results remain unresolved, both examinations shall be set aside and a new polygraph examination shall be conducted. Whenever consensus cannot be reached, the community supervision team must err on the side of community safety when considering their response.

C. When an examiner determines the test subject has attempted to use manipulative techniques to alter the test results. The purpose of the review is to confirm the offender's use of manipulative techniques prior to the imposition of sanctions or consequences for non-cooperation. This review may not be necessary when the offender admits non-cooperation, explains his or her in-test behavior, and is forthcoming in discussing his or her knowledge of the polygraph technique. In these cases the test results may be regarded as inconclusive or unresolved until the issues are subject to re-examination.

6.172 Selection of the reviewing examiner

When initiating a quality assurance review, the CST members shall contact the original examiner and, together with the original examiner, select an independent, full-operating level polygraph examiner to complete an objective peer review.

The reviewing examiner shall contact the original examiner with any questions and feedback, and shall complete the Quality Assurance Protocol and the one-page Quality Assurance Summary Report together with the original examiner.

Discussion: It should not be assumed that a reviewer or reviewers present more expertise than the original examiner. Studies have found that results obtained by original examiners have outperformed those of subsequent reviewers (National Academy of Sciences, 2003). Quality assurance reviews serve only to offer an additional professional opinion to further advise community supervision team members regarding a polygraph test whose decisions may be affected by the information and results obtained.

6.173 Conclusions from the quality assurance review

Community supervision team members shall include the one-page Quality Assurance Summary Report in the offender's treatment and supervision files. Quality assurance reviewers shall refrain from making global or generalized conclusions regarding an examiner's work or competence

(which cannot be done based upon a single examination). Unless an empirical flaw is identified, the reviewing examiner shall endorse the original examiner's reported results, and shall limit professional opinions to the following conclusions:

A. Examination is supported - results shall be accepted;

B. Examination is not supported - results shall be set aside;

C. Examination is supported but qualified by identifiable empirical limitations - results may be set aside or accepted with reasonable caution. Such qualifying limitations may include identifiable empirical limitations pertaining to offender suitability, data quality, and clarity of the issue/s under investigation, and are often noted by the original examiner in the examination report.

Discussion: Setting aside an examination result does not include removal of the examination report from the offender's supervision and treatment files, but should include the addition of documentation regarding the community supervision team's response.

6.200 Use of Polygraph with Special Considerations

The CST shall address any special considerations, such as severe medical, psychiatric, or developmental conditions that may affect an offender's suitability for polygraph testing. When deciding whether to use polygraph testing with such offenders, the CST shall consider the probable benefits of testing, including improved decision-making, deterrence of problem behavior, and the value of additional disclosed information that might otherwise not be obtained.

6.210 Determination of suitability for testing

The CST shall have the authority to determine whether to use polygraph testing when there are special considerations. In dealing with special considerations, the CST shall consult with the examiner before deciding whether to employ polygraph testing. Polygraph examinations shall not be employed with such offenders unless the CST determines that such testing would add incremental validity to important treatment decisions. Offenders who are acutely psychotic, suicidal, or have un-stabilized serious mental health conditions, including dementia, are generally not suitable for polygraph testing. In addition, offenders suffering from serious injury or illness, or under the influence of non-prescribed controlled substances are generally not suitable for polygraph testing. Offenders' mental status results indicating a lack of clear awareness of the concepts of truthfulness or lying, or a lack of capacity to anticipate consequences for telling the truth or lying, based on a mental or emotional condition, may not be suitable for polygraph testing. Polygraph examiners shall not test offenders who present as clearly unsuitable for polygraph testing at the time of the examination. The CST shall periodically review each offender's suitability for polygraph testing. In cases where the offender is determined to be unsuitable for polygraph testing, the CST shall consider other forms of behavioral monitoring.

6.211 Documentation of Special Considerations

The polygraph examiner shall obtain and note in the examination report a list of the offender's prescription medication, any medical or psychiatric conditions, and any other special considerations as identified in this section. The CST shall advise all offenders to continue taking prescription as directed by their medical or psychiatric professional.

Discussion: The CST may consult with the offender's physician or psychiatrist before employing polygraph examinations in such cases. Use of prescribed medication for either a medical or psychiatric condition may or may not impact an offender's suitability for polygraph testing. Persons who function optimally while taking prescribed medication may also produce polygraph data of optimal interpretable quality. However, persons who take multiple prescription medications may be more likely than others to exhibit polygraph test data of marginal interpretable quality.

6.212 Release of information

Offenders with special considerations, and if applicable their legal guardian, shall be required to execute appropriate authorizations so that the CST can consult with and obtain records from professionals who are treating or who have treated in the past those offenders suffering from medical, mental or emotional conditions.

6.213 Sensitivity to special considerations

If the CST determines that it is appropriate to use a polygraph examination with an offender who presents with special considerations, the examiner shall conduct the examination in a manner that is sensitive to the offender's physical, mental, or emotional condition. The examiner shall note in the examination report those conditions that may have affected the offender's suitability for testing.

Discussion: Polygraph examinations completed on special population offenders (see definition in Definitions section) may be regarded as "qualified" and the test results should be viewed with caution. In this context, "qualified" means that the test results may not have the same level of validity as test results that are not complicated by special considerations.

6.220 Language barriers

The need for language translation, including both foreign languages and sign languages, shall be assessed by the CST on a case-by-case basis.

Discussion: Polygraph examinations completed with the aid of a language interpreter should be regarded as "qualified" and the test results should be viewed with caution.

6.221 Selection of interpreters

The polygraph examiner shall utilize a court certified interpreter, whenever possible. It is important that idiomatic language usage be done accurately and consistently across each successive test chart. Offender's relatives or friends shall not serve as interpreters for polygraph examinations. The examiner shall inform the interpreter in advance about the process of the polygraph test. The examiner shall obtain from the interpreter a written translation, including a mirror translation, of each question presented during the in-test phase of an examination. This translation shall be prepared prior to the in-test phase and shall be maintained as part of the polygraph examination record.

6.230 Cultural awareness

Polygraph examiners shall be sensitive to ethnic or cultural characteristics when conducting examinations. Polygraph examiners shall attempt to elicit information regarding ethnic or cultural

characteristics in advance of the examination date and shall conduct the examination in a manner that is sensitive to those ethnic or cultural characteristics.

6.240 Managing offender manipulation of special consideration

The CST shall convene a staffing and case review for all offenders who are determined to be malingering, feigning, or exploiting their special considerations as described in this section for purposes of avoiding polygraph examinations. The purposes of the staffing are to determine whether sanctions should be employed, whether additional behavioral restrictions are employed, or in extreme cases whether removal from community supervision should be considered.

7.000
STANDARDS FOR PLETHYSMOGRAPHY

7.100 Standards of Practice for Plethysmograph Examiners

7.110 A plethysmograph examiner shall adhere to the "Guidelines for the Use of the Penile Plethysmograph,"[52] published by the Association for the Treatment of Sexual Abusers, ATSA Practitioner's Handbook. (See Appendix C) and shall demonstrate competency according to professional standards and conduct plethysmograph examinations in a manner that is consistent with the reasonably accepted standard of practice in the plethysmograph examination community.

7.120 Plethysmograph examiners shall adhere to the following specific procedures during the administration of each examination:

A. The examiner shall obtain the informed assent of the offender for the plethysmograph examination, and shall inform an offender of the examination methods, how the information will be used, and to whom it will be given. The examiner shall also inform the offender about the nature of the evaluator's relationship with the offender and with the court. The examiner shall respect an offender's right to be fully informed about the examination procedures, and results of the examination should be shared with the offender and any questions clarified;

B. The examinee shall also sign a standard waiver/release of information statement. The language of the statement should be coordinated prior to the plethysmograph examination with the therapist, probation/parole officer, community corrections case manager, or prison treatment provider;

C. The examiner shall elicit relevant biographical and medical history information from the examinee prior to administering the actual plethysmograph examination;

D. The testing process shall be completely explained to the examinee, including an explanation of the instrumentation used and causes of general nervous tension;

E. Test results shall be reviewed with the examinee;

F. The examiner must have received all pertinent and available case facts within a time frame sufficient to prepare for the examination.

7.130 Plethysmograph examinations should never be used in isolation. The results must be utilized in conjunction with other evaluative measures or as a part of a treatment program to effectively assess risk.

[52] Plethysmographic testing measuring physiological changes associated with sexual arousal are also available for female sex offenders.

8.000
DENIAL OF PLACEMENT ON PROVIDER LIST

8.010 The SOMB reserves the right to deny placement on the Provider List to any applicant to be a treatment provider, evaluator, clinical polygraph examiner or plethysmograph examiner under these *Standards*. Reasons for denial include but are not limited to:

A. The SOMB determines that the applicant does not demonstrate the qualifications required by these *Standards*;

B. The SOMB determines that the applicant is not in compliance with the *Standards* of practice outlined in these *Standards*;

C. The applicant fails to provide the necessary materials for application as outlined in the application materials and the administrative policies and procedures;

D. The applicant has been convicted or received a deferred judgment for any criminal offense;

E. The applicant has been found to engage in unethical behavior by any licensing or certifying body or has had a license or certification revoked, canceled, suspended or been placed on probationary status by any professional oversight body;

F. The applicant is addicted to or dependent on alcohol or any habit forming drug as defined in section 12-22-102, C.R.S., or is a habitual user of any controlled substance as defined in section 12-22-303, C.R.S., or any alcoholic beverage;

G. The applicant has a physical or mental disability which renders the applicant unable to treat clients with reasonable skill and safety or which may endanger the health or safety of persons under the individual's care;

H. The SOMB determines that the results of the background investigation, the references given or any other aspect of the application process are unsatisfactory.

9.000
CONTINUITY OF INFORMATION

Discussion: Standards for continuity of information are necessary to reduce the fragmentation and/or duplication of information in case files and to provide a full record of a sex offender's history of offending and history of compliance.

9.010 The pre-sentence investigation report should include police report(s), including victim statements, sex offense-specific evaluation, and child protection reports when the victim is a child or when any child lives in the offender's residence. The pre-sentence investigation report for any sex offender placed in the custody of the Department of Corrections (DOC) should be forwarded to the DOC's Denver Reception Diagnostic Center.

9.020 When an offender is placed in the custody of DOC, the DOC should request the probation or community corrections file for any offender who has been on probation or community corrections for a sexual offense in the past.

9.030 When a sex offender is released from the DOC on parole or accepted into Community Corrections, DOC shall send all records which:

- Describe the offender's level of cooperation and institutional behavior
- Describe the offender's participation in treatment
- Suggest specific conditions of parole
- Indicate ongoing risk

In addition, DOC should forward information on the treatment status of the offender, a copy of the discharge contract if the offender is in treatment, a copy of the sex offense-specific evaluation, and notification if the offender refused treatment.

9.040 When an offender is released on parole or community corrections, the parole officer or community corrections case manager shall request the probation file for any offender who has been on probation for a sexual offense in the past.

9.050 Discharge information to be recorded by the supervising officer at the termination of community supervision should be available in the file and should include records of the offender's:

- Treatment progress
- Successful or unsuccessful completion of treatment
- Auxiliary treatment
- Community stability
- Residence
- Compliance with supervision plan and conditions of probation/parole/community corrections
- Most current risk assessment

9.060 Discharge information to be recorded at the termination of a prison sentence should be available in the file and should include records of the offender's:

- Involvement in sex offender treatment
- Successful or unsuccessful completion of treatment
- Auxiliary treatment
- Relapse prevention plan, if available
- Level of risk

10.000
RECOMMENDATIONS FOR MANAGEMENT AND INFORMATION SHARING ON ALLEGED SEX OFFENDERS PRIOR TO CONVICTION

Discussion: Following are recommendations for the management of alleged sex offenders prior to conviction. Although the Sex Offender Management Board has no authority to set standards for alleged sex offenders prior to conviction, the SOMB strongly recommends that these guidelines be followed in order to establish both the data and practices to support the later assessment, treatment, and behavioral monitoring of convicted sex offenders.

1. Investigation of reports to law enforcement and child protection services.

Information that will contribute to the future assessment of an alleged sexual offender and preserve evidence is best obtained through a thorough and objective investigation in which the well-being of the alleged victim is of primary importance.

Investigations that preserve the well-being of the alleged victim include such approaches as:

- Providing immediate medical referral
- Minimizing the number of interviews of children
- Using a child advocacy center to interview children; increasing the comfort level of the adult alleged sexual assault victim being interviewed as much as possible
- Removing the alleged perpetrator, rather than the child alleged to be a victim of sexual abuse from the home
- Using forensic medical examinations that meet the standards set by the Colorado Coalition Against Sexual Assault[53]
- Providing emotional support (and victim advocacy services) to the alleged victim
- Using community-based protocols for the response to alleged victims of sexual abuse[54]

2. Documentation of sexual abuse.

Complete documentation will assist in developing future treatment and supervision plans and in protecting the alleged victim and the community. Both child protection and law enforcement investigative reports should provide detailed information on the behavior of the alleged perpetrator related to and including the sexual offending behavior.

Investigative reports should include information that describes:

- The dynamics of the alleged abuse
- Alleged offender patterns of grooming (preparing) the victim
- The ways in which the alleged offender discouraged disclosure

[53]For copies of the *Colorado Sexual Assault Forensic Examination Protocol*, which also includes valuable appendices such as the numbers of rape crisis hotlines in Colorado, contact the Colorado Coalition Against Sexual Assault, P.O Box 18633, Denver, CO 80218.

[54] For a victim-center protocol for responding to sexual assault, please see *Looking Back, Moving Forward: A Guidebook for Communities Responding to Sexual Assault*, published by the National Victim Center, 2111 Wilson Boulevard, Suite 300, Arlington, VA 22201, (703) 276-2880.

- Presence of child pornography
- Amount of violence and/or coercion
- Any direct or indirect corroboration of the offense
- Evidence of other sexual misconduct

Such information will not only assist in the prosecution of the case but will also contribute to assessment by the pre-sentence investigator, the judge, and the treatment provider/evaluator who will conduct a sex offense-specific evaluation. Such documentation can also assist in confronting offender denial and can establish a modus operandi in the event of future crimes by the offender.

3. Specialized job duties and training.

Whenever possible, investigation and prosecution of sexual assault cases should be assigned to individuals specifically trained to work in this area. Trained individuals are least likely to cause additional trauma to the alleged victim and their investigations are most likely to result in a prosecutable case.

4. Teamwork among law enforcement, child protection services and prosecution.

A team approach to the investigation, review, and case management of sexual abuse reports is vital to the successful prosecution of alleged sexual offenders. Regular meetings of the team enhance community safety and increase the effectiveness of the team. Information should be routinely updated on the status of dependency/neglect petitions, which cases are being criminally filed, and the status of placement decisions.

5. Removal of the perpetrator from the home in intra-familial sexual abuse cases.

Whenever possible, the perpetrator, not the alleged victim should be removed from the home.

6. Family Reunification is dangerous.

In child sexual abuse cases, family reunification is dangerous. When family reunification is a goal of the child protection agency, family reunification should be avoided until after disposition of the criminal case. Before recommending contact with a child victim or any potential victims, responsible parties shall assess the offender's readiness and ability to refrain from revictimizing, i.e. to avoid coercive and grooming statements and behaviors, to respect the child's personal space, and to recognize and respect the child's indication of comfort or discomfort.

A. In addition, the following criteria be met before visitation can be initiated:

1. Sexually deviant impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies;

2. The offender is willing to plan for visits, to develop and utilize a safety plan for all visits and to accept supervision during visits;

3. The offender accepts responsibility for the abuse;

4. Any significant differences between the offender’s statements, the victim’s statements and corroborating information about the abuse have been resolved;

5. The offender has a cognitive understanding of the impact of the abuse on the victim and the family;

6. The offender is willing to accept limits on visits by family members and the victim and puts the victim's needs first;

7. The offender has willingly disclosed all relevant information related to risk to all necessary others;

8. The clarification process is complete;

9. Both the offender and the potential visitation supervisor have completed training addressing sexual offending and how to participate in visitation safely;

10. The offender and the potential supervisor understand the deviant cycle and accept the possibility of re-offense. The offender should also be able to recognize thinking errors;

11. The offender has completed a non-deceptive sexual history disclosure polygraph and at least one non-deceptive maintenance polygraph. Any exception to the requirement for a non-deceptive sexual history disclosure polygraph must be made by a consensus of the community supervision team;

12. The offender understands and is willing to respect the victim's verbal and non-verbal boundaries and need for privacy;

13. The offender accepts that others will decide about visitation, including the victim, the spouse and the community supervision team.

B. If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process:

1. There must be provisions for monitoring behavior and reporting rule violations to the supervising officer;

2. Victims' and potential victims' emotional and physical safety shall be assessed on a continuing basis and visits shall be terminated immediately if any aspect of safety is jeopardized;

3. Supervision is critical when any sex offender visits with any child; supervision is especially critical for those whose crimes are known to have been against children, and most of all during visitation with any child previously victimized by the offender. Any behavior indicating risk shall result in visits being terminated immediately;

4. Special consideration should be given when selecting visitation supervisors. The visitation supervisor shall have some relationship with the child, be fully aware of the offense history including patterns associated with grooming, coercion, and sexual behaviors and be capable and willing to report any infractions and risk behaviors to the community supervision team members. If the supervisor is not known to the child, then the child's current caregiver should be available. The potential supervisor must complete training addressing sexual offending and safe and effective visitation supervision.

7. Referrals for sex offense specific evaluations.

When an alleged sexual offender is referred for evaluation and assessment, the referral should be to an evaluator/provider who meets the *Standards* for the evaluation of sex offenders. (Section 16-11.7-106 C.R.S requires the Department of Human Services to refer *convicted* sex offenders to evaluators who meet these *Standards*.) However, such an evaluation often will not take the place of the sex offense-specific evaluation required at the pre-sentence investigation, if the individual is convicted in a criminal case.

8. Forwarding of child protection services reports to the pre-sentence investigator.

In cases where the report of an intra-familial sexual assault results in a conviction, the child protection agency should provide the probation department, upon request and with a signed release of information by the offender, with copies of the intake report and the sex offense-specific evaluation in time for the court date.

9. Pre-trial conditions.

With the exception of offense-specific treatment requirements, bond supervision conditions should be similar to the specialized conditions of probation or parole, particularly the prohibition of contact with the alleged victim and, if the victim is a child, with the alleged victim and all other children.

Appendix A
RISK ASSESSMENT

Risk assessment refers to an evaluation of the client's overall risk of sexual re-offense. Risk assessments are typically done as part of the evaluation but should reoccur regularly throughout treatment and post-treatment if legal supervision continues.

The following factors should be reviewed in estimating a client's level of risk:[55]

A. Admission of offenses
   1. Level of denial vs. omission about referral offense
   2. Level of denial vs. omission about past offenses
   3. Admission of undocumented offenses
   4. Disclosure of detail not on record and degree of consistency between self-reports and victim statements*

B. Accountability *
   1. Degree of personal responsibility for offenses assumed
   2. Degree of disowning behaviors
   3. Degree of cognitive distortions to justify the offenses
   4. Assumes responsibility for the after effects of offense on the victim

C. Cooperation
   1. Overall attitude in evaluation process
   2. Willingness to divulge information
   3. Actively participates in interview
   4. Presence or absence of passive-aggressive or covert resistance

D. Offense history and victim choice
   1. Number of offenses/length of time offending
   2. Number of victims
   3. Male, female, or dual gender choice of victims
   4. Type of offenses and escalation pattern
   5. Age/vulnerability of target victims
   6. Violence, sadism, or physical harm in offending
   7. Age of onset of deviant arousal/behaviors *
   8. Nature and extent of coercion and manipulation to gain victim compliance during offense and regarding non-disclosure. *
   9. Offender's intended outcome and desired response from victim. *

E. Sexual deviancy and arousal pattern
   1. Frequency of deviant fantasies
   2. Frequency of masturbation to deviant fantasies
   3. Assessment of response to fantasy content and level of deviance

[55] This list of risk assessment factors is adapted from the "adult sexual offender assessment packet", published by the safer society press, Brandon, VT.

* Any modifications to the original are noted by an asterisk.

4. Frequency of masturbation to non-abusive fantasies *
5. Arousal to violence or sadism
6. Presence of sexual dysfunction
7. Use of pornography/seeking sexualized atmospheres
8. Results of phallometric measures
9. Practicing responsible sexual behavior
10. Connects sexuality with caring relationship

F. Social Interest
1. Level of general victim empathy
2. Empathy for own victims
3. Expressions of awareness and authentic regret regarding abusive traumatic and/or harmful nature of behavior to victim(s) and others *
4. Range and congruence of affective expression *
5. Expressions of guilt regarding victim harm *
6. Responds in a pro-social manner to social interaction *

G. Lifestyle Characteristics
1. Degree of antisocial behavior (victimizing, control seeking, exploits others, criminal thinking, etc.)
2. Degree of narcissistic behavior (grandiose, egocentric, demanding, inconsiderate)
3. Degree of borderline behavior (impulsive, erratic, markedly moody, possessive, unstable relationships, etc.)
4. Degree of schizoidal behavior (avoidant, flat affect, withdrawn, lacking social skills)
5. Attachment style *
6. Degree of sexualization of relationships *

H. Psychopathology *
1. Psychotic episodes *
2. Frequency and lethality of suicidal ideation *
3. Personality disorder *
4. Affective disorder *
5. Obsessive/compulsive disorder *
6. PTSD symptoms *
7. Other concurrent psychiatric diagnosis *

I. Developmental Markers *
1. Competency *
2. Deficits *
3. Resilience *
4. Organicity *

J. Substance abuse and other addictive patterns *
1. Alcohol use/abuse pattern, duration, treatment
2. Other drug (legal or illegal) use/abuse pattern, duration, treatment
3. Connection between substance abuse and offenses

K. Criminal History
1. Extent of documented/undocumented criminal history
2. Type/number of criminal offenses
3. Violence history

4. Ritualistic and/or bizarre bases for offenses
5. History of childhood or adolescent delinquency *

L. Prior treatment history *
1. Success/failure of prior sex offense specific treatment*
2. Success/failure of prior non-sex offense specific treatment (may be psychotherapy or pharmacological treatment)*
3. Attitude about prior treatment*

M. Social support systems
1. Degree of functional social skills
2. Presence/absence of social relationships
3. Type and quality of relationships
4. Presence of dysfunctional relationships
5. Relationships supporting denial or minimization of offending
6. Problems and stresses within support system relationships

N. Overall control and intervention
1. Understanding of deviant cycle
2. Understands triggers and cues
3. Demonstrates motivation to avoid and interrupt cycle
4. Demonstrates ability to avoid and interrupt cycle
5. Recognizes thinking errors
6. Actively corrects thinking errors as they arise
7. Has replacement behaviors
8. Controls inappropriate sexual behavior

O. Motivation for treatment and recovery
1. Over concern with prison/legal consequences
2. Superficial motivations
3. Presents facade v. genuine, authentic presentation
4. Level of commitment to stop own offending
5. Willingness to complete any needed treatment/recovery tasks

P. Self-structure
1. Base of self worth *
2. Ways to get self worth *
3. Self esteem *
4. Level of confidence
5. Lacks sense of inferiority
6. Ability to appropriately cope with failures

Q. Disowning behaviors
1. Level of defensiveness
2. Projects blame
3. Displacement of anger
4. Irrational beliefs
5. Criminal thinking distortions

Appendix B-1
THE USE OF PHYSIOLOGICAL MEASUREMENTS

From the Ethical Standards and Principles for the Management of Sexual Abusers, the Association for the Treatment of Sexual Abusers.

CONSIDERATIONS FOR PENILE PLETHYSMOGRAPHY AND POLYGRAPHY

Based on the potential unreliability of self-report among sexual abusers, the use the phallometry and polygraphy has become widespread in the identification, treatment and management of sexual abusers. Several studies have linked the history of sexually deviant behavior and deviant sexual arousal to risk and recidivism. Therefore, instruments that promote the collection of data in these areas are deemed to have significant clinical value. However, with any psychophysiological instrument, care must be taken to avoid misuse or over reliance on the instrument, procedure or the resulting data. Clinicians using polygraphy or phallometry must be aware of the limitations of the instruments and current methodology. Clinicians should also be knowledgeable about the current research regarding interpretation and validity.

A) Informed consent should always be obtained prior to engaging clients in a physiological assessment.

B) Neither of the physiological assessments is appropriate for determination of guilt or innocence related to a specific crime.

C) Neither of the physiological assessments should be used as the sole criterion to determine a client's release from prison and/or a treatment program.

D) Physiological measurements should always be used in conjunction with other data including police reports, victim statements and other psychometric testing and should not be used as the only means to assess sexual abusers.

E) Physiological assessments should only be conducted by specifically trained clinicians and examiners. These professionals should maintain membership in appropriate professional organizations and participate in regular relevant continuing educational opportunities. The examiners should adhere to the established practices, ethics and standards of their respective fields and professional organizations.

F) In order to promote the advancement and efficacy of physiological measures with sexual abusers, professionals engaged in either polygraphic or plethysmographic examinations with sexual abusers should have specific training in the dynamics and assessment of sexual abusers.

G) Physiological assessments should only be conducted with the appropriate instruments and by using accepted procedures and methodologies.

H) Physiological assessment data can be helpful in confronting a client who denies deviant sexual behavior, deviant sexual fantasies and/or deviant sexual arousal.

I) Physiological assessments are useful in monitoring treatment compliance and progress. Methods such as electronic surveillance, drug testing, support group reports, and probation/parole supervision can be used to corroborate information gained from the physiological test results.

J) Failure to respond during physiological testing occurs for several reasons including intentional response suppression. A variety of medications, mental illnesses and physical conditions can also impact assessment results. Pre-test interviews should include questions regarding medical and psychological conditions.

K) Some individuals may not test accurately on a variety of psychometric and physiological measurements. Individuals who are severely developmentally disabled, anti-social, psychotic, experiencing current dissociative symptoms, severely depressed or under extreme stress should be carefully screened prior to being assessed and, if assessed, caution should be used when interpreting the physiological test results.

L) As part of the determination to use physiological assessment with juveniles, clinicians should be able to clearly justify and explain the reasons for incorporating the procedure(s) to parents or legal guardians.

Appendix B-2
PLETHYSMOGRAPH EXAMINATION

From the Ethical Standards and Principles for the Management of Sexual Abusers, the Association for the Treatment of Sexual Abusers.

The purpose of the phallometric assessment of sexual arousal is to provide objective data regarding sexual preferences. It may also promote self disclosure and reduce minimization and denial of sexual offenses. Additionally, it can assist in monitoring changes in sexual arousal patterns which have been modified by treatment.

1. **USES**
   - Physiological assessment can be used to identify the need to reduce and control deviant sexual arousal.

2. **LIMITATIONS**
   - Phallometric assessment data should not be used as a sole measure to predict risk of engaging in deviant sexual behavior.
   - Failure to develop significant responses to deviant sexual themes cannot be used to demonstrate innocence of a specific allegation of sexually deviant behavior.
   - Development of significant arousal to deviant themes cannot be used to demonstrate guilt of a specific allegation of sexually deviant behavior.
   - It is inappropriate to use erection responses to determine or make statements about whether or not someone has engaged in a specific sexual behavior or whether someone fits the "profile of a sexual abuser."
   - Extreme caution should be used in interpreting erection responses to non-standardized sets of stimuli.

3. **JUVENILES**
   - Phallometry should only be used with juveniles younger than 14 years of age when the clinician needs more information than is currently available via other, more traditional sources.
   - For individuals under the age of 14, or for those who may not have attained the maturational level associated with puberty, clinicians should seek interdisciplinary or institutional review of the physiological procedures.
   - Use of phallometric assessment with prepubertal youth is not recommended.
   - The relationship between phallometric arousal and clinical characteristics appears weaker in an adolescent population than in an adult population. Caution should be used in interpreting adolescent data in a manner parallel to that of adult data.
   - Adolescents appear more fluid in their sexual interests and patterns of behavior than adults and may not show as high a degree of correspondence between measured arousal patterns and reported offense histories.

4. **DEVELOPMENTALLY DELAYED**
   - Although there is an absence of empirically based data, clinical impressions indicate that a higher percentage of developmentally delayed clients tend to respond with uniformly high arousal. Therefore, the arousal profile is not necessarily indicative of sexual arousal to the described behavior or a reflection of deviant arousal.

- Developmentally delayed clients may respond to the sexual words and/or to the tone of voice used rather than the content of the description.
- Developmentally delayed clients may have more difficulty accurately perceiving visual stimuli.
- In spite of these limitations, phallometric assessments can offer valuable information to those service providers working with the developmentally delayed population.

5. **PRELIMINARY PROCEDURES**
   - The examiner should gather supportive information, such as marital and family history, criminal history, present life situation, legal status, sexual history, mental health contacts, and the reason for referral.
   - It is the responsibility of the examiner to screen the client for contamination factors, such as drug use, medication, last sexual activity, emotional state, physical impairment, etc.
   - Prior to the examination, the examiner should take steps to ensure that the examination will not be interrupted.
   - No client with an active sexually transmittable disease or parasite should be tested. The client should sign a disclaimer of any knowledge of a current sexually transmitted disease.

6. **LEGAL CONCERNS/INFORMED CONSENT**
   - Consent forms regarding the penile plethysmograph procedure should be read, signed, and dated by the client.

     Discussion: The Standards in this document require informed assent.

   - When plethysmography is used with persons under the age of 15, this procedure should be reviewed by a community or institutional advisory group.

     Discussion: The Standards in this document apply only to adult sex offenders; however, if plethysmography is indicated for any adult deemed incompetent to give the informed assent required in the Standards due to developmental disabilities or learning disabilities, the procedure regarding review by a community or institutional advisory group (or the court) should be applied.

   - Release forms allowing for both the receipt and dissemination of information should be obtained.
   - Raw data forms must provide information for retrieval of specific stimulus materials that were used in the assessment.

7. **LAB EQUIPMENT**
   - Plethysmograph equipment should provide either continuous chart paper readout or, with computerized equipment, a printed readout of response levels to each stimulus.
   - Equipment should be used as designed. See users' documents.
   - An armchair or lounge chair with cleanable surface must be provided. A reclining lounge chair is preferable.
   - A disposable cover on the chair seat and on the arms of chair is required for each client.
   - Mercury-in-rubber, Indium-gallium, or Barlow gauges may be used and each gauge must be tested and calibrated before each use. Documentation of gauge calibrations should be provided.
   - A calibration device or cone is required in ½ cm increments with a minimal range of 6 cm.
   - Security devices must ensure client's privacy, but must also include emergency entrance and exit with the safety of the client in mind.
   - Slide projector for visual material should be capable of projecting images spanning a 35 degree visual angle.
   - An intercom system should be used to provide communication between client and examiner.

- Clinician must have a protocol for fitting gauges, trouble-shooting equipment, breakdowns, and malfunctions.
- Plethysmograph equipment should be used as designed, according to the user documents.
- The penile plethysmograph should be isolated from AC with a DC converter.

8. **LAB SETTING AND CLIENT SPACE REQUIREMENTS**
   - Client space must be separated from the clinician's work area by at least an opaque partition that is a minimum of 7 feet high, to ensure client's privacy. A stationary wall is preferred to maintain maximum privacy.
   - Client space is recommended to be approximately 7 feet by 8 feet in dimension. The minimal requirement for this space is 4 feet by 6 feet.
   - An intercom system must be used when the client is in a stationary enclosure.
   - A constant room temperature must be maintained between 76-80 degrees Fahrenheit.
   - The client room should have adequate ventilation; adjustable lighting is desirable.
   - Sound-deadening measures should be used in order to ensure that the client's space is as sound-proof as possible.
   - Security measures must be provided for the laboratory and stimulus material.
   - It is recommended that a system be devised for the examiner to be able to determine when and if the client is attending to the stimuli being presented.
   - The door separating the client room from the examiner's work area should have an inside lock that the client can control.

9. **CALIBRATION PROCESS**
   - The strain gauge must be stretched adequately to obtain continuous variation. The mercury gauge requires 20% (slightly stretched on the cone) of its full scale. The Barlow gauge also requires moderate stretching.
   - The stretched gauge is then placed on a cone allowing measurement of at least ½ centimeter increments. The gauge is moved down the cylinder until 3 cm of stretch is obtained (6 steps). This should be considered 100%, and sensitivity is then set on the plethysmograph.
   - The steps are then checked for linearity (each step on the cone equals proportionate steps on the plethysmograph). If a variation of greater than 25% occurs between steps, the process should be repeated. If a 25% or greater variation remains, discard the gauge and repeat the process.
   - If linearity cannot be obtained with multiple gauges, the plethysmograph is not functioning properly.
   - If the first or last step of the calibration procedure yields 25% or greater variation, the gauge was not fitted properly to the circumference device, or the gauge is faulty.
   - After the gauge is fitted to the client and adequate time has elapsed for detumescence, the sensitivity should be set at the "0" point.
   - At the completion of the assessment process, if the client achieved a full erection, then that level of change becomes 100%.
   - The penile plethysmograph should be calibrated.
   - Prior to each assessment, gauges should be calibrated over a minimum of six steps using an accurate calibration device.
   - Care should be exercised to avoid rolling the gauge while placing on the calibration cone.

10. **FITTING THE PENILE TRANSDUCER**
    - Placement of the gauge should be at midshaft of the penis.
    - Client should place gauge on his own penis.
    - Examiner should assure that wiring has some slack next to the transducer or clinical error may result. Clothing should not touch penis or transducer.

- Recording of full penile tumescence should be obtained whenever possible. The examiner should ensure that sufficient arousal has been recorded to accurately interpret data. When data is to be interpreted as a percentage of full erection, it is important to request the client to achieve full erection.
- The client should be instructed to exercise care to avoid rolling the gauge while placing it on his penis.
- Proper fit can be determined by:
  a) Setting the plethysmograph at zero before the client places the gauge on his penis.
  b) Ensuring the gauge has stretched at least 20% after being placed on the penis.
  c) Ensuring the gauge has not stretched more than 40%.
- If the gauge has stretched more than 40%, the gauge is too small. If the gauge has stretched less than 20%, the gauge is too big.
- After proper fit has been determined, the plethysmograph is reset to zero.

11. **STIMULUS MATERIAL**
    - The examiner will have available a range of sexual stimulus material depicting various Tanner Stages of development for both males and females, including culturally diverse subject material. Stimulus materials should also be available to differentiate between consenting, coercive, forcible, sadistic and aggressive themes with both adults and children.

Visual Stimuli
- Efforts should be made to use new technology which does not make use of human subjects.
- Visual stimuli should be devoid of distracting stimuli.
- Multiple stimulus presentations should be used for each Tanner stage.
- Both sexes should be represented.
- Stimulus duration should be consistent with research that has demonstrated validity.
- The examiner should be satisfied detumescence has occurred and at least thirty seconds have elapsed before presenting new stimulus.

Audio Stimuli
- Audio stimuli should be sufficient to clearly differentiate minors from adults.
- Stimuli should clearly differentiate consenting, coercive, forcible, sadistic and aggressive sexual themes.
- Every effort should be made to use standardized stimuli reflecting the client's deviant sexual behavior.
- Multiple stimuli presentations representing various normal and deviant sexual activity should be available.

12. **DOCUMENTING ASSESSMENT DATA**
    - Physiological assessments should be interpreted only in conjunction with a comprehensive psychological examination.
    - Written reports may include:
      a) A description of the method for collecting data.
      b) The range of physiological responses exhibited by client.
      c) Any indication of suppression or falsification.
      d) An indication of the validity of the data and validity controls used.
      e) The types of stimulus materials used.
      f) Summary of highest arousal in each category.
      g) Client emotional state.
      h) Level of client cooperation.
      i) Interpretation of data.

j) Any confounding physical or emotional inhibitors to sexual arousal.

13. **DISINFECTANT PROCEDURES**

- Gauges will be disinfected prior to use, utilizing an accepted liquid immersable or other accepted laboratory disinfection procedures.
- A disposable covering will be used for protection over the chair seat and arms of the chair.
- Client will place gauge in receptacle after use of the gauge and before leaving the testing room. Client will also dispose of protective coverings before leaving testing room.
- Clinician should use disposable gloves and anti-bacterial soap after contact with gauges. Any items or articles that have been in contact with the client should also be disinfected.

ATTACHMENT A: COLORADO DEPARTMENT OF CORRECTIONS POLYGRAPH SANCTIONS GRID

DURING THE POLYGRAPH EXAM

ADMISSIONS DURING THE POST TEST

		Admissions Prior to Pretest **1** Admission in sexual history addendum and/or other addendum	**Admissions During Pretest** **2** Admissions to the polygraph examiner during the pretest interview	**Admissions to Non-deceptive / Post test** **3** Admissions during post test; all responses must be non-deceptive, or inconclusive	**Admissions to Deception / Post Test** **4** Admissions of related behavior during post test with at least one deceptive response	**No Admissions to Deception** **5** No admissions / explanations not related to the behavior during the post test
PAST	**<u>PAST</u> Behavior: Offenses / High Risk** **A** Behavior that occurred before being placed under community supervision and/or treatment	Behavior(s): None	Behavior(s): None	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): Moderate
PRESENT	**<u>PRESENT</u> New High Risk Behaviors & Behavior Lapses** **B** New offense cycle behavior that occurs after placement in community supervision and/or treatment	Behavior(s): Low	Behavior(s): Low	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): High
	<u>PRESENT</u> New Major Violations **C** New behavior that violates the rules after being placed on community supervision and/or treatment	Behavior(s): Moderate	Behavior(s): Moderate	Behavior(s): High	Behavior(s): High	Behavior(s): Severe
	<u>PRESENT</u> New Offenses (or refused Exams) **D** Felony or misdemeanor offenses after being placed on community supervision and/or treatment	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe

IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE SECTION

ATTACHMENT A: FAILED POLYGRAPH SANCTIONS

<u>Purposeful</u> non-cooperation will result in a re-test paid by the offender within 30 days.

Please circle the sanction(s) employed and the sanctions that <u>would</u> have been employed if available in the offender's jurisdiction:

LOW:

YES	UNAVAILABLE	POLYGRAPH IN 3 TO 6 MONTHS – OFFENDER PAYS
YES	UNAVAILABLE	ADDITIONAL HOMEWORK
YES	UNAVAILABLE	CURFEW OR GEOGRAPHICAL RESTRICTIONS
YES	UNAVAILABLE	ADDITIONAL COLLATERAL CONTACTS
YES	UNAVAILABLE	CONTACT WITH OFFENDER'S SUPPORT NETWORK TO DISCUSS EXAM
YES	UNAVAILABLE	START UA'S OR INCREASE FREQUENCY
YES	UNAVAILABLE	ANTABUSE AND / OR SOBRIETER
YES	UNAVAILABLE	INCREASE TREATMENT CONTACTS (INDIVIDUAL OR FAILED POLYGRAPH GROUP)
YES	UNAVAILABLE	OTHER:_____

MODERATE:

YES	UNAVAILABLE	POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAY)
YES	UNAVAILABLE	INCREASED TREATMENT CONTACTS (INDIVIDUAL/FAILED POLYGRAPH GROUP)
YES	UNAVAILABLE	INCREASED PROBATION VISITS
YES	UNAVAILABLE	STAFFING WITH PO, THERAPIST AND OFFENDER (OFFENDER PAYS)
YES	UNAVAILABLE	ADDITIONAL HOMEWORK
YES	UNAVAILABLE	COMMUNITY SERVICE
YES	UNAVAILABLE	DRUG / ALCOHOL TREATMENT, DOMESTIC VIOLENCE, OR ANGER MANAGEMENT
YES	UNAVAILABLE	SEARCH RESIDENCE (IF REASONABLE GROUNDS EXIST)
YES	UNAVAILABLE	NO TRAVEL PERMITS FOR VACATION
YES	UNAVAILABLE	NO COMMUNITY ACTIVITIES
YES	UNAVAILABLE	SPECIFIC SAFETY PLANS FOR COMMUNITY ACTIVITIES
YES	UNAVAILABLE	ELECTRONIC HOME MONITORING (EHM) OR PAGER
YES	UNAVAILABLE	ACCOUNTABILITY AND CONTACT LOGS
YES	UNAVAILABLE	CURFEW
YES	UNAVAILABLE	INCREASE MONITORING & FIELD CONTACTS
YES	UNAVAILABLE	NO COMPUTER / INTERNET
YES	UNAVAILABLE	NO DRIVING
YES	UNAVAILABLE	I.D. SELF –CLOTHES OR CAR
YES	UNAVAILABLE	CONTRIBUTION TO A VICTIMS PROGRAM
YES	UNAVAILABLE	DAY REPORTING

YES UNAVAILABLE TECHNICAL VIOLATION BOARD
YES UNAVAILABLE OTHER: _____

HIGH:

YES UNAVAILABLE INCREASE SUPERVISION LEVEL
YES UNAVAILABLE INCREASE SUPERVISION TO ISP
YES UNAVAILABLE CONTACT LAW ENFORCEMENT FOR SURVEILLANCE
YES UNAVAILABLE SUMMONS TO COURT
YES UNAVAILABLE TECHNICAL VIOLATION BOARD
YES UNAVAILABLE POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAYS)
YES UNAVAILABLE COMMUNITY SERVICE
YES UNAVAILABLE WORKENDERS (JAIL SERVICE)
YES UNAVAILABLE EHM OR PAGER
YES UNAVAILABLE CURFEW WITH DAILY SCHEDULE CALL IN
YES UNAVAILABLE NO COMPUTER / INTERNET
YES UNAVAILABLE I.D. SELF --- CLOTHES OR CAR
YES UNAVAILABLE NO TRAVEL PERMITS
YES UNAVAILABLE NO DRIVING
YES UNAVAILABLE COMBINATION OF LOW & MODERATE SANCTIONS
YES UNAVAILABLE OTHER: _____

SEVERE:

YES UNAVAILABLE COMPLAINT WITH ARREST WARRANT
YES UNAVAILABLE COMPLAINT WITH SUMMONS
YES UNAVAILABLE MOVE FROM HOME
YES UNAVAILABLE EHM OR PAGER
YES UNAVAILABLE MORE INTENSIVE TREATMENT / ACCOUNTABILITY PROGRAM
YES UNAVAILABLE DAY REPORTING
YES UNAVAILABLE HOME LOCKDOWN
YES UNAVAILABLE COMBINATION OF LOW, MODERATE & HIGH SANCTIONS
YES UNAVAILABLE OTHER: _____

Therapist: _____ **Polygraph Examiner:** _____

Probation Officer: _____ **Date form Complete: _____/_____/_____**

Probationer: _____

ATTACHMENT A: SANCTIONS OVERRIDE

(Please Mark Only One Result)

_____ Multiple similar violations and / or deceptions to high risk behaviors or offenses.
(OVERRIDE TO NEXT HIGHEST SANCTIONS)

_____ History of sadistic or lethal behavior / offenses.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ Sabotage exam.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ No probable cause for remediation or arrest.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ Other: _____
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

EXAM QUESTIONS:

Question 1: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 2: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 3: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 4: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

FOLLOW-UP QUESTIONS:

Question 1: _____

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Question 2: _____

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Question 3: _____

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Question 4: _____

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ATTACHMENT A: POLYGRAPH SANCTION GRID – USE INSTRUCTIONS

1) **LOOK FOR ADMISSIONS MADE DURING THE PRETEST INTERVIEW.**
   - IF THE ADMISSION IS TO BEHAVIOR BEFORE BEING PLACED ON PROBATION, START AT THE ROW ON THE SANCTIONS GRID THAT IS LABELED **"PAST"** AND DETERMINE WHICH BOX IN THAT ROW BEST APPLIES.
   - IF THE ADMISSION IS TO BEHAVIOR SINCE BEING PLACED ON PROBATION, GO TO THE THREE ROWS THAT ARE LABELED **"PRESENT"** AND DETERMINE WHICH BOX IN THOSE AREAS BEST APPLIES BASESD ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.

2) **IF THE QUESTIONS ARE DISCLOSURE OR SPECIFIC ISSUE REGARDING A PRIOR BEHAVIOR,** BEFORE BEING PLACED ON PROBATION, GO TO THE ROW THAT IS LABELED **"PAST"** AND DETERMINE WHICH BOX APPLIES BASED ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.

3) **IF THE QUESTIONS ARE SPECIFIC ISSUE OR MONITORING BEHAVIOR** SINCE THE LAST POLYGRAPH, OR SINCE BEING PLACED ON PROBATION, GO TO THE ROWS THAT ARE LABELED **"PRESENT"** AND DETERMINE WHICH BOX APPLIES BASED ON THE TYPE OF BEHAVIOR AND WHEN (IF ANY) ADMISSIONS WERE MADE.

4) **MARK THE APPROPRIATE BOX AND DETERMINE THE LEVEL OF SANCTION TO BE APPLIED (NO SANCTION TO SEVERE).**

5) **PICK THE APPROPRIATE SANCTION(S) FROM THE FAILED POLYGRAPH SANCTIONS LIST (PAGES 3, 4 and 5) AND HAVE THE DEFENDANT SIGN THE SANCTION SHEET.**

6) **DETERMINE THE AREAS THAT YOU NEED TO COVER IN THE POLYGRAPH.** THE COMMUNITY SUPERVISION TEAM SHOULD WORK ON THIS. THE POLYGRAPHER HAS THE FINAL CALL AS TO WHETHER OR NOT A QUESTION IS APPROPRIATE.

7) **IF THE OFFENDER FAILS THE POLYGRAPH,** THE NEXT POLYGRAPH SHOULD BE DONE WITHIN 3 MONTHS AND THE QUESTIONS SHOULD BE DESIGNED TO ADDRESS THE DECEPTIVE OR INCONCLUSIVE AREAS.

8) **FOR RESEARCH PURPOSES,** ON MAINTENANCE POLYGRAPHS, THE POLYGRAPH THAT IS SET IN 6 MONTHS SHOULD ASK THE SAME QUESTIONS AS THE FAILED POLYGRAPH BUT COVER THE TIME PERIOD FROM WHEN SANCTIONS WERE APPLIED TO THE CURRENT TIME. DISCLOSURE AND SPECIFIC ISSUE POLYGRAPHS THAT ARE FAILED CAN BE RETAKEN AT ANY TIME AFTER SANCTIONS ARE APPLIED.

IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE FORM.

ATTACHMENT B: COLORADO DEPARTMENT OF CORRECTIONS POLYGRAPH SANCTIONS GRID

DURING THE POLYGRAPH EXAM

ADMISSIONS DURING THE POST TEST

		Admissions Prior to Pretest **1** Admission in sexual history addendum and/or other addendum	**Admissions During Pretest** **2** Admissions to the polygraph examiner during the pretest interview	**Admissions to Non-deceptive / Post test** **3** Admissions during post test; all responses must be non-deceptive, or inconclusive	**Admissions to Deception / Post Test** **4** Admissions of related behavior during post test with at least one deceptive response	**No Admissions to Deception** **5** No admissions / explanations not related to the behavior during the post test
P A S T	**<u>PAST</u> Behavior: Offenses / High Risk** **A** Behavior that occurred before being placed under community supervision and/or treatment	Behavior(s): None	Behavior(s): None	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): Moderate
P R E S E N T	**<u>PRESENT</u> New High Risk Behaviors & Behavior Lapses** **B** New offense cycle behavior that occurs after placement in community supervision and/or treatment	Behavior(s): Low	Behavior(s): Low	Behavior(s): Low	Behavior(s): Moderate	Behavior(s): High
	<u>PRESENT</u> New Major Violations **C** New behavior that violates the rules after being placed on community supervision and/or treatment	Behavior(s): Moderate	Behavior(s): Moderate	Behavior(s): High	Behavior(s): High	Behavior(s): Severe
	<u>PRESENT</u> New Offenses (or refused Exams) **D** Felony or misdemeanor offenses after being placed on community supervision and/or treatment	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe	Behavior(s): Severe

IF SANCTIONING AT A HIGHER LEVEL THAN INDICATED ON THE GRID, PLEASE FILL OUT THE SANCTIONS OVERRIDE SECTION

ATTACHMENT B: FAILED POLYGRAPH SANCTIONS

Please circle the sanction(s) employed and the sanctions that <u>would</u> have been employed if available in the offender's jurisdiction:

LOW:

YES	UNAVAILABLE	**ADDITIONAL HOMEWORK**
YES	UNAVAILABLE	NO EARNED TIME
YES	UNAVAILABLE	INCREASE TREATMENT CONTRACTS
YES	UNAVAILABLE	CURFEW OR GEOGRAPHICAL RESTRICTIONS
YES	UNAVAILABLE	ADDITIONAL COLLATERAL CONTACTS
YES	UNAVAILABLE	CONTACT WITH THE OFFENDER'S SUPPORT NETWORK TO DISCUSS EXAM
YES	UNAVAILABLE	**INCREASE FREQUENCY OF UA'S**
YES	UNAVAILABLE	**SEXUAL HISTORY/TC ADDENDUM**
YES	UNAVAILABLE	**$3.00 CO-PAY FOR POLYGRAPH EXAMINATION**
YES	UNAVAILABLE	**ONE DAY LOSS OF EARNED TIME**
YES	UNAVAILABLE	OTHER:_____**(STAFF APPROVED)**

MODERATE:

YES	UNAVAILABLE	INCREASE PAROLE OFFICE VISITS
YES	UNAVAILABLE	**SPECIFIC ISSUE POLYGRAPH (30-60 DAYS)**
YES	UNAVAILABLE	PAROLEE PAYS FOR SPECIFIC ISSUE EXAM WITHIN 90 DAYS
YES	UNAVAILABLE	**ATTEND SEXAHOLICS ANONYMOUS/NA/AA GROUPS**
YES	UNAVAILABLE	**TC COMMUNITY SERVICE**
YES	UNAVAILABLE	ADDITIONAL PAROLE DIRECTIVES
YES	UNAVAILABLE	STAFFING BY TREATMENT TEAM PAID BY OFFENDER
YES	UNAVAILABLE	**OFFENDER REGRESSED ONE TREATMENT LEVEL**
YES	UNAVAILABLE	NO EARNED TIME
YES	UNAVAILABLE	ADDITIONAL HOMEWORK
YES	UNAVAILABLE	**OFFENDER WILL NOT BE RECOMMENDED FOR COMMUNITY CORRECTIONS OR PAROLE**
YES	UNAVAILABLE	**RATIONAL RECOVERY SUPPORT GROUP**
YES	UNAVAILABLE	**INITIATE SEARCH OF RESIDENCE OR CELL**
YES	UNAVAILABLE	**CONTACT SUPPORT NETWORK**
YES	UNAVAILABLE	**ATTEND L.O.P. GROUP**
YES	UNAVAILABLE	**PROBATION (ORANGE VEST)**
YES	UNAVAILABLE	**LOSS OF PROGRAM PRIVILEGES**
YES	UNAVAILABLE	**OFFENDER PLACED WITH TC SUPPORT TEAM**
YES	UNAVAILABLE	**TWO DAYS LOSS OF EARNED TIME**
YES	UNAVAILABLE	RE-MEDIATION FOR COMMUNITY CORRECTIONS INMATE
YES	UNAVAILABLE	REGRESSION FOR COMMUNITY CORRECTIONS INMATE

YES UNAVAILABLE OTHER:_____**(STAFF APPROVED)**

HIGH:

YES UNAVAILABLE INCREASE SUPERVISION TO ISP
YES UNAVAILABLE CONTACT LAW ENFORCEMENT FOR SURVEILLANCE
YES UNAVAILABLE INCREASE CLASSIFICATION OF SUPERVISION LEVEL
YES UNAVAILABLE SUMMONS TO PAROLE BOARD IF PROBABLE CAUSE OF PAROLE VIOLATION
YES UNAVAILABLE POLYGRAPH RE-TEST FREQUENCY INCREASED (OFFENDER PAYS)
YES UNAVAILABLE OFFENDER PLACED ON TREATMENT PROBATION
YES UNAVAILABLE **OFFENDER PLACED ON "ON NOTICE"**
YES UNAVAILABLE **OFFENDER REGRESSED ONE TREATMENT LEVEL**
YES UNAVAILABLE RE-MEDIATION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE REGRESSION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE **THREE DAYS LOSS OF EARNED TIME**
YES UNAVAILABLE OTHER:_____**(STAFF APPROVED)**

SEVERE:

YES UNAVAILABLE **TERMINATION FROM TREATMENT – NONCOMPLIANT**
YES UNAVAILABLE **LOSS OF FACILITY PRIVILEGES**
YES UNAVAILABLE ARREST, IF PROBABLE CAUSE OF PAROLE VIOLATION
YES UNAVAILABLE FILE COMPLAINT OR NOTICE OF CHARGES #:_____
YES UNAVAILABLE REGRESSION FOR COMMUNITY CORRECTIONS INMATE
YES UNAVAILABLE OTHER:_____**(STAFF APPROVED)**

IF APPLICABLE:

Therapist:_____Polygraph Examiner:_____

Date form Complete: _____/_____/_____

THE CONSEQUENCES FOR MY PERFORMANCE ON THIS POLYGRAPH EXAMINATION HAVE BEEN REVIEWED WITH ME TO MY SATISFACTION AND I UNDERSTAND WHAT IS EXPECTED OF ME.

Signature: _____ Date: _____/_____/_____

ATTACHMENT B: SANCTIONS OVERRIDE

(Please Mark Only One Result)

_____ Multiple similar violations and / or deceptions to high risk behaviors or offenses.
(OVERRIDE TO NEXT HIGHEST SANCTIONS)

_____ History of sadistic or lethal behavior / offenses.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ Sabotage exam.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ No probable cause for remediation or arrest.
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

_____ Other: _____
(OVERRIDE TO THE NEXT HIGHEST SANCTIONS)

EXAM QUESTIONS:

Question 1: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 2: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 3: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

Question 4: _____

_____

_____ **Non-deceptive / Deceptive / Inconclusive / Sabotage**

FOLLOW-UP QUESTIONS:

Question 1: _____

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Question 2: _____

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Question 3: _____

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Question 4: _____

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Appendix C
RESEARCH SUPPORTING RESTRICTED CONTACT WITH CHILDREN June 2004

The following is a summary of the research that supports the statements listed below, which are found in 5.700 of these *Standards*.

I. *"The offense for which a person is convicted is not necessarily a reliable indicator of the offender's risk to children or victims."*

A. Knopp, F.H. (1984). *Retraining Adult Sex Offenders: Methods and Models*, Brandon, VT: Safer Society Press.

Gene Abel et. al. conducted a breakthrough study in 1983 which gave us information on the frequency and variety of sexual offending behaviors sex offenders have committed. He received a federal certificate of confidentiality to study sex offenders. Individuals in this study could admit to current offending behaviors without fear that the information would be reported to law enforcement. He studied 411 sex offenders and found that on average over a twelve year period each offender had attempted 581 crimes, completed 533 crimes, had 336 victims, and committed an average of 44 crimes a year. These crimes included hands off sex offenses such as exposing, peeping and obscene phone calls. Additionally, he found that 50.6% of the rapists involved in the study had also molested children.

B. Freeman-Longo, R., Blanchard, G. (1998). *Sexual Abuse in America: Epidemic of the 21st Century*. Brandon, VT: Safer Society Press.

In 1985, Rob Freeman-Longo reported on a group of 23 rapists and 30 child molesters involved in an institutional forensic mental health sex offender program. Arrest records indicated rapists had an average of 1.9 offenses each for a group total of 43 arrests for sex offenses. The 23 rapists as a group admitted committing a total of 5090 various incidents of sex offending behaviors, which included 319 child molestations and 178 rapes. Arrest records indicated child molesters had an average of 1.5 arrests each. While in treatment, the 30 child molesters as a group admitted 20,667 offenses which included 5891 sexual assaults on children and 213 rapes on adult women.

C. Ahlmeyer, S., Heil, P., McKee, B., and English, K. (2000). The Impact of Polygraphy on Admissions of Victims and Offenses of Adult Sex Offenders, *Sex Abuse: A Journal of Research and Treatment*, Vol. 12 (2).

The Colorado Department of Corrections Sex Offender Treatment Program has found similar patterns to those reported by Gene Abel with the sex offenders participating in treatment and polygraph assessment. The program collected data in 1998 on the number of known victims of the first 36 sex offenders to participate in two polygraph evaluations. On average, for each offender there were 2 known victims documented in official records. After the first polygraph exam inmates disclosed on average 165 victims per offender. By the second polygraph exam the same inmates, on average, disclosed 184 victims per offender. These crimes included hands-on sex offenses such as rape and pedophilia as well as hands-off sex offenses such as exhibitionism,

voyeurism and obscene phone calls. Approximately 80% of these offenders were still deceptive on their polygraph examinations, suggesting that even more offenses were committed.

D. English, K. (1998). Maximizing the Use of the Polygraph with Sex Offenders: Policy Development and Research Findings, Presentation at the Association for the Treatment of Sexual Abusers 17th Annual Research and Treatment Conference, Vancouver.

In 1998, Kim English analyzed a sample of 83 sex offenders who had participated in polygraph evaluations at the Colorado Department of Corrections. This sample included inmates and parolees. She determined that 48% of the offenders had crossed over in either age (36%) or the gender (25%) of the victims they offended against-- they had committed offenses with either victims of different ages (adults and children) or victims of different sexes (males and females). Again, 80% of this sample were still scoring deceptive on their polygraph evaluations.

E. Heil, P., Ahlmeyer, S., Simons, D. (2003). Crossover Sexual Offenses, *Sex Abuse* 15(4).

Between 1995 and 2001, crossover sexual offenses were analyzed in a larger sample of 223 incarcerated and 266 paroled sexual offenders who participated in polygraph evaluations at the Colorado Department of Corrections. *The majority of incarcerated offenders admitted to sexually assaulting both children and adults from multiple relationship types. In addition, there was a substantial increase in offenders admitting to sexually assaulting victims from both genders. In a group of incarcerated offenders who sexually assaulted children, the majority of offenders admitted to sexually assaulting both relatives and nonrelatives, and there was a substantial increase in the offenders admitting to assaulting both male and female children* (Heil, et al., 2003).

1) Ahlmeyer, S. (1999). Poster Presentation at the Association for the Treatment of Sexual Abusers 18th Annual Research and Treatment Conference, Lake Buena Vista, Florida 1999.

In 1999, Sean Ahlmeyer analyzed a larger sample of 143 inmates who participated in polygraph evaluations at the Colorado Department of Corrections. In this sample, 89 % of the inmates self reported that they had crossed over in the type of the offenses they committed by either: committing offenses with either victims of different ages (adults and children) and/or victims of different sexes (males and females) and/or victims from different types of relationships.

- It was determined that 71% of the total sample acknowledged crossing over in the age of the victims they assaulted.
- Of the offenders who were only known to have child victims in official records, 82% later admitted to also having adult victims.
- Of the offenders who were only known in official records to have adult victims, 50% later admitted to having child victims during the process of polygraph examination.
- It was determined that 51% of the sample acknowledged crossing over in the sex of the victims they assaulted.
- Of the offenders who were only known to have male victims in official records, 58% later admitted to having female victims.
- Of the offenders who were only known to have female victims, 22% later admitted to having male victims.

- It was determined that 86% of the sample acknowledged having victims in two or more of the following categories: relative, stranger, acquaintance, or position of trust.
- Of those offenders who were only known to have offended against non-relative victims, 62% admitted to also having victims who were relatives.

Again the majority of the individuals in this sample (82%) were still scoring deceptive on some areas of their polygraph evaluations, indicating that the percent of cross over may be higher than the numbers self reported by these offenders.

F. Becker, J., and Coleman, E. (1987). "Incest". In *Handbook of Family Violence*, Van Hasselt, ed. New York, NY: Plenum Publishing.

In 1983, Abel et. al. studied incest offenders who had involved themselves sexually with female children. He found that 44% of these offenders had offended against unrelated female children, 11% had offended against unrelated male children, 18% had committed rapes, 18% had committed exhibitionism, 9% had engaged in voyeurism, 5% had engaged in frottage, 4% had engaged in sadism, and 21% had other paraphilias. In this study it was determined that 59% of the child molesters developed deviant sexual interest during adolescence.

G. Abel, G., Rouleau, J. (1990). "The Nature and Extent of Sexual Assault". In *Handbook of Sexual Assault*, Marshall, W., Laws, D., Barbaree, H., ed. New York, NY: Plenum Publishing.

In 1988, Abel et al. conducted an eight year longitudinal study of 561 male sexual assaulters who sought voluntary assessment and/or treatment at the University of Tennessee Center for the Health Sciences in Memphis and at the New York State Psychiatric Institute in New York City. The study collected information on the offenders self reported patterns of deviant sexual behavior under a guarantee of confidentiality which was obtained under Federal Regulation 4110-88-M. After an extensive interview they diagnosed each offender and looked at the percentage of paraphiliacs (individual with a deviant sexual interest) who had multiple paraphilias (more than one type of deviant interest).

Diagnosis	Number of Subjects	Number of Paraphilias 1	2	3	4	5+
Pedophilia (non incest) female	224	15.2%	23.7%	19.2%	14.7%	27.2%
Pedophilia (non incest) male	153	19.0%	26.8%	19.6%	12.4%	22.2%
Pedophilia (incest) female	159	28.3%	25.8%	17.0%	5.7%	23.3%
Pedophilia (incest) male	44	4.5%	15.9%	20.5%	18.2%	40.9%
Rape	126	27.0%	17.5%	19.0%	12.7%	23.8%
Exhibitionism	142	7.0%	20.4%	22.5%	15.5%	34.4%
Voyeurism	62	1.6%	9.7%	27.4%	14.5%	46.8%
Obscene phone calling	19	5.3%	5.3%	21.1%	21.1%	47.5%
Public Masturbations	17	5.9%	17.6%	0.0%	17.6%	58.8%

H. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety, March 2000.

The Colorado Division of Criminal Justice (2000), under a National Institute of Justice research grant, analyzed data from 180 sex offender case files in three states that had implemented the post-conviction polygraph to varying degrees (Texas, Oregon, and Wisconsin). The sample included both probation and parole cases. Their research found that polygraph combined with treatment significantly increases the known rate of offending and crossover in sex offenders. After treatment and polygraph, nearly 9 out of 10 sex offenders who were identified as having sex offenses against adults also admitted committing sex offenses against children. Based on a file review, 35 offenders were initially identified as having victims over the age of 18. Prior to treatment and polygraph only 18 (48.6%) of these offenders were identified as having victims under the age of 18. After treatment and polygraph 80 offenders admitted to victims over the age of 18. Seventy of these 80 offenders (87.5%) also admitted to committing a sex offense against someone under the age of 18. Sixty one (76.3%) of the 80 offenders admitted to having victims age thirteen and under.

I. Tanner, J. (1999). Incidence of Sex Offender Risk Behavior During Treatment, Research Project Final Report.

In 1998, Jim Tanner conducted a research study on the polygraph results of 128 sex offenders who were under supervision and participating in offense specific treatment in the community. The sample consisted of 99 offenders with a current charge for a crime against a child and 29 offenders with a current charge for a crime against an adult. Each of the offenders had participated in one baseline and at least one maintenance polygraph examination. The study looked at the offender's behavior between the time period of the baseline polygraph and maintenance polygraph. Based on the polygraph examination results, 31% of the offenders had sexual contact with a minor during the maintenance polygraph time period. The percent of sex offenders with a current charge for a crime against a child who admitted to or was deceptive to sexual contact with a child was 35%. The percent of sex offenders with a current charge for a crime against an adult who admitted to or were deceptive to sexual contact with a child was 17%.

Since the majority of the offenders with crimes against adults were not asked on the polygraph exam whether they had sexual contact with a child, the percent who had sexual contact with a child may be under represented.

In addition, 25% of the offenders in this study had unauthorized contact with a minor. Twelve percent of the offenders had forced someone to have sex since the baseline examination. Forty one percent were engaging in new sex offense behaviors. Overall, 86% of this sample were engaging in new high risk behaviors and/or new crimes at least 18 months into treatment. On average, each offender was engaging in 2.5 different high risk behaviors.

J. Hanson, R., Harris, A. (1998). Dynamic Predictors of Sexual Recidivism, Department of the Solicitor General Canada.

In 1997, Karl Hanson and Andrew Harris conducted research on dynamic predictors of sexual reoffense. The following factors were significantly associated with reoffense: General excuses/justifications/low victim empathy, sexual entitlement, attitudes tolerant of rape, attitudes tolerant of child molesting, sees self as no risk, sexual risk factors (pornography, excessive masturbation, deviant sexual fantasies, preoccupation with sex), access to victims, and negative social influences.

K. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, Just Before Dawn (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

II. *"An important aspect of ongoing risk assessment is measuring an offender's ability to comply with the requirements of treatment and supervision."*

A. Hanson, R.K., Harris, A. (1998). Dynamic Predictors of Sexual Recidivism. Department of the Solicitor General Canada. http://www.sgc.gc.ca

Karl Hanson and Andrew Harris (1998) conducted research on dynamic predictors of sexual recidivism. Data were collected for this study through interviews with supervising officers of approximately four hundred sex offenders and a review of the officers' case notes. The results indicated that both recidivists and non-recidivists were equally likely to attend sex offense specific treatment programs; however, recidivists were more likely to have dropped-out of the treatment program. In addition, officers described the non-recidivists as more cooperative with supervision than the recidivists. Recidivists were also more often disengaged from treatment and community supervision and missed more scheduled appointments than the non-recidivists.

III. *"A growing body of research indicates most sex offenders supervised by the criminal justice system have more extensive sex offending histories, including multiple victim and offense types, than is generally identified in their criminal justice records."*

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	Number	Number of Paraphilias				
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I. Weinrott, M. & Saylor, M. (1991). Self-Report of Crimes Committed by Sex Offenders, *Journal of Interpersonal Violence*, 6 (3) 286-300.

Data from a self-report survey regarding past criminal behavior was analyzed from over 90 institutionalized sex offenders. Included in this sample were both rapists and child molesters who had been mandated to receive specialized treatment. Results from this study showed both high rates and varieties of non-sexual offenses, and, high rates of previously undetected sexual aggression. In addition, the 99 sex offenders who completed the survey reported that nearly 20,000 non-sexual crimes were committed during the year prior to being institutionalized (rapists contributed to a disproportionate share).

IV. *"Research also indicates that children and victims are particularly vulnerable and are unlikely to report or re-report abuse."*

A. William Marshall has reported findings from an unpublished project conducted within child protective agencies in Ontario in the mid-1970's. The project was unsystematic in the sense that some, but not all, victims of incest over approximately a three year period were contacted. A child protective services caseworker located a number of children who had reported molestation

by a relative. She found that many cases were recanted when the family did not believe the victim, or when the victim was believed but was poorly treated by family members. Once the children had been located, the caseworker asked the children if they would report the incident if they were molested again. Almost 100% answered "no". The reasons they gave included the following: Practically no one believes them when they tell or, if they do believe, they become hostile to the victim for getting the perpetrator in trouble and removing him from where he was needed; the child held him/herself responsible for the father's absence from the family; or the outcome almost always ended up being more devastating to the child than to the perpetrator. (Information presented at the Association for the Treatment of Sexual Abusers Annual Research and Treatment Conference; personal communication with William Marshall 11/6/98)

B. In 1995, Marshall reported that family reunification provides the following risks: Victims may not want the family to reunify, but may feel pressured into it; even after treatment, 80% of families separate within 5 years; there is an increased chance the victim will not report if victimized again; or the victim may get the impression that the family is important and that he/she is not. (Wisconsin Sex Offender Treatment Network, Inc. training tapes; personal communication with William Marshall 11/6/98)

C. Hanson, R.F., et al. (1999). Factors Related to the Reporting of Childhood Rape, *Child Abuse & Neglect*, 23 (6).

The National Women's Study surveyed a representative sample of 4009 adult women in the United States in 1990. They re-interviewed the women in 1991 and in 1992. During the survey 341 women identified that they had been the victim of a childhood rape prior to the age of 18. Rape was defined as any non-consentual sexual penetration of the victim's vagina, anus, or mouth by a perpetrator's penis, finger, tongue, or an object, that involved the use of force, the threat of force, or coercion. Only 44 (13%) of the women ever reported a childhood rape to authorities. Two hundred ninety seven (87%) of the women did not report any of their childhood rapes to authorities. In looking at the victims who did report the rape, a higher percent involved physical injury or life threat. In addition, reported cases were twice as likely to involve an offender who was a stranger to the victim. Unreported cases were more likely to involve an offender who was a relative or an acquaintance of the victim. This is similar to previous research which has found that victims are less likely to report the abuse when the offender is a relative or acquaintance. (Arata, 1998; Ruback, 1993; Williams, 1984; Wyatt & Newcomb, 1990). Whether or not the rape was reported, one third of the victims of childhood rape met the criteria for PTSD-lifetime and one half met the criteria for Major Depression-lifetime.

D. (1992). Rape in America: A Report to the Nation, National Victim Center and Crime Victims Research and Treatment Center, Dept. of Psychiatry and Behavioral Sciences, Medical University of South Carolina.

Rape in America: a Report to the Nation, in 1992 reports findings of a phone survey of 4009 women across the United States. Based on the results of this survey, 1 out of 8 women are estimated to have been the victim of forcible rape sometime in their lifetime. It was determined that 78% of the rapes were committed by someone known to the victim. Only 16% of these rapes were ever reported to the police. Only 30% of the rapes resulted in the victim being physically injured. But, when compared to women who were never sexually assaulted, female sexual assault victims were 3.4 times more likely to have used marijuana; 5.3 times more likely to have used prescription drugs non-medically; 6.4 times more likely to have used hard drugs; 3 times more

likely to have had a major episode of depression; 6.2 times more likely to have developed PTSD; 5.5 times more likely to have current PTSD; 4.1 times more likely to have contemplated suicide; and 13 times more likely to have attempted suicide. The majority of these women had not abused alcohol or drugs prior to their sexual assault.

E. Underwood, R., Patch, P., Cappelletty, G., Wolfe, R. (1999). Do Sexual Offenders Molest When Other Persons Are Present? A Preliminary Investigation, *Sexual Abuse: A Journal of Research and Treatment*, Vol. 11(3).

In 1999, Underwood, Patch, Cappelletty, and Wolfe reported on a sample of 113 child molesters. On average, each offender committed 88.6 offenses. Many of the offenders in the sample acknowledged molesting a child while a non-collaborating person was present. The following percentage of the sample engaged in the listed behaviors:

- Molested one child when another child was present - 54%; another adult was present - 23.9%; a child & adult were present - 14.2%
- Molested a child when they knew the other person was awake - 44.3%
- Molested a child when another child was in the same bed - 25.7%; when another adult was in the same bed - 12.4%; when another adult and child were in the same bed - 3.5%
- The child molesters listed the following reasons for molesting a child while a non-collaborating person is present: increased excitement - 77%; sense of mastery - 77%; compulsive sexual behavior - 75.2%; and stupidity -38.9%.

F. Hindman, J. (1989). *Just Before Dawn*, Alexandria Association.

In her book, Just Before Dawn (1989), Jan Hindman cites research she conducted over 15 years involving 543 victims of child sexual abuse. She found that even in the most severe cases of sexual abuse, child victims frequently are asymptomatic. It may be years before symptoms are triggered in future developmental stages. Hindman's findings also indicate that ongoing demands for a relationship with the offender or his support system, without the benefit of significant intervention, contribute to severe and ongoing traumatic impact as the victim matures. "Sex offenders typically want to create certain elements in the sexually abusive scenario that will reduce their guilt and responsibility. Effort may be exerted to have the victim feel as though he/she has caused the offender to act inappropriately. While this attitude may help the offender rationalize the deed, it has a profound effect on the trauma bonding (continued demands for a relationship with the perpetrator or those significant to the perpetrator, interfering with the victim's capacity to resolve the abuse and feelings about the perpetrator) felt by the victim." "Even if the perpetrator was incapacitated, incarcerated or absent, the victim remained connected and in a trauma bond."

G. Colorado Coalition Against Sexual Assault, http://www.ccasa.org/statistics.cfm

"Twenty-four percent (1 in 4) of Colorado women and 6% (1 in 17) Colorado men have experienced a completed or attempted sexual assault in their lifetime. This equates to over 11,000 women and men each year experiencing a sexual assault in Colorado (*Sexual Assault in Colorado: Results of a 1998 Statewide Survey. 1998. Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault).* One thousand seven hundred

ninety-four (1,794) rapes were reported to Colorado law enforcement in 1997. If compared to the 1998 Statewide Survey, these reports constitute only 16% of sexual assaults."

H. Cardarelli, A. (1998). Child Sexual Abuse: Factors in Family Reporting, NIJ Reports, No. 209, May/June.

Data involving 156 sexually abused children who were treated at a Family Crisis program associated with Tuft's New England Medical Center in Boston were analyzed. Sixty-two percent of the sample chose not to report the abuse to the police. Of the individuals who did report the abuse, very few were the victims (they were mostly parents or primary caretakers).

V. *"It is important to recognize that treatment under unsafe conditions is not beneficial to the offender or others in the treatment program and undermines treatment program integrity."*

A. *Quinsey, V.L., Harris, G.T., Rice, M.E., Cormier, C.A. (1998).* Violent Offenders: Appraising and Managing Risk. *American Psychological Association, 55-72.*

Quinsey, Harris, Rice, and Cormier (1998) reported on numerous studies on clinical judgment in regard to prediction of violence. His overall conclusion to these studies was that "clinical intuition, experience, and training at least as traditionally conceived are not helpful in either prediction or treatment delivery. Although discouraging, this conclusion is not nihilistic. Training, in the sense of knowing the empirical literature and relevant scientific and statistical techniques, must improve the selection of appropriate treatments, treatment program planning, and evaluation."

Articles/Professional Opinions that support this statement:

1. *O'Connell, M.A., E. Leberg, Donaldson, C.R. (1990).* Working with Sex Offenders: Guidelines for Therapist Selection. *Newbury Park, CA: Sage Publications, pp 13-16, 52-53, 94-96, 101-103.*

2. *(2000). Community Supervision of the Sex Offender: An Overview of Current and Promising Practices. Center for Sex Offender Management, January, 2000.*

3. *Salter, A. (1988).* Treating Child Sex Offenders & Victims, *Newbury Park, CA: Sage Publications, pp.84 – 86.*

4. *Scott, L. (1997). "Community Management of Sex Offenders". In* The Sex Offender, Vol II, *Schwartz, B., Cellini, H., eds., Kingston, NJ: Civic Research Institute, p.16-2 through 16-5.*

5. *Freeman-Longo, R., Knopp, F. (1992). State of the Art Sex Offender Treatment: Outcome and Issues,* Annals of Sex Research, *Vol. 5 (3).*

6. *(1997). "Ethical Standards & Principles for the Management of Sexual Abusers" ATSA, p.11, 2.02*

7. *Kercher, G., Long, L. (1998)* Supervision & Treatment of Sex Offenders, *Huntsville, TX: Sam Houston Press, pp47-49, & 123-126.*

8. *Cumming, G., Buell, M. (1997).* Supervision of the Sex Offender, *Brandon, VT: Safer Society Press, pp 91-92.*

VI. ***"Some offenders have a history of persistent arousal to minors. Although they may be able to meet 5.742 criteria, because of the likelihood that proximity to children will trigger or increase this arousal, the team shall frequently reassess the offender's ability to maintain a reduced level of arousal. The team shall terminate an offender's approval for contact with minors if there is behavior or other evidence to indicate arousal to minors cannot be managed."***

A. Davis, G., Williams, L., Yokley, J. (1996). An Evaluation of Court-Ordered Contact Between Child Molesters and Children: Polygraph Examination as a Child Protective Service. Paper presented at 15th Annual ATSA Conference, November, 1996.

   In a 1996 study by Gary Davis, Laura Williams and James Yokley, 142 child molesters were polygraphed to determine if they were having deviant fantasies and masturbating while thinking about a known minor. Only 3% of offenders who were not permitted contact with children were having deviant fantasies and masturbating while thinking about a known minor. Of the child sex offenders who were permitted supervised contact with children, 59.5% were having deviant fantasies and masturbating while thinking about a known minor.

B. In 1999, the Sex Offender Treatment and Monitoring Program at the Colorado Department of Corrections compiled polygraph testing responses to questions regarding contact with children in the prison visiting room. The study involved a sample of 36 offenders who were polygraphed while participating in the second phase of the Sex Offender Treatment and Monitoring Program. The sex offenders were asked whether they had ever masturbated to thoughts of a known child they had seen in the prison visiting room. Eight offenders (22%) denied masturbating to thoughts of a known child and were nondeceptive on the polygraph exam. Sixteen offenders (44%) admitted to or were deceptive to questions on the polygraph exam, which would indicate the offender had masturbated to thoughts of known child they had seen in the visiting room. Twelve offenders (33%) were deceptive to other questions on the polygraph test and as a result it could not be determined whether they had masturbated to thoughts of a child seen in the visiting room.

Appendix D
RISK ASSESSMENT

Adult Sex Offender Low Risk Protocol (LRP)
Approved by the SOMB March 18, 2011

Guiding Policies

A. The purpose of the protocol is to allow the Community Supervision Team (CST) to determine whether persons convicted of a sex offense can be identified as posing a low risk for sexual re-offense.
B. The protocol requires regular review of qualified offenders who are identified as not having any exclusionary items via this Low Risk Case Management Review (LRP) by the CST during the initial course of treatment and supervision. The determination of whether the sex offender is low risk should typically occur at 12 - 18 months, but not prior to 12 months after the onset of treatment/supervision. Additional time can be utilized if the review is not completed within 18 months.
C. The CST will not base its determination on documented legal history alone but instead will rely on actual history as well as multiple other risk factors, including information obtained from the victim when possible.
D. Only those offenders who willingly participate in the assessment process and are forthright and open can be candidates for consideration.
E. The entire CST must reach a unanimous decision regarding whether an offender has met criteria for identification as low risk, and the CST shall consider input from a victim representative.
F. This assessment protocol is not intended to identify all low risk sex offenders. It is instead intended to identify sex offenders who have consistently appeared low risk at the point of psychosexual evaluation through the initial process of supervision and treatment.

Protocol for Determining Low Risk

Exclusionary Items: An offender presenting with one or more of the following factors shall not be reviewed using the LRP as this protocol was specifically developed for sex offenders with no exclusionary criteria. Sex offenders shall not be identified as low risk per the LRP if any of the following factors exist:

A. Risk is identified as anything other than low or low/moderate during the initial sex-offense-specific evaluation pursuant to the SOMB Standards. *Note: It is understood that evaluations may contain multiple risk assessment instruments that may determine varying levels of risk. It is the evaluator's final cumulative risk assessment that will be used by the CST.*
B. Identified as an SVP.
C. The offender used overt force or violence in any sex offense.
D. The offender has one or more prior adult or juvenile sex offenses, which include information obtained through self report, or any other credible source.

Assessment Items: Any of the following items identified during the course of the assessment process will *exclude* the offender from being designated as low risk. Thus, ALL items MUST be assessed.

A. Significant levels of deviant sexual arousal/interests/behaviors as determined by penile plethysmograph (PPG), Visual Reaction Time (VRT), or via self report.
B. Forensic examination of the offender's electronic devices which includes computer, phone, MP3, and camera indicating deviant sexual interests or sexual compulsivity (e.g. pornographic materials).
C. The offender demonstrates significant non-compliance and lack of accountability while under supervision or during treatment which may include information obtained in a maintenance polygraph test.
D. The offender is diagnosed with Obsessive Compulsive Disorder (OCD), which relates to sexual behavior, per the Diagnostic and Statistical Manual of Mental Disorders
E. The offender is diagnosed with Antisocial Personality Disorder or has significant antisocial/psychopathic personality traits, or has a Narcissistic Personality Disorder. Other personality disorder diagnoses may also be considered if the disorder is connected to the sexually abusive behavior.
F. The offender is currently diagnosed with Substance Dependence as per the most current DSM.
G. The use of coercion or threats of violence.
H. Unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results[56].

Instructions - Low Risk Case Management Review

The Sex Offender Management Board (SOMB) recognizes the varying levels of risk within the adult sex offender population. The SOMB additionally understands the problem related to limited resources for treating and managing this population, and the need to prioritize the use of resources for those at higher risk. Lower risk sex offenders may require less intensive levels of intervention, which is not currently prescribed within the confines of the present system. The SOMB identified the need to create a protocol to discriminate those adult sex offenders who appear to be truly low risk. As a result, the SOMB has developed the Adult Sex Offender Low Risk Protocol (LRP).

The LRP is based on research related to risk factors and recidivism studies regarding adult sex offenders. The LRP is designed to further assess low risk adult sex offenders who were already identified as being low or low/moderate risk at the time of sentencing via the psychosexual offense specific evaluation. These adult sex offenders may be appropriate for ongoing assessment of 12 to 18 months by the Community Supervision Team (CST) after sentencing utilizing the LRP, depending on how long the CST requires to make an accurate assessment. The LRP should be reviewed when these offenders are referred for sex offense specific treatment to first determine if the offender meets any of the exclusionary criteria prohibiting the assessment from being conducted. If the offender does not meet any of the exclusionary criteria the CST should develop a plan for reviewing the assessment items over the course of the initial phase of treatment. If the CST elects to designate an offender low risk according to the LRP,

[56] Please see Standards of Practice for Post-Conviction Sex Offender Polygraph Testing (Standards and Guidelines for the Assessment, Evaluation, Treatment, and Behavioral Monitoring of Adult Sex Offenders) Section 6.000.

the decision must be unanimous by all CST members and the CST shall consider input from the victim representative.

These instructions are designed to assist the CST in completing the LRP. Please refer to them throughout the process of assessing offenders.

Guiding Policies:

It is important to note that much of a sex offender's history is undocumented. Therefore, the CST should consider all credible sources of information, including offender self report and victim report (when possible) during the assessment. It is expected that truly low risk offenders will be forthright and open with CST members, making accurate classification of risk possible. Offenders who are secretive and withhold information make it difficult for the CST to effectively assess risk. Consequently, offender cooperation with the process is essential to the successful implementation of the protocol. The CST should also consider offender compliance as part of the LRP.

Protocol for Determining Low Risk:

Exclusionary Items:

Those offenders who are identified as low or low/moderate risk via the psychosexual offense specific evaluation but meet any of the following are *not appropriate* for low risk designation per this protocol. These criteria are significant risk factors reflected through research, thus make a low risk classification inaccurate.

A. The offender must have been assessed as low or low/moderate risk on the psychosexual offense specific evaluation at the time of sentencing or thereafter. Risk prediction requires complete information that is often not available at the time of initial assessment. Therefore a determination of low or low/moderate risk at the time of sentencing must be verified over the course of the assessment period of 12 to 18 months to ensure adequate information is obtained. A number of offenders classified as low risk at the time of initial evaluation may be subsequently determined to be at a higher risk. Individuals classified as being moderate or higher risk at the onset of evaluation likely require the type of intervention prescribed by the *Standards* and a deviation from such would be counterproductive to effective risk management and public safety. While it is possible for a higher risk offender to moderate their risk, it is less likely that the initial assessment of risk is an overestimate or grossly inaccurate.

   When an offender is assessed via a psychosexual offense specific evaluation the evaluator may use a variety of risk assessment instruments. Each individual instrument will result in a risk classification of the offender and each instrument may be measuring different types of risk. Consequently, the evaluator should rely on their clinical expertise to form a cumulative designation of risk based on an overall summary of all the instruments utilized in assessing the offender.

B. The Sexually Violent Predator (SVP) instrument assesses an offender's likelihood to commit further sexual offenses. The research indicates that an offender scoring 8 or more on the SORS is five times more likely to be arrested for a new sexual offense. As a result, an offender assessed as SVP is necessarily at high risk to reoffend and

therefore is inappropriate for participation in this process.

C. Research indicates that offenders who use overt force or violence during the commission of a sexual offense are higher risk. Credible information indicating that an offender used overt force or violence during the commission of any sexual offense is sufficient to disqualify the offender from the protocol.

D. Research indicates that offenders who have a history of committing sexual offenses are a higher risk. Therefore it is inappropriate for those offenders to participate in this process. Any credible source of information indicating there is a prior offense, juvenile or adult, is sufficient to disqualify the offender from the protocol.

Assessment Items:

Once the CST has determined that an offender does not meet any of the exclusionary criteria the LRP should be conducted and the CST should meet to discuss the following items. *Please note that the CST should include a victim representative in this process whenever possible.* The goal of the LRP is to provide an assessment of each of the items below. Each item in and of itself could be indicative of higher risk and is based on relevant research and the clinical expertise of treatment and evaluation professionals. Thus, findings on any one item *will* exclude the offender from low risk designation. However, the ultimate decision in assessing low risk status is left to the CST and is based on all of the items.

The CST should be assessing these items beginning at the initial phase of treatment until such time that the CST believes sufficient information is obtained (12-18 months). If low risk designation is to be made, ALL members of the CST *must* agree unanimously. If any of the CST members view the offender as being anything other than low risk, a low risk designation *shall not* be made.

A. This assessment item is designed to evaluate the offender's level and extent of deviant sexual arousal/interest. While offender self report may be considered, use of plethysmograph/VRT is **required**. The CST should consider whether the offender exhibits significant levels of deviant sexual arousal/interest per the testing protocol. The mere existence of deviant sexual arousal/interest in any one area does not necessarily disqualify an offender from being designated as low risk. However, the nature, extent, types, and totality of arousal/interest should be carefully considered.

B. This assessment item is designed to evaluate the offender's level and extent of sexual deviancy and compulsivity. The CST **must** evaluate the offender's use of electronic devices through forensic examination. This shall be conducted via the use of a forensic examiner, the use of forensic software, or examination by the supervising officer. Information to be obtained should include results of electronic device search during initial investigation as well as ongoing monitoring of the offender's devices through treatment and supervision. The existence of any indications of deviant sexual interest or sexual compulsivity in and of itself is not necessarily sufficient to preclude an offender from being designated low risk. For example, if pornography is located on an offender's computer during initial investigation, but the offender is subsequently compliant, the level of compliance should be considered. In addition, offenders under supervision for Internet Luring of a Minor cases should not be automatically precluded.

The CST should bear in mind the history, nature, level, and totality of all such information when considering this item (e.g. the extent of pornographic images, the ratio of pornographic images, and the categories/types of images should be considered). Sexual deviancy/compulsivity is related to risk.

C. This assessment item is designed to evaluate the offender's level and extent of non-compliance. The CST should consider all types of significant non-compliance with treatment and supervision and a lack of offender accountability which may include deceptive results on maintenance polygraph tests. One violation would not be sufficient to disqualify an offender from being designated low risk, however, significant non-compliance with treatment/supervision is related to recidivism. An offender who does not demonstrate responsivity to treatment and supervision in his/her lifestyle is problematic. Offenders who deny future risk to re-offend are at a higher risk to re-offend (i.e. offenders who fail to recognize or acknowledge their vulnerabilities).

D. This assessment item is designed to evaluate the presence of significant Obsessive Compulsive tendencies related to the offender's sexually abusive behavior. The CST should consider any existing Obsessive Compulsive Disorder (OCD) diagnosis and may need to refer the offender for a mental health/psychological evaluation if the offender has not been assessed. A diagnosis must be made and meet the criteria per the current Diagnostic and Statistical Manual (DSM) in order for this item to be considered concerning. If an offender has been diagnosed but has demonstrated the ability to manage and self-regulate the behavior for a sufficient period of time, the diagnostic criteria may no longer be present and this should be considered when assessing this item. Diagnosis for OCD may increase an offender's risk level.

E. This assessment item is designed to evaluate whether the offender has a diagnosis of Antisocial Personality Disorder per the current DSM or the presence of antisocial/psychopathic personality traits. Other personality disorder diagnoses should be considered if the disorder is connected to the sexually abusive behavior. The Psychopathy Checklist-Revised may be useful in assessing this item. The existence of antisocial, psychopathic, or narcissistic traits has been correlated with increased risk for recidivism.

F. This assessment item is designated to evaluate whether the offender has a diagnosis of Substance Dependence per the criteria of the current DSM. The CST should consider the severity and time frame of the substance issue in making a determination about the offender's risk level. It should be noted that an offender's diagnosis could be in remission (i.e. the offender has demonstrated the ability to manage the behavior) for a substantial period of time and this should also be factored into the decision. Substance abuse/dependence has been correlated with increased risk for recidivism.

G. This assessment item is designed to evaluate the use of coercion or threats of violence by the offender during the commission of the offense. Although there is an exclusionary item already indicated for use of overt force, this item is intended to expand upon the factor and consider offenders who use coercion or threats of force to gain victim compliance. Higher levels of manipulation and coercion may present

a risk to public safety.

H. This assessment item is designed to evaluate the offender's unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results. If an offender is unable to be genuine and honest about his/her sexual history, then an accurate assessment of risk is impossible. This item is intended to assess the offender's accountability for sexually abusive behavior so results from sexual history polygraph exams should be considered. If the offender discloses additional offenses, he/she is excluded (see Exclusionary Items, D).

Adult Sex Offender Low Risk Protocol (LRP) Checklist

Guiding Policies

The purpose of the protocol is to allow the Community Supervision Team (CST) to determine whether persons convicted of a sex offense can be identified as posing a low risk for sexual re-offense. The protocol requires that qualified offenders who are identified as not having any exclusionary items be regularly reviewed on this Low Risk Protocol (LRP) by the CST during the normal, initial course of treatment and supervision (the determination of whether the sex offender is low risk should typically occur at 12 - 18 months). Additional time can be utilized if the review is not completed within 18 months. The CST will not base its determination on documented legal history alone but instead will rely on actual history as well as multiple other risk factors. The CST is encouraged to consider the victim perspective when possible. Only those offenders who willingly participate in the assessment process/treatment/supervision and are forthright and open can be candidates for consideration. The entire CST must reach a unanimous decision regarding whether an offender has met criteria for identification as low risk.

Protocol for Determining Low Risk

Exclusionary Items: If you answer YES to ANY of the following factors regarding the offender being considered for review using the protocol, the offender shall NOT be reviewed using the LRP.

Yes ____ No ____ Risk is identified as anything other than low or low/moderate during the initial sex-offense-specific evaluation pursuant to the SOMB Standards. *Note: It is understood that evaluations may contain multiple risk assessment instruments that may determine varying levels of risk. It is the evaluator's final cumulative risk assessment that will be used by the CST.*

Yes ____ No ____ Identified as an SVP.

Yes ____ No ____ The offender used overt force or violence in any sex offense.

Yes ____ No ____ The offender has one or more prior adult or juvenile sex offenses, which include information obtained through self report, or any other credible source.

Assessment Items: Any of the following items identified during the course of the assessment process **will *exclude*** the offender from being designated as low risk. Thus, **ALL** items **MUST** be assessed.

Yes ____ No ____ Significant levels of deviant sexual arousal/interests/behaviors as determined by penile plethysmograph (PPG), Visual Reaction Time (VRT), or via self report.

Yes ____ No ____ Forensic examination of the offender's electronic devices which includes computer, phone, MP3, and camera indicating deviant sexual interests or sexual compulsivity (e.g. pornographic materials).

Yes ____ No ____ The offender demonstrates significant non-compliance and lack of accountability while under supervision and/or during treatment, which may include information obtained in a maintenance polygraph test.

Yes ____ No ____ The offender is diagnosed with Obsessive Compulsive Disorder (OCD), which relates to sexual behavior, per the Diagnostic and Statistical Manual of Mental Disorders

Yes ____ No ____ The offender is diagnosed with Antisocial Personality Disorder or has significant antisocial/psychopathic personality traits, or has a Narcissistic Personality Disorder. Other personality disorder diagnoses may also be considered if the disorder is connected to the sexually abusive behavior.

Yes ____ No ____ The offender is currently diagnosed with Substance Dependence per the Diagnostic and Statistic Manual of Mental Disorders.

Yes ____ No ____ The use of coercion or threats of violence.

Yes ____ No ____ Unresolved sexual offense history disclosure process, as demonstrated by treatment participation and polygraph results.

_____ _____

Treatment Provider Signature Date Supervising Officer Signature Date

Appendix E
GUIDANCE REGARDING VICTIM/FAMILY MEMBER READINESS FOR CONTACT, CLARIFICATION, OR REUNIFICATION

The following are considerations for Community Supervision Teams (CSTs) in determining readiness and ability to make informed decisions for individuals who have been victimized and have requested contact, clarification, or reunification, as well as readiness for parents/guardians and other children in the home. These are not to be construed as expectations that the victim must meet, but for the CST to be knowledgeable and able to assess family readiness. It is important to consider the following areas as a means of ensuring that the individual is not placed in a situation that could result in further victimization or could compromise their physical or emotional safety or well-being.

Victim Readiness

Contact and Clarification:

The person who has been victimized is able, based on their age and developmental level, to:

- Acknowledge and talk about the abuse and the impact of the abuse without minimizing the scope (e.g. does not excuse the abuse based on frequency, beliefs about the offender's intent, etc).
- Accurately assess and identify the offender's responsibility for the abuse and aftermath and does not blame self.
- Place responsibility on the offender and does not minimize or deny responsibility based on fear of repercussions.
- Avoid perceiving self as destroyer or protector of the family.
- Demonstrate assertiveness skills and is willing to disclose any further abuse or violations of a safety plan.
- Demonstrate a reduction of symptoms and is not actively experiencing Post Traumatic Stress Disorder.
- Express feeling safe, supported, protected and in control, but not controlling.
- Maintain positive and supportive relationships with those who have demonstrated an ability to support them.
- Demonstrate healthy boundaries, self respect and empowerment.

Reunification:

In comparison to contact or clarification, which typically occurs at specified periods of time and can often be highly structured, reunification occurs over an extended period of time, following clarification, and often without high levels of external structure. The following areas should be considered in addition to the factors listed above.

The person who has been victimized is able to:

- Demonstrate awareness of previous grooming tactics of the offender.
- Recognize ongoing grooming patterns.
- Exercise assertiveness skills and confront the offender as needed.
- Identify and seek out external support if needed.

Non-Offending Parent or Guardian Readiness

The non-offending parent or guardian:

- Believes the victim's report of the abuse.
- Recognizes and understands, without minimizing, the impact of the abuse on the victim.
- Holds the offender solely responsible for the abuse without blaming the victim in any way.
- Has received appropriate education regarding their role as a non-offending parent.
- Demonstrates the ability to be supportive and protective of the victim.
- Is more concerned with victim impact and recovery than consequences or inconveniences for the offender.
- Has received appropriate education regarding sexual offender behavior.
- Has received full disclosure of the extent of the offender's sexual offense(s)/abusive behavior(s).
- Is aware of the grooming tactics used by the offender for not only the victim, but also other family members.
- Supports and implements the family safety plan.
- Demonstrates the ability to recognize and react properly to signs of high risk or offending behavior.

- Can demonstrate assertiveness skills that would allow him/her to confront the offender and is willing to disclose high risk or offending behavior.

Secondary Victim, Sibling or Other Children in the Home Readiness

This individual:

- Has an understanding of the nature of abuse and the impact on the victim.
- Does not blame the victim or minimize the abuse.
- Understands the offender is solely responsible for the abuse.
- Has received information about offender treatment and high risk and grooming behaviors.
- Can express the ways the abuse has affected and impacted his/her life.
- Demonstrates healthy boundaries, including the ability to identify and set limits regarding personal space and privacy.
- Is aware of the family safety plan.

Appendix F
SEX OFFENDER MANAGEMENT BOARD ADMINISTRATIVE POLICIES February 2000

A. The period for individuals placed on the Provider List before June 30, 1997 shall terminate on December 31, 1999. Individuals placed on the Provider List after June 30, 1997 shall be notified of a deadline that approximates a three year period.

B. Individuals on the Provider List who work for or with a particular sex offender treatment program shall notify the SOMB in writing if they leave the program and continue to provide sex offender treatment. In such cases, individuals shall be required to provide updated information on the treatment provider/client contract, a description of program services and any other information pertinent to the change in employment.

C. The SOMB may periodically conduct criminal history and grievance board checks on providers found on the Provider List and reserves the right to conduct a review of standards compliance and references as necessary.

D. Individuals who are at the associate level on the Provider List shall notify the SOMB in writing when they have obtained the required experience or qualifications to be listed on the Provider List at the full operating level. Documentation of such experience or qualifications must be submitted. Such notification shall be accompanied by a letter from the applicant's supervisor, indicating that they are qualified for placement on the Provider List at the full operating level.

E. In assessing references for placement on the Provider List provided to and solicited by the Sex Offender Management Board, the Application Review Committee shall weigh many factors, including the following:

   1. The relevance of the information to compliance with the *Standards*;

   2. The degree to which there is a difference of opinion among references;

   3. Apparent reasons for differences of opinion;

   4. How recently the reference has had contact with the applicant and the extent of contact with the applicant;

   5. Whether the reference has had direct contact with the applicant or is reporting third hand information;

   6. Whether the applicant has recently changed a particular practice to conform with the *Standards*;

   7. The motivation of the reference.

F. The applicant shall be given an opportunity to respond and provide additional information to concerns and questions of the Application Review Committee prior to the determination regarding placement on the Provider List. The only exception to this practice shall be when non-compliance with the *Standards* is clear and could not be re-mediated by additional information.

G. Any applicant who is denied placement on the Provider List will be supplied with a letter from the SOMB outlining the reasons for the denial and notifying them of their right to an appeal.

H. Any provider who is denied placement on or removed from the Provider List shall not provide any services to convicted adult sex offenders in Colorado without written permission from the SOMB.

   No listed provider shall use any provider denied placement on or removed from the Provider List to provide any services to convicted adult sex offenders in Colorado without written permission from the SOMB.

I. Any applicant who is denied placement on the Provider List by the Application Review Committee may appeal the decision to the full SOMB. Appeals will be conducted in the following manner:

1. The applicant must submit an appeal in written form within 30 days after receiving notification of denial of placement on the Provider List.

2. The SOMB will consider only information that addresses the reasons for denial outlined by the SOMB in the denial letter. Other information will not be considered by the SOMB in the appeal process.

3. The applicant may request either a hearing or a conference call with the SOMB in addition to the submission of the written appeal. The request must be made in writing at the time the written appeal is submitted. Hearings or conference calls will be scheduled in conjunction with regular SOMB meetings. An applicant may bring one representative to the appeal. Hearings or calls will be 30 minutes; 15 minutes for a verbal presentation by the provider and 15 minutes for questions from the SOMB.

4. The SOMB will consider appeals in open hearing and audio record the proceedings for the record.

5. The applicant will be notified in writing of the SOMB's decision regarding the appeal.

6. The decision of the SOMB will be final.

J. When a complaint is made to the Sex Offender Management Board about a treatment provider, evaluator, plethysmograph or Abel Screen examiner or clinical polygraph examiner listed on the Provider List or not, the complaint shall be made in writing to the SOMB. The SOMB will furnish a form to the complainant which must be completed for the SOMB to consider the complaint.

All complaints will be initially screened by the vice chair of the SOMB, or other SOMB member as appointed by the Chair, to determine appropriateness for Sex Offender Management Board intervention. The vice chair will review his/her recommendation with the Application Review Committee and a decision will be made regarding Sex Offender Management Board intervention.

Complaints determined to be more appropriate to intervention by another oversight agency (such as the state mental health grievance board) will be referred to the appropriate oversight agency. Complainants will be notified in writing of any such referrals. Some complaints may be appropriate for both referral to another oversight agency and intervention by the Sex Offender Management Board.

Complaints regarding treatment providers, evaluators, plethysmograph examiners and clinical polygraph examiners who are not listed on the Provider List are not appropriate for Sex Offender Management Board intervention. The SOMB will inform complainants that it does not have the authority to intervene in these cases. The SOMB will send a copy of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* to the provider not listed on the Provider List identified in these complaints for informational purposes.

Complaints appropriate for Sex Offender Management Board intervention are those complaints against sex offender treatment providers, evaluators, plethysmograph examiners and clinical polygraph examiners who are listed on the Provider List when the complainant identifies that the *Standards* developed by the Sex Offender Management Board have been violated. These complaints will be addressed in the following manner:

1. The Application Review Committee in conjunction with the vice chair of the SOMB, or other SOMB member identified by the chair, will have the responsibility for reviewing and responding to complaints.

2. When the vice chair and the Application Review Committee determine that a complaint is appropriate for Sex Offender Management Board intervention the complainant will be notified in writing that their complaint has been received and the identified provider will be notified that a complaint against them has been received.

3. As a part of the investigation of the complaint the SOMB may:

    a) Request more information from the complainant
    b) Request a response from the identified provider
    c) Initiate and carry out or cause to be carried out an investigation of the complaint either directly or through staff, investigators or consultants.
    d) Hold a hearing before the committee requesting both parties to appear.
    e) The committee will consider complaints in executive session.

The Sex Offender Management Board reserves the right to determine the extent of investigation needed to determine a finding regarding the complaint.

The following are possible findings and actions by the Sex Offender Management Board regarding complaints:

1. Dismissal of the complaint, identifying it as unfounded and taking no action.

2. Contacting the provider and/or the complainant to determine if the complaint can be resolved through mutual agreement. If mutual agreement is reached, the decision regarding the agreed upon action will be documented and placed in the provider's file as a determination of the outcome of the complaint.

3. Finding a complaint valid and placing a letter of admonition in the provider's file. The SOMB may recommend changes in the provider's services or additional training or supervision. The letter of admonition and the provider's response to the SOMB's suggestions will be taken into consideration when the provider is reviewed for placement on the Provider List.

4. Finding a complaint valid and removing a provider from the Provider List. In these cases, referral sources will be notified of the provider's removal from the Provider List.

5. Written notice of the SOMB's findings and the reasons for those findings will be provided to the complainant and the identified provider along with a notice of the right to file a written appeal within 30 days.

K. Any complainant or identified provider who wishes to appeal a finding on a complaint may appeal the decision to the full SOMB. Appeals regarding findings on complaints will be conducted in the following manner:

1. The applicant must submit their appeal in writing within 30 days after receiving notification of the finding of the SOMB.

2. The SOMB will consider only information that addresses the reasons for the finding outlined by the SOMB in their letter.

3. Either the party requesting the appeal or the other party may request either a hearing with the SOMB or a conference call with a group of SOMB Members identified by the SOMB as a part of their appeal. The request must be made in writing at the time of the appeal. Hearings or conference calls will be scheduled in conjunction with regular SOMB meetings. Either party may bring one representative with them. Hearings or calls will be 45 minutes long; 15 minutes for a verbal presentation by each party and 15 minutes for questions from the SOMB.

4. The SOMB will consider appeals in open hearing and audio record the proceedings for the record.

5. The SOMB will notify both parties of its decision in writing.

6. The decision of the SOMB will be final in the appeal process.

Appendix G
COMPUTER USE AGREEMENT FOR SEX OFFENDERS

Computer Use Agreement for Sex Offenders

Client: _____ Supervising Officer/Designee: _____

_____

By signing below, the above named client indicates (s)he understands (s)he has the right to refuse consent to the items contained herein and that the client voluntarily agrees to be compliant with the following conditions:

_____ Client shall provide a complete and accurate inventory of all computers, computer-related equipment, and communications devices and services on an inventory form provided by the Probation Department. The client agrees to ensure that all information on the inventory is complete, accurate and current at all times and that they will not use or access any electronic storage or communication device or service not reported on the inventory form and specifically approved for use by the Probation Department.

_____ Client shall obtain prior approval from the Supervising Officer/Designee to engage in the following activities:

_____Web browsing (including but not limited to surfing).
_____Email (all email accounts must have prior approval).
_____Interpersonal communication (including but not limited to chatting, texting and instant messaging).
_____Producing web content (including but not limited to a web site, MySpace and other social networking site pages, YouTube, Podcasting, blogging, vlogging).
_____Participating in social networking activities
_____Internet related telephone communication (including but not limited to using Voice Over Internet Protocol).
_____File sharing by any method (including, but not limited to Peer to Peer, Internet Relay Chat, attachments to emails, iTunes).

_____ Client shall not use the computer for any purpose which might further sexual activity. Such use includes, but is not limited to, possession or viewing of material that is sexual in nature.

_____ Client shall be prohibited from possessing or viewing certain materials related to, or part of, the grooming cycle for his/her crime. Such materials include, but are not limited to, the following:

_____ Images of your victim.
_____ Stories or images related to your crime or similar crimes.
_____ Images which depict individuals similar to your victims (e.g. children).
_____ Stories written about or for individuals similar to your victim.
_____ Materials focused on the culture of your victim (e.g. children's shows or web sites).

_____ Client shall be prohibited from using any form of encryption, cryptography, steganography, compression, password protected files and/or other method that might limit access to, or change the appearance of, data and/or images without prior written approval from the Supervising Officer/Designee. If, for work purposes, password protection is required on any system or files used by Client, the password shall be provided to the Supervising Officer/Designee upon request.

_____ Client shall be prohibited from avoiding the creation of, or altering or destroying records of computer use without Supervising Officer/Designee's approval. This includes, but is not limited to, deleting or removing browser history data regardless of its age, emptying the Recycler, the possession of software or items designed to boot into or utilize RAM kernels, alter or wipe computer media, defeat forensic software, or block monitoring software. This also includes a prohibition against restoring a computer to a previous state or the reinstallation of operating systems.

_____ Client consents to unannounced examination by Supervising Officer/Designee of any and all computer(s) and/or devices(s) to which Client has access for the limited purpose of detecting content prohibited by this document, conditions of probation, or court order. This consent to examine includes access to all data and/or images stored on any storage media (including but not limited to cell phones, iPods, PDA's, removable media, thumb drives, camera cards, game consoles, CDs, DVDs) whether installed within a device or removable and separate from the actual device.

_____ Client shall allow the installation of monitoring software and periodic examination of their computer at their own expense to insure compliance with the conditions of probation and this agreement. The client has no expectations of privacy regarding computer use or information stored on the computer if monitoring software is installed and understands and agrees that information gathered by said monitoring software may be used against him/her in any subsequent administrative or legal proceeding.

_____ That the conditions of usage may be modified by the Probation Department or their designee as needed and agrees to abide by all modifications of usage. The client has the right to refuse to abide by modifications of these conditions, but understands that their access to computers and communications devices may be revoked if they fail to comply with all conditions imposed by the Probation Department or their designee.

_____ Client specifically agrees to be responsible for all data, images and material on the computer and voluntarily consents to announced or unannounced searches by the Supervising Officer/Designee to verify compliance with these special conditions of supervision. The Client understands and agrees that his/her computer, related equipment, communication, and storage devices are subject to seizure by Supervising Officer/Designee if, during a search, any evidence of a violation or any evidence of a new crime is detected.

_____ _____ _____ _____

Client's Signature Date Supervising Officer's Signature Date

Appendix H
DIGITAL TECHNOLOGY USE FACTORS

Digital Technology Use Factors Which Indicate Increased Sex Offender Investment In Digital Sexual Content

Jim Tanner, Ph.D.
KBSolutions Inc.
www.kbsolutions.com
lists@kbsolutions.com

I have been conducting forensic examinations of convicted sex offenders' digital devices since 1998. I worked as a cyber crime analyst for and with various state level probation departments during this period. My work environment was unique in that the offenders were convicted and on probation. I worked live on the offender's devices, in the offender's home or office environment and with the offender present. During my examinations I talked with the offender, discussed his/her cyber behavior and asked questions about what I was finding. This afforded me a fuller understanding of their cyber-sexual behavior than I would have obtained working on the device in a forensic lab or simply talking to an offender in absence of the device itself.

Based on more than 1,300 examinations of offenders' digital devices, I found 14 factors which indicate an offender has an investment in digital sexual content that is beyond the norm for convicted sex offenders. This investment often leads to resistance to containment/treatment and a higher probability of recidivism. While some of these factors may be benign for the public at large, they become important when found in the technology use of individuals charged with or convicted of sex crimes. It is when one's behavior draws the attention of law enforcement that the factors below become significant.

When considering the digital behavior of sex offenders, one should seek to understand the big picture of the offender's technology use and how it relates to sexual behavior (also see www.kbsolutions.com/beyond.pdf and www.kbsolutions.com/PornContraband.pdf). As offenders engage in more of the factors, their investmentin cyber-sexual content increases. It has been my experience that increased investment in cyber-sexual content also leads to an increase in resistance to containment and treatment.

The elements described in the remainder of this paper are listed in no particular order. The reader should not assume any priority based on location within the list.

The 14 Factors

1. Surfing more than 10 hours a week of sexual content.
2. High ratio of sexual sites to general surfing, regardless of number of hours.
3. Saved versus cached material. As the ratio of saved to cached goes up, so does the risk.
4. Any cataloging of sexual content.
5. Low ratio of "Splash Page" to "Inside Site" images.
6. Membership in adult sites or organizations promoting sexual behavior.
7. Nude pictures of the offender on the offender's devices.
8. Pictures with sexual content taken by, created by, or altered by the offender.
9. Erotic literature written by the offender.
10. Trophy materials stored on the offender's devices.
11. Usegroup or Peer to Peer activity seeking sexually explicit materials.
12. "Red Flag" Themes, if they have a significant number of images/files:
13. Internet grooming or solicitation of minors using any medium.
14. Use of technology for sexual content which indicates a more heavily invested approach:

Each of these factors are explained in the pages that follow. I believe a complete psycho-sexual evaluation cannot be obtained without both a polygraph and a digital technology examination. It is my intention that this paper serve as a checklist to evaluators, containment/treatment teams, and forensic examiners when considering the digital behavior of sex offenders.

As technology advances, changes will undoubtedly occur in the number and types of indicators related to cyber-sexual investment. I will endeavor to keep this paper updated as technology changes. This paper, in its most recent form will always be available at www.kbsolutions.com/KBS14Factors.pdf .

Factor 1: Surfing more than 10 hours a week of sexual content.

Addiction to cyber-sex is a concern for those charged with or convicted of sex crimes. There is no hard and fast rule as to what constitutes a threshold of addiction. Each individual's pattern of sexual content use must be compared to their pattern of general (non-sexual) technology use.

During my examinations I found that offenders who used digital sexual content more than 10 hours a week also reported higher incidence of intrusive sexual thoughts, deviant sexual ideation, and feeling like they were 'addicted' to technology use. Using technology more than 10 hours to obtain sexual content indicates enhanced investment in digital sexual content.

Factor 2: High ratio of sexual sites to general surfing, regardless of number of hours.

Regardless of the total number of hours spent on the Internet (or using technology), the ratio of sexual content to non-sexual content is an important indicator of investment in digital sex. Calculating the percentage of digital sexual activity to non-sexual digital activity gives the treatment team valuable information concerning investment. An offender who views sexual content 80 hours of 100 hours of technology use is different than the offender who views sexual content10 hours of 100 hours technology use. Similarly, an offender who views sexual content 8 of 10 hours of technology use is different than the offender who views sexual content 1 of 10 hours of technology use.

The higher the percentage (ratio) of sexual content to general technology use, the higher the investment in digital sexual content.

Factor 3: Saved versus cached material.

Cached: When browsing the Internet, all browsers automatically write the contents of the sites visited to the local hard drive in a special folder called a 'cache'. This content is automatically stored by the browser and is not a 'purposeful download' of the material. Its presence on the storage media simply indicates the offender visited the site and/or viewed the material. Cached material should be considered differently than material that is saved by the offender.

Saved: When using a browser the User can right-click on the content and save it to the local hard drive. This "Save As" function is built into all major operating systems. The User can place the

content (picture, video, etc.) anywhere on the storage media, can name the folder it is placed in, and can change the name of the content being stored. This "Save As" function requires human interaction; it is not automatic. Thus, when something has been 'saved' it indicates the content is of special significance to the offender.

The percent of saved material (offender took action) to cached material (offender simply viewed the material), is an indication of the investment the offender has to digital sexual content. The higher the proportion of saved material, the greater the investment.

Additionally, evaluators and treatment team members should pay attention to the themes contained in the saved material. Saved material indicates special interest on the part of the offender.

Factor 4: Cataloging of sexual content.

Related to saving material is cataloging material. As indicated above, when a User saves material, they can create and name folders, rename content, and save the material in any organizational structure that makes sense to the offender. When offenders begin to organize saved material into categories they have become 'collectors'. Often the names of the folders are elucidating for evaluators and treatment teams. For example, folders named 'blondes, 'girls 13', or 'outdoors' give us an insight to the offender's cognitive structure.

Further, keeping sexual content (saving it outside the cache) indicates an offender's unwillingness to part with the material. They don't want to lose it, they want to keep it and use it again in the future. Organizing and cataloging the saved material is a major step further into the investment in sexual content. The organization and cataloging of material is done primarily for ease of access and focus. It is faster and easier for an offender to find specific content if they have it organized and cataloged.

Cataloging behavior indicates a substantial increase to the investment in digital sexual content.

Factor 5: Low ratio of "Splash Page" to "Inside Site" images.

Splash Page: When visiting a website, the first page that displays is the 'home' or 'splash' page. This page is the portal that is comes up when entering the top level domain URL into a browser (e.g. www.youtube.com). The splash page on adult sites is an advertisement. Splash pages generally contain several smaller images designed to entreat the User into clicking deeper into the web site. The economics of web site management dictate that images on the splash page be limited in size. Smaller images load faster and take up less room on the screen. The goal of the site's splash page is to get the User to 'drill down' by clicking on items to go deeper into the site. Due to size limitations, splash page images are generally of lower quality and splash videos short in length.

Inside Site: Material located on pages other than the splash page are accessible only by User action.

Once a User clicks through or drills down into a site, the images are larger (full sized), higher quality, and the videos generally longer. Drilling down into a site indicates the offender has more interest in the material.

The extent to which an offender skims across splash pages versus drills down into site content is an indicator of investment in digital content. This is related to the Pace element of the TRAPS model of assessing sex offender's computer use (www.kbsolutions.com/beyond.pdf).

A thorough examination of URL histories indicates whether content was contained on a splash page or was deeper inside the site. However, a quick rule of thumb is to consider the size of the image on the media. Images smaller than 10kb are generally splash page content. Images between 10kb and 20kb could be either splash page or inside site material. Images larger than 20kb are generally found inside the site (the offender drilled down into the site to view it). The average splash page can have between 5 and 20 images. Pages located deeper in the site have fewer images (often only 1 image per page). Thus, even a 80:20 ratio of splash to inside can indicate significant drilling down behavior on the part of the offender.

Offenders found to have frequently drilled down into many sites (e.g. have a low ratio of splash page to inside site materials) demonstrate a higher investment in digital sexual content. Evaluators and treatment teams should also pay particular attention to the themes of the content viewed from inside sites - it is of interest to the offender.

Factor 6: Membership in adult sites or organizations promoting sexual behavior.

Adult web sites make money by selling memberships. The average adult site will give away 10-20 images as loss leaders to encourage visitors to purchase membership in the site. This is analogous to your local grocery store putting green beans on sale for 10 cents a can to get you into the store. The logic of loss leaders is that once in the store, you will also purchase other items at full price.

Adult sites work on the same principle. By giving away 10-20 images or short video clips free, they are betting the visitor will become interested in seeing the remainder of the site's content and be willing to purchase a membership to have access to the thousands of images/videos.

There are many adult sites available on the web. Because of the sheer number of sites in existence, there are literally tens of thousands of images and videos available free on the web. One could view sexual content for months, if not years, and never have to pay for any content. Thus, when an offender decides to pay money to purchase membership in a site, it is an indication of an increased investment (literally and figuratively) in sexual content.

Concomitantly, when an offender joins groups which promote sexual behavior (e.g. adultfriendfinder, squirt, alt, etc.), they are signifying an increased investment in and identification with sexual content. The type and focus of member groups should be carefully examined by the treatment team.

I caution the reader that I am not talking about behavior between non-offender consenting adults. Membership in adult sites or sexually focused groups for non-offenders is not at issue here. It is when one's behavior draws the attention of law enforcement that membership in such sites and groups becomes significant.

Factor 7: Nude pictures of the offender on the offender's devices.

It is my experience that approximately 25% of the offenders whose devices I examined had pictures of themselves nude on their devices. When images of the offender are found on their devices, it should raise the question "...what are they doing with the pictures?". Are they sharing them? With whom are they sharing?

Having nude pictures of themselves indicates an increased investment in defining themselves as a sexual object. The more graphic the images, the greater the investment in the offender seeing himself/herself primarily as a sexual object. This focus in self-definition is reflective of a resistance to containment and treatment.

It is important to note that I am not talking images commonly found among those participating in "sexting" behavior that is becoming more common among young people. I'm talking about images contained on the digital devices of individuals charged with or convicted of sex crimes, not adolescent 'felony stupid' behavior. Nor am I talking about behavior of orbetween non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the possession of self-erotic images becomes significant.

Factor 8: Pictures with sexual content taken by, created by, or altered by the offender.

Images or videos do not have to contain the offender to be significant. If the offender has used their digital equipment to create sexual images or videos of others it again raises the question of what they are doing with them. The offender is a producer of adult material rather than just a consumer. This indicates an increased investment in digital sexual content. The created material might include artwork (digital or scanned) that the offender created.

It is also important to note whether the offender has altered digital sexual content. Altering would include cropping, editing, retouching, and morphing content. Other than removing copyright notices, any alteration of an image indicates increased investment in the digital content.

Again, I caution the reader that I am not talking about behavior of or between non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the manipulation of digital content becomes significant.

Factor 9: Erotic literature written by the offender.

In the same vein as creating or altering images or videos, offenders who produce erotic literature are demonstrating an increased investment in sexual content. Adult ("erotic") stories abound on

the Internet and in print. Some of the topics contained in erotic literature are illegal when found in images/videos (e.g. sex with children). For example, in June of 2010 there were 21,488 stories on literotica about incest and 9,787 stories about non-consensual sex (rape). Offenders who have shifted their focus in stimuli from images to text are often doing so to avoid prosecution. While the creation of such prose may be protected by the 1st Amendment, it should be of concern when the prose is created by sex offenders.

The act of creative writing takes more imagery and focus than is commonly found among amateurs who produce sexual images/videos. Therefore, it is of concern when we find evidence that a sex offender has been producing written erotica.

Again, I caution the reader that I am not talking about behavior of or between non-offender consenting adults. It is when one's behavior draws the attention of law enforcement that the creation of written erotic content becomes significant. The presence of the material indicates an increased investment in sexual content.

If offender-produced erotica is discovered, the content of the material should be of great interest to the treatment team.

Factor 10: Trophy materials stored on the offender's devices.

Offenders often make the news, articles/stories are often available in digital formats. In about 10% of the digital devices I examined, I found offenders saving articles, clippings, and/or video news stories about themselves. These articles constitute "trophy materials" and indicate the offender has not fully grasped the magnitude of their behavior.

Additionally, when victims are family members it is not uncommon to find pictures of the victim on the offender's digital devices. Sometimes this possession is inadvertent or unintentional post conviction, often it is purposive. Examining the last access dates of images helps the treatment team determine whether the image should be considered trophy material or not (if viewed and kept after being told to remove images of the victim, it clearly constitutes trophy material).

If the local jurisdiction has web accessible sex offender registries, I find that approximately 10% of offenders will visit the registry and search for themselves and others within their community. When questioned about this behavior offenders often tell me that it makes them feel less deviant to know others have done what they did. Looking themselves up may be curiosity, but surveying the registry for others constitutes behavior that indicates more than curiosity, it is a form of trophy activity.

The presence of trophy materials on the digital devices of sex offenders indicates a greater investment in their behavior.

Factor 11: Usegroup or Peer to Peer activity seeking sexually explicit materials.

Usegroups: Decades ago bulletin boards (Usegroups) were the primary source of sexual content. There are many Usegroups still in existence that appear to specialize in sexual content. The last time I counted (2008) 3.7% of all Usegroups focused on sexual content. There were 1,600 Usegroups dedicated to sexual content in 2008. Usegroup materials are primarily advertisements for adult sites and amateurs posting images. Downloading from Usegroups is time consuming (even when automated) and generally requires unpacking the content. Moreover, when downloading from a Usegroup, one does not know what they are getting. Hence, it is risky behavior. Few sex offenders will download from Usegroups (less than 2% in my experience). When you find an offender who continues to use this approach to gaining content, it indicates a heavy investment in sexual content.

Peer to Peer (P2P): P2P has blossomed in the past decade. Currently most of the exploitation of children material is passed via P2P. Sex offenders who are active in P2P are generally interested in receiving or distributing child pornography. In my experience offenders who are not interested in child pornography are not involved in P2P activities to any great extent. Finding P2P activity, especially high levels of P2P activity, on an offender's digital devices indicates an increased investment in sexual content, and more specifically an increased investment in illegal sexual content.

Factor 12: "Red Flag" Themes, if they have a significant number of images/files

As indicated in the TRAPS model (www.kbsolutions.com/beyond.pdf), digital devices yield information about an offender's themes of interest. Categories of images are not themes until there is a consistent pattern found within the digital device. As a general rule of thumb, I do not consider something a theme unless I find more than 30-50 indications of interest (i.e. 30-50 pictures or videos, 15-20 searches for the same or similar topics, etc.). These themes are often unrelated to the behavior resulting in the precipitating offense. Knowing the offender's themes of interest substantially advances the job of containment and treatment.

More importantly when certain "Red Flag" themes are discovered, it signifies increased investment in illegal sexual behavior. The most common Red Flag themes I have found are (in order):

A. Bestiality
B. Exhibitionism
C. Voyeurism
D. Non-Consensual
E. Minors/Children

A particularly important theme, Snuff materials (victim is killed), is rare but always significant.

Presence of any Red Flag theme indicates increased investment in sexual content.

Factor 13: Internet grooming or solicitation of minors using any medium.

At the federal level a high proportion of cases involve child pornography or Internet grooming/solicitation of minors. These crimes are heinous. Fortunately (or unfortunately, I'm not sure which), at the state and local level this is not the case. Only a small percentage of state level sex offenders are involved with child pornography or Internet solicitation/grooming of minors. Most state level offenders generate victims from a position of trust. Family, relatives, students, members of congregations, etc. are the common victim pool.

Most sex offenses are prosecuted at the state and local level. The sheer number of victims generated by state level sexual offenses is staggering. As a result, most offenders nationwide generate victims through a position of trust. My comments should not be construed to minimize the horrendous carnage visited upon children by federal level offenders. Nor are they intended to diminish the efforts or value of national efforts to catch Internet offenders. My intent is to point out that the vast number of victims are not groomed via digital technology.

Soliciting through digital devices is, then, "outlier" behavior. It violates the standard MO of sex offenders. Sex offenders groom the victim's environment as well as the victim. Internet solicitation and grooming violates this normal approach. It is impossible to groom the victim's environment over the Internet. Moreover, it is not possible to ensure who, exactly, your victim is. Offenders who solicit and groom over the Internet often recognize that it may be a cop they are grooming (has anyone not seen at least one episode of To Catch A Predator?). There are two kinds of individuals who will solicit or groom over the internet:

A. The offender who is so stupid they don't know it could be a cop on the other end. This stupidity makes them dangerous. They could (and probably would) try anything.

B. The offender who understands it may be a cop on the other end, but whose drive to get a victim outweighs their instinct for self-survival. These offenders generally ask "... are you a cop?". This overriding drive to get a victim makes them dangerous.

Offenders who solicit or groom through digital devices are high risk and should be treated as such.

When an offender 's digital devices indicate they were used to initiate contact with, solicit, and/or groom minors, it is an indication that the offender has a significant investment in digital sexual content. If the presenting charge does not involve solicitation or grooming via digital devices, the presence of it on their devices should immediately raise the level of containment for any offender.

Factor 14: Use of technology for sexual content which indicates a more heavily invested approach

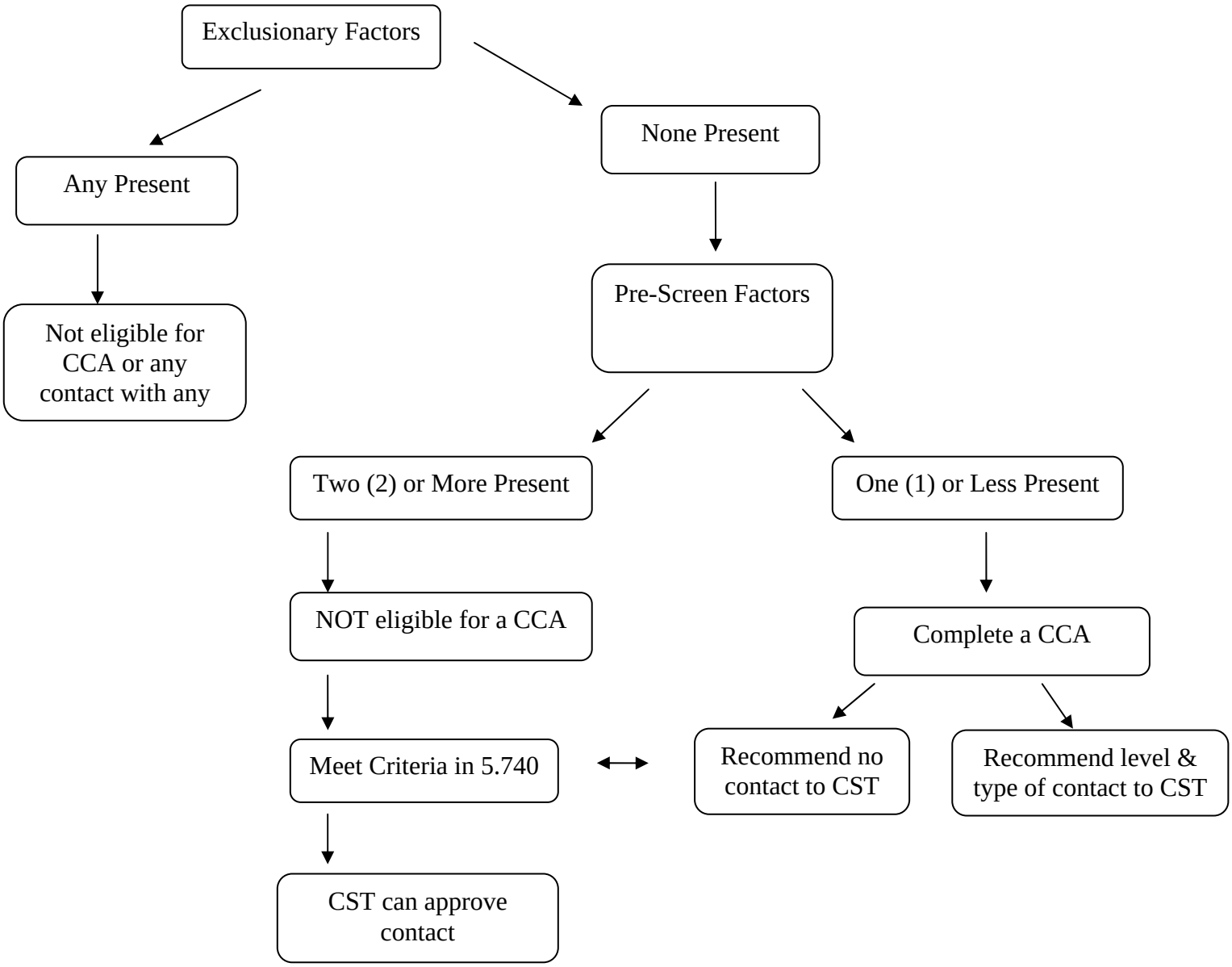
There are a few technologies which are not generally associated with sexual content. If an offender is found to have used these technologies to further sexual interests, it indicates an

increased investment in digital sexual content and a concomitant increase in resistance to containment and treatment. These technologies are:

A. IRC/IM (Chat/Instant Messaging).
B. SMS/MMS (Texting - risk is determined by level of use and age of corespondents)
C. Virtual world Web 2.0 (e.g., Second Life - yes, it has sexual content)

Appendix I
DETERMINING SEX OFFENDER CONTACT WITH OWN MINOR CHILD(REN)

Determining Sex Offenders' Contact with Own Minor Child(ren)



Appendix J
PAROLE GUIDELINES FOR DISCRETIONARY RELEASE ON DETERMINATE-SENTENCED SEX OFFENDERS

Parole Guidelines for Discretionary Release on Determinate-Sentenced Sex Offenders
Approved September 16, 2011

These guidelines are designed to inform the Parole Board of information regarding progress in treatment, or criteria information for those not currently in treatment, for determinate-sentenced sexual offenders. Those offenders who have demonstrated treatment progress or meet certain criteria may be better suited for consideration of discretionary parole. These guidelines may be considered as a component in the decision-making process of the Parole Board among other components considered (e.g. lack of mandatory parole, Code of Penal Discipline/institutional behavior, risk assessment, victim input, etc.).

I. In treatment at the Department of Corrections
    A. Use the same treatment criteria as the indeterminate sentence offenders based on the standard format
        1. *Meets the criteria for successful progress in treatment in prison,* or
        2. *Does not meet the criteria for successful progress in treatment in prison*

II. Not in treatment at the Department of Corrections
    A. Not on wait list for treatment (Signified by a "D" designation)
        1. *Lack of recommendation for discretionary parole*
    B. On wait list for treatment (Signified by a "R" designation)
        1. Not designated Sexually Violent Predator (SVP), and
        2. No history of prior sex crime conviction or adjudication (1 sex crime conviction), and
        3. No history of parole or community corrections revocation during the current sentence to the Department of Corrections, and
        4. Does not have a "P" designation signifying a treatment placement refusal or failure.
            1. *No objection to recommendation for discretionary parole*
    C. On wait list for treatment
        1. Designated a SVP, or
        2. Have 2 or more sex crime convictions or adjudications, including factual basis, or
        3. History of parole or community corrections revocation during the current sentence to the Department of Corrections, or
        4. On the waitlist with a "P" designation signifying a treatment placement refusal or failure
            1. *Objection to recommendation for discretionary parole*

Colorado Sex Offender Management Board

LIFETIME SUPERVISION CRITERIA

Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence &
Sex Offender Management

700 Kipling Street, Suite 3000
Denver, CO 80215
(303) 239-4442

June 1999

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INTRODUCTION

In 1998, the Colorado General Assembly passed legislation directing the Sex Offender Management Board (hereafter SOMB), in collaboration with the Department of Corrections, the Judicial Branch and the Parole Board to establish the criteria by and the manner in which a sex offender who is subject to lifetime supervision may demonstrate that he or she would not pose an undue threat to the community if released on parole or to a lower level of supervision while on parole or probation or if discharged from parole or probation and the methods of determining whether a sex offender has successfully progressed in treatment (Section 16-13-809 (1) (a) and (b) C.R.S.). The court and the parole board may use these Criteria to assist in making decisions concerning release of a sex offender, reduction of the level of supervision for a sex offender, and discharge of a sex offender.

Supervising parole and probation officers and treatment providers should utilize these Criteria in making recommendations to the court and or the parole board regarding release, reduction in levels of supervision and discharge of sex offenders.

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These Criteria do not stand alone. They are based on the Guiding Principles of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* (hereafter, *Standards*), located in the front section of this publication. The highest priority of the existing *Standards* and of these Criteria is community safety.

Treatment for sex offenders under lifetime supervision must be consistent with the existing *Standards*. Standard 3.140 F, in particular, outlines the content of sex offense-specific treatment.

Progress in treatment is not linear, incremental, static, nor reliable and must be consistently re-assessed. Progress is multi-dimensional; high risk can exist despite progress on many dimensions. Risk in any single dimension must be taken seriously. Concerns expressed by any individual member of the community supervision team should also be taken seriously. Progress indicated by repetitive testing over extended periods of time may be invalid due to deception, habituation, and socially desirable responsiveness. Consequently, results of such tests should not stand alone and multiple measures should always be used to indicate risk.

In order to best ensure community safety, the full continuum of containment options should be available for all offenders. The most effective management of sex offender risk begins with interventions that offer the highest levels of containment which may include supervised residential settings and intensive supervision programs.

The intent of the lifetime supervision of sex offenders is to reduce risk to the community. Although these Criteria are written in a format that indicates what offenders must do to be released, moved to lower levels of supervision, discharged or to demonstrate successful progress in treatment, this does not imply that any or all sex offenders on lifetime supervision will be able to meet the criteria for any of these reductions in levels of containment or complete treatment. Progress in treatment and assessment regarding whether or not these criteria are met must be measured by behavior that indicates lessened risk, not by any passage of time.

In some cases there may be overlap among the Criteria. This is a natural outcome of the community supervision team structure and the interplay between the team members. This overlap in supervision and monitoring duties helps to ensure adequate containment for sex offenders over time.

For the purposes of these criteria, successful progress in treatment indicates an active plan to continue treatment; successful completion of treatment indicates active, consistent participation in a treatment aftercare program. Offenders who indicate that they no longer need any treatment, behavioral monitoring or aftercare of any kind have **not** successfully progressed in treatment or completed it. These offenders continue to pose a risk to the community and should not be discharged from lifetime supervision.

Just as an offender can be progressed through the levels of supervision, an offender can be regressed or revoked for certain behaviors. If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision should be considered. Other conditions under which regression may occur include but are not limited to: deceptive polygraph results, drug or alcohol use, non-compliance in treatment, unstable residence or employment, or evidence of having taken steps to develop victim access or a victim pool.

Like the original *Standards,* these criteria are based in best practices known today for managing and treating sex offenders. To the extent possible, the SOMB has based these Criteria on current research in the field. Materials from knowledgeable professional organizations have also been used to direct them.

The management and treatment of sex offenders is a developing, highly specialized field. Many decisions regarding the Criteria must be made in the absence of clear research findings. Such decisions will be directed by the governing philosophy of public safety and a common sense interpretation of the guiding principles in the original *Standards*. The SOMB will remain current on the emerging literature and research in the field and will modify the Criteria periodically on the basis of new findings.

ADDITIONAL GUIDING PRINCIPLES FOR WORKING WITH SEX OFFENDERS ON LIFETIME SUPERVISION

These Guiding Principles serve as a part of the philosophical foundation of these Criteria. They are not to be used alone. They are intended to be used in conjunction with the Guiding Principles in the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, located in the front section of this publication.

LS1. Because of the long term nature of the work with sex offenders on lifetime supervision, and the concomitant risks to supervising officers and treatment providers, there is greater risk of complacency and inaccurate risk assessment. Supervising officers, treatment providers and their employing agencies should take steps to ensure the following:

- **Adequate clinical and administrative supervision;**
- **Regular case audits;**
- **Critical incident debriefings;**
- **Support for trauma reactions;**
- **Methods for transferring cases as needed; and**
- **Adequate self care.**

LS 1.00
CRITERIA FOR RELEASE FROM PRISON TO PAROLE

1.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if released from prison to parole, he or she must meet the criteria in each of the following areas of focus:

A. Criminal Behavior Past and Present

1. The offender acknowledges and takes full responsibility for the crime of conviction.
2. The offender has adequate plans to address components of the crime(s) that pose current risk as identified in the mental health sex offense-specific evaluation, treatment plan or relapse prevention plan. Such components may be, but are not limited to:

- P Initial charge versus the conviction or plea
- P Facts and circumstances of the crime
- P Premeditation, grooming or predatory behavior
- P Nature of the crime was incidental to another crime or was spontaneous
- P The use of threats, violence or weapons
- P Age of victim(s) or the presence of any mental or physical disability in the victim(s)
- P Any conviction other than the instant offense for a violent crime per CRS 16-11-309

B. Sentence Failures

1. The offender acknowledges reasons for sentence failures (which could include, but are not limited to deferred prosecutions or judgments, probation, community correction, or parole), as verified by official record, and has made progress in addressing those reasons or demonstrates the presence of a plan that addresses those issues.

C. Participation in Programs

1. Required participation in the Sex Offender Treatment and Management Program (SOTMP). SOTMP program staff report offender compliance with recommended program plan and sufficient progress in treatment.

2. Demonstrated participation in all recommended programs. Positive participation and recommendations from staff of each program (based on program compliance) or a clearly established plan to obtain recommended programming in the community where placement in the community does not pose an undue risk.

3. If the offender is placed in community corrections, he or she has demonstrated positive participation and progress as indicated by recommendation from Community Corrections staff and SOMB approved sex offense-specific treatment provider.

D. Code Of Penal Discipline Rules Convictions, Escapes or Absconds

Discussion: Non compliance with rules in a highly structured environment like DOC is highly related to risk of re-offense.

1. No COPD rules convictions in the last 12 months.

2. No drug violations and demonstrates all clean UAs for the last 12 months.

3. No sexual violations in DOC for a minimum period of the last 2 years.

E. Classification Level Changes

1. The offender has had no increase in classification level in the last 12 months.

F. Risk Assessment

1. The offender has completed the SOTMP evaluation (in adherence to SOMB *Standards* and including the administration of the DCJ Sex Offender Risk Scale) and has a recommendation from the SOTMP program staff, which is based on the evaluation, for release to parole.

G. Victim Input (Pursuant to 17-22.5-404 (2) (a) (I) this may include the victim or a relative of the victim)

1. The offender has had no contact with the victim, other than therapeutically approved contact. (Contact means any kind of communication either direct or indirect by the offender with the victim and includes but is not limited to physical proximity, written correspondence, electronic, telephone or through third parties.)

2. The offender is not engaging in victim blaming.

3. The offender is not engaging in harassment, manipulation or coercion of the victim.

4. Offender has demonstrated support for the victim=s recovery, minimally at the level of no contact, as verified by SOTMP staff.

H. Age of Offender at Offense vs Date of Parole Hearing

1. The offender demonstrates the emotional maturity necessary to predict a successful release to parole.

I. Parole Plan

1. The offender=s Parole plan minimally includes the following:

- P No undue level of risk is indicated in any part of the parole plan or recommendations from any DOC staff.
- P The offender has an appropriate plan to safely transition back to the community.
- P The home living situation is free from former and potential victims.
- P The offender has appropriate employment plans with lack of access to potential victims.
- P The offender has access to and demonstrates willingness to participate in sex offense specific treatment and other recommended treatment if released on Parole.
- P The appropriate level of supervision and containment is available where the offender plans to live.
- P The offender has a realistic plan to pay restitution based on a his or her ability to pay.

J. Honesty

1. The offender demonstrates truthful, complete and non-evasive answers to all questions posed by the parole board members.

LS 2.00
CRITERIA FOR REDUCTION IN LEVEL OF SUPERVISION WHILE ON PAROLE AND DISCHARGE FROM PAROLE

2.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if placed on a lower level of supervision while on parole, he or she must meet the reduction in supervision criteria in each of the following areas of focus; in order to demonstrate that he or she would not pose an undue threat to the community if discharged from parole, he or she must meet the discharge criteria in each of the following areas of focus:

A. Community Supervision Team Staffing

Reduced Supervision: The team considers all information below and other appropriate information to make any determination regarding movement to lower levels of supervision. All team members must agree to the reduction in the level of supervision.

No exceptions will be made for reduction in supervision from level 1 (maximum). Any exception made to the requirements for movement from levels other than level 1 must be made by a consensus of the community supervision team and the parole board. In such a case, reasons for movement to a lower level of supervision when criteria are not met must be documented as well as any resulting potential risk to the community.

Discharge: In any case when an offender is being considered for recommendation of discharge from lifetime supervision, the offender must demonstrate that he or she would not pose an undue threat to the community if allowed to live in the community without supervision. The team considers all information below and other appropriate information to make any determination regarding discharge from lifetime supervision. All team members must agree to the discharge from supervision.

The supervising officer will document what criteria are met or not met at any consideration of reduction in level of supervision or discharge and the decision of the community supervision team.

Discussion: If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision should be considered.

B. Polygraphs

Reduced Supervision: The offender must complete at least two consecutive non-deceptive polygraph examinations before moving to the next

lower level of supervision. The examinations must be the two most recent exams each time.

Discharge: The offender must have completed a non-deceptive baseline (sex history) polygraph examination and complete at least two consecutive non-deceptive polygraph examinations for each of the three levels of supervision before discharge.

Any exception made to the requirements for movement from level to level or for discharge must be made by a consensus of the community supervision team. In such a case, reasons for movement when criteria are not met must be documented as well as any resulting potential risk to the community.

C. Progress in Treatment

Reduced Supervision: The sex offender=s monthly reports are consistently indicating the following (consistency is defined as 6 months or longer):

- P Regular attendance with no un-excused absences in the last 6 months.
- P Active participation.
- P Progression with the established treatment guidelines.
- P Payment.
- P The offender acknowledges and takes full responsibility for crime of conviction.
- P Completion of a non-deceptive polygraph regarding the offender=s sex history.
- P The treatment provider reports that any other denial issues are being consistently and adequately addressed in treatment.
- ▪ The offender understands the offense cycle.
- P The offender has and is utilizing an appropriate relapse prevention plan.
- P No unsuccessful terminations.
- P Full compliance with established treatment guidelines.
- P Full compliance with recommended medications.

Discharge: For discharge from parole, the treatment provider must be reporting successful termination of treatment or successful progress in treatment to date and actively recommending discharge from parole. (Successful completion indicates active, consistent practice of a treatment aftercare program. Successful progress indicates an active plan to continue in treatment.)

D. Employment

Immediately upon release, providing there are no medical, mental or physical problems, the sex offender shall actively seek appropriate full time employment or enroll in an appropriate vocational training program, with consent of supervising officer. Appropriate employment limits contact with victims and potential victims and allows the supervising officer to consistently locate the offender.

Reduced Supervision: The offender must demonstrate of job stability, longevity and appropriate usage. In addition, a positive evaluation or progress report (written or verbal) is required from the immediate work supervisor.

An exception may be made if the sex offender becomes unemployed for reasons beyond his or her control. Any exception must be agreed to by a consensus of the community supervision team. In such a case, reasons for movement when criteria are not met must be documented as well as any resulting potential risk to the community.

Discharge: The sex offender=s employment record shall reflect the ability to seek and maintain appropriate long-term employment with no periods of willful unemployment during the past 5 years.

E. Relationships

Relationships developed in the community shall be appropriate and of positive benefit to the sex offender. The safety of the community shall be considered a priority in all relationships. Appropriate relationships limit contact with all victims and potential victims and include an awareness of the offender=s criminal history.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender=s ability to articulate the status and benefits of any relationships. The offender shall have had no unauthorized contact with victims or minors in the last 6 months.

Consideration for progression to level 2 (medium) will be based on the offender identifying an appropriate community support person who is willing to participate in offense specific education.

In a situation where the offender cohabits with or is in an intimate relationship, the co-habitor or significant other must be supportive of treatment, not supportive of the offenders= denial, and be willing to participate in treatment and sex offense specific education as needed. Significant other(s) and co-habitors, should also be able to articulate the status and benefits of relationship, demonstrate an awareness of the sex offender=s criminal history including the current offense and have knowledge and awareness of the sex offender=s risk to children and potential victims.

Exceptions may be made and documented when the offender is residing in a residential facility or hospital and it would be inappropriate to disclose the offender=s history to all other residents. In such cases, the safety of the other residents shall be the determining factor regarding disclosure, not the offender=s desire for confidentiality. In no case is it appropriate to keep any information regarding the offender and his or her history from staff of any facility in which they are being treated or in which they reside.

Discharge: The sex offender shall have demonstrated, over the course of supervision, the ability to maintain age appropriate, professional and personal relationships that are non-criminal. The sex offender shall demonstrate an understanding of how positive relationships in the community have influenced non-criminal behavior and thinking.

F. Sex Offender Registration

Each sex offender, domestic or interstate, if required by statute to register, shall upon becoming a temporary or permanent resident, register with the law enforcement agency within the jurisdiction where the offender=s residence is located.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on consistent compliance with re-registration requirements, advising law enforcement of current residence, appropriately notifying original jurisdiction and timely filing of a change of residency card with law enforcement when moving to a new jurisdiction.

Progression to a lower level of supervision will not be considered if sex offender is not in compliance with state registration laws.

Discharge: The sex offender must currently be registered and have been in compliance with sex offender registration laws for the (5) five consecutive years immediately preceding consideration for discharge.

G. Leisure Activities:

Immediately upon release, leisure activities engaged in or developed within the community shall be appropriate, legitimate, legal and of benefit to the sex offender. Appropriate leisure activities limit contact with victims and potential victims and allow the supervising officer to consistently locate the offender.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on sex offenders' ability to identify appropriate leisure activities and the benefit of each activity. In addition, the

offender must be able to articulate how the relapse prevention plan is used when engaging in leisure activities.

Discharge: To be considered for discharge, the sex offender must have demonstrated the ability to participate in appropriate, legitimate and legal leisure activities from which he/she has benefited. In addition, the offender must have demonstrated consistent use of a relapse prevention plan as needed during leisure activities.

H. Compliance with Conditions of Supervision

On a regular basis, the sex offender demonstrates compliance with all conditions of supervision.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender=s attitude, progress, participation and consistent compliance with all conditions of supervision.

The sex offender will not be considered for progression to a lower level of supervision if not actively in compliance with all offense specific conditions of supervision, or if the offender has a pending summons or complaint for any parole violation(s).

Discharge: To be considered for discharge sex offender must be in compliance with all conditions of supervision including successful discharge from treatment and active participation in an aftercare program.

LS 3.00
CRITERIA FOR REDUCTION IN LEVEL OF SUPERVISION WHILE ON PROBATION AND DISCHARGE FROM PROBATION

3.010 In order to demonstrate that the sex offender would not pose an undue threat to the community if placed on a lower level of supervision while on probation, he or she must meet the reduction in supervision criteria in each of the following areas of focus (For the purpose of these Criteria, reduction in level of supervision while on probation means movement from Sex Offender Intensive Supervision Probation to Regular Probation). For criteria that refer to reduction in levels of supervision while on Sex Offender Intensive Supervision Probation, please refer to the *Sex Offender Intensive Supervision (SOISP) Guidelines and Standards* published by the Colorado Judicial Branch, Office of Probation Services.

In order to demonstrate that the sex offender would not pose an undue threat to the community if discharged from probation, he or she must meet the discharge criteria in each of the following areas of focus:

A. Compliance with the Treatment Contract to the Treatment Provider=s Satisfaction

Reduced Supervision: The treatment provider is indicating a recommendation for reduced supervision based on the following indicators of progress in treatment:

- P Regular attendance and active participation in sex offense specific treatment.
- P Demonstrates increased internal motivation for treatment.
- P The offender admits to committing the offense and acknowledges sexual assault intent.
- P The offender demonstrates understanding and use of a written offense cycle.
- P Completion of a written relapse prevention plan and demonstrated ability to use it.
- P The offender appropriately confronts others in group treatment.
- P Completion of non-deceptive maintenance polygraph examinations at least every 6 months.
- P Completion of all homework assignments and evidence of an attempt to do a quality job.
- P No violations of the treatment contract.
- P A reduction in attempts to Asplit@ team members.
- P Demonstrates increased awareness of victim impact and the development of victim empathy.
- P Verification that the offender is using techniques, such as covert sensitization, to interrupt deviant arousal.
- P Non-deceptive disclosure polygraph. (Any exception to this criteria must be consistent with the requirements in the SOMB *Standards* located in the front section of this publication.)
- P Demonstrates ability to recognize and correct thinking errors.
- P Demonstrated the ability to express anger appropriately and without aggression.
- P Full and consistent compliance with any medication requirements.

Discharge: For discharge from probation, the treatment provider must be reporting successful termination of treatment or successful progress in treatment to date and actively recommending discharge from probation. (Successful completion indicates active, consistent practice of a

treatment aftercare program. Successful progress indicates an active plan to continue in treatment.)

B. Consistency Between Words and Behavior

Reduced Supervision:

- The offender can identify inconsistencies in his or her words and behavior and makes attempts to correct them.
- Evidence of consistency in what is said to the members of the community supervision team.

Discharge: The offender consistently displays consistency between his or her words and behavior in all areas of his life.

C. Appropriate Relationships and Community Support

Reduced Supervision: The offender recognizes and terminates inappropriate relationships. The offender has establishment of some appropriate social relationships and community support. This may include a community chaperone if deemed necessary by the community supervision team. In a situation where the offender cohabits with or is in an intimate relationship, the co-habitor or significant other must be supportive of treatment, not supportive of the offenders= denial, and be willing to participate in treatment and sex offense specific education as needed. Significant other(s) and co-habitors, should also be able to articulate the status and benefits of relationship, demonstrate an awareness of the sex offender=s criminal history including the current offense and have knowledge and awareness of the sex offender=s risk to children and potential victims.

Exceptions may be made and documented when the offender is residing in a residential facility or hospital and it would be inappropriate to disclose the offender=s history to all other residents. In such cases, the safety of the other residents shall be the determining factor regarding disclosure, not the offender=s desire for confidentiality. In no case is it appropriate to keep any information regarding the offender and his or her history from staff of any facility in which they are being treated or in which they reside.

Discharge: The sex offender shall have demonstrated, over the course of supervision, the ability to maintain age appropriate, professional and personal relationships that are non-criminal. The sex offender shall demonstrate an understanding of how positive relationships in the community have influenced non-criminal behavior and thinking.

D. Stable and Safe Residence

Reduced Supervision : The offender shall maintain a stable and safe residence. A safe residence is one that limits the offender=s contact with victims, potential victims and minors and where any co-habitors are aware of the offender=s criminal history including the current offense and have knowledge and awareness of the sex offender=s risk to children and potential victims.

Discharge: The offender shall have demonstrated, over the course of supervision the ability to maintain a stable and safe residence.

E. Stable and Safe Employment

Reduced Supervision: The offender shall demonstrate the ability to maintain stable and safe employment. Safe employment limits contact with victims and potential victims and allows the supervising officer to consistently locate the offender.

Discharge: The offender=s employment record shall reflect the ability to maintain stable and safe employment with no periods of willful unemployment during the past 5 years.

F. Substance Abuse Treatment

This criteria applies only to those offenders who are recommended for substance abuse treatment.

Reduced Supervision: The offender has entered a recommended substance abuse treatment program and is making and maintaining consistent progress in the program.

The offender has not used drugs or alcohol for at least 6 months prior to any reduction in level of supervision.

Discharge: The offender has completed any recommended substance abuse program and is actively and consistently involved in any recommended aftercare or maintenance programs.

G. Leisure Activities

Leisure activities engaged in or developed within the community shall be appropriate, legitimate, legal and of benefit to the sex offender. Appropriate leisure activities limit contact with victims and potential victims and allow the supervising officer to consistently locate the offender.

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on sex offenders' ability to identify appropriate leisure activities and the benefit of each activity. In addition, the offender must be able to articulate how the relapse prevention plan is used when engaging in leisure activities.

Discharge: To be considered for discharge, the sex offender must have demonstrated the ability to participate in appropriate, legitimate and legal leisure activities from which he has benefited. In addition, the offender must have demonstrated consistent use of a relapse prevention plan as needed during leisure activities

H. Compliance with Conditions of Supervision

Reduced Supervision: Consideration for progression to a lower level of supervision will be based on the sex offender=s attitude, progress, participation and consistent compliance with all conditions of supervision including but not limited to the following:

- Keeps probation and other related appointments and is generally on time.
- Is open to discussing the offense and treatment progress.
- The offender does not try to control the probation officer or content of visits.
- No technical violations within the last 6 months of probation related to the offense cycle.
- No alcohol or drug use at least 6 months preceding a supervision reduction.

- No unauthorized contact with the victim(s) or with minors.
- Full compliance with requirements for registration and DNA Genetic Marker collection.
- Consistent payment of restitution and fines imposed by the court.
- Any community complaints regarding the offender have been adequately addressed to the treatment team=s satisfaction.

I. Community Supervision Team Staffing

Reduced Supervision: The team considers all information above and other appropriate information to make any determination regarding movement to a lower level of supervision. All team members must agree to the reduction in the level of supervision.

Discharge: In any case when an offender is being considered for recommendation of discharge from lifetime supervision, the offender must demonstrate that he or she would not pose an undue threat to the community if allowed to live in the community without supervision. The team considers all information below and other appropriate information to make any determination regarding discharge from lifetime supervision. All team members must agree to the discharge from supervision.

The supervising officer will document what criteria are met or not met at any consideration of reduction in level of supervision or discharge and the decision of the community supervision team.

Discussion: If an offender is consistently failing to meet criteria for progression, the team should evaluate whether the current level of supervision is intensive enough to adequately contain the offender. In such cases, regression to a higher level of supervision, or revocation, should be considered.

LS 4.000
CRITERIA FOR SUCCESSFUL PROGRESS IN TREATMENT

4.100 Criteria for Successful Progress in Sex Offense Specific Treatment

4.110 In order to demonstrate successful progress in treatment, the offender must meet the progress criteria in each of the following areas of focus; in order to meet the criteria for successful completion of treatment, the offender must meet all of the progress and completion criteria in each of the following areas of focus.

For the purposes of these criteria, successful progress in treatment indicates an active plan to continue treatment and supervision; successful completion of treatment indicates active, consistent participation in a treatment aftercare program, containment and monitoring to manage lifelong risk.

A. Relapse Prevention Criteria

1. Reduction in Denial

Progress:

- P The offender discloses all victim(s) and sexual offending behavior in detail.
- P The offender=s account must reasonably match or surpass the victim(s) accounts.
- P The offender recognizes and admits the purposes of their sexually assaultive/offending behavior including sexual gratification, deviant sexual arousal and power and control.
- P The offender completes non-deceptive polygraph examination(s) regarding sexual history.

Completion:

- P The offender has met all progress criteria and continues to complete non-deceptive polygraph examinations.
- P The offender no longer uses denial of responsibility in any arena of his or her life as a primary coping mechanism.

2. Decreased deviant sexual urges, arousal, and fantasies:

Progress:

- P The offender demonstrates knowledge of his or her historical offense and relapse cycles including awareness of thoughts, emotions and behaviors that could facilitate sexual re-offenses or other assaultive behaviors.
- P The offender demonstrates knowledge of his or her cognitive distortions and is working to correct them.
- P The offender has developed and implemented a plan to alter his or her lifestyle to limit their ability to plan or groom potential victims and has developed skills to interrupt fantasies and inappropriate masturbatory behaviors and utilizes them.
- P The offender has developed a comprehensive relapse prevention plan.

- P Is, and consistently has been, in compliance with all recommended prescribed psychiatric medications used to reduce arousal or manage behaviors related to risk.
- P The offender can identify objectification and inappropriate sexual gratification in relationships and is developing skills to address them.

Completion:

- P The offender demonstrates control over arousal or interest through Plethysmograph or Abel Screen Aimprovement@.
- P The offender consistently completes non-deceptive polygraphs regarding planning behavior or masturbation to arousal and fantasies.
- P The offender consistently demonstrates self motivated use of the relapse prevention plan and has distributed written copies of the plan to any co-habitors or significant others.
- P The offender consistently demonstrates self motivated use of a plan for identifying and correcting cognitive distortions.
- P The offender demonstrates the development and maintenance of appropriate adult relationships. Appropriate relationships value the quality of the relationship over sexual gratification.
- P The offender demonstrates an ongoing commitment to and active engagement in treatment or an aftercare treatment program, containment and monitoring to manage lifelong risk.

Discussion: Demonstrating improvement on these measures does not necessarily indicate reduced risk or that the offender will utilize his or her ability to control arousal or interest appropriately.

B. Environment Management Criteria

Progress:

- P The offender demonstrates willing, active and knowledgeable participation in the treatment process and/or a milieu or residential treatment setting.
- P The offender demonstrates the ability to identify anti-social behaviors and is working toward pro-social skills to replace them.
- P The offender has disengaged from relationships that support his or her denial, minimization, and resistance to treatment.

- The offender is engaged in relationships which are supportive of treatment, and the people engaged in relationships with the offender demonstrate an awareness of the sex offender=s criminal history including the current offense and of the sex offender=s risk to children and potential victims. These people actively assist in limiting the offender=s contact with children and potential victims. Additionally, those who are in either in intimate relationships with the offender or are co-habiting with the offender are willing to participate in treatment and sex offense specific education as needed.
- The offender=s support system has been given permission by the offender to question and confront the offender about his or her behavior and to report their concerns to the community supervision team and law enforcement authorities when appropriate.
- The offender has demonstrated consistent and full compliance with all conditions of supervision and the treatment contract.
- The offender has demonstrated consistent ability to avoid high risk environments.

Completion:

- The offender demonstrates willing and active participation in only pro-social behaviors.

C. Community & Victim Responsiveness Criteria

Progress:

- The offender acknowledges the full impact of his or her sexually assaultive and offending behavior.
- The offender understands that the protection of victims and potential victims from unsafe and or unwanted contact with the offender outweighs the needs or desires of the offender.
- The offender changes his or her behavior to prevent unsafe or unwanted contact with victims or potential victims.
- The offender has started to pay restitution and has a realistic plan to continue.
- The offender has demonstrated consistent compliance with all registration, notification, HIV testing and DNA testing requirements and has an active plan to continue.

Completion:

- The offender has successfully completed victim clarification with his or her victims and secondary victims or victim surrogates when victim needs or desires indicate non- participation.
- The offender demonstrates the capacity, knowledge, willingness and ability to empathize.

Discussion: It should be noted that it can be dangerous to attempt empathy work with those offenders who may not have the capacity to develop real empathy (such as psychopaths and sadists). These offenders may utilize information about others= pain as a means to learn how to harm victims more effectively.

D. Offender Criteria

Progress:

- The offender recognizes and acknowledges his or her lifelong risk.
- The offender does not project blame for his or her offending behavior.
- The offender does not present himself or herself as entitled or as a victim.
- The offender has identified cognitive distortions and has demonstrated a consistent ability to change them.
- The offender has been able to demonstrate a primarily positive attitude toward supervision and treatment.
- The offender has identified problems with stress management, social skills and anger management and is developing pro social skills to address them.
- The offender can identify his or her unhealthy attitudes and behavior regarding sex roles and sexuality and is working to change them.
- The offender can identify his or her misuse of power and control and is working to eliminate it.

Completion:

- The offender consistently maintains a positive attitude toward supervision and treatment.
- The offender is committed to permanently altering his or her lifestyle to reduce and control his or her lifelong risk.
- The offender does not project blame or minimize personal responsibility.
- The offender assumes full and appropriate responsibility for his or her actions.
- The offender demonstrates primarily non-distorted thinking.
- The offender has accepted and is actively and consistently working to address any diagnosed personality disorders.
- The offender has addressed in treatment and demonstrated the ability to practice ongoing self care regarding: 1) previous trauma, 2) social skills, 3) stress management, 4) anger management, and 5) independent living skills.
- The offender has consistently demonstrated realistic and healthy attitudes and behavior about sexuality and sex roles.
- The offender has addressed power and control issues in treatment and has consistently demonstrated an ability to engage with others without abusing power and control.
- The offender has willingly engaged in risk assessment and physiological monitoring and has an active plan to continue.

- The offender has developed a positive life purpose which is internally oriented, value driven and not outcome dependent.

E. Co-morbidity and Adjunctive Issues

Progress:

- The offender is addressing any domestic violence history with appropriate domestic violence treatment and has not engaged in domestic violence.
- The offender is addressing drug and alcohol problems in treatment and is maintaining abstinence of recommended.
- The offender is addressing any psychiatric conditions in treatment and is in compliance with all recommended medications.

Completion:

- The offender has not committed any new incidents of domestic violence, has addressed domestic violence in treatment and demonstrates a commitment to continue domestic violence treatment as needed.
- The offender demonstrates an ongoing commitment to participate in recommended substance abuse treatment and maintenance programs.
- The offender has addressed any psychiatric conditions in treatment and demonstrates an ongoing commitment to participate in recommended treatment, maintenance and medication programs.

4.200
Criteria for Successful Progress in Treatment in Prison: Sex Offender Treatment and Management Program, Colorado Department of Corrections

4.210 Sex offender treatment in the prison setting is always preliminary to continued treatment and supervision in the community post release from prison. Since sex offenders who participate in treatment in the prison setting cannot complete treatment in prison, the Sex Offender Treatment and Management Program has developed three formats for sex offender participation in prison treatment based on differing minimum sentences and time to parole eligibility.

It should be understood that the availability of these specialized formats does not ensure sex offender cooperation with or success in treatment. The eligibility requirements for SOTMP apply for all of these formats.

Sex offenders must meet all of the criteria for their assigned format to receive a recommendation for release to parole from the Sex Offender Treatment and Monitoring Program staff.

A. Criteria for the Standard Format

Offenders with 6 years or more minimum sentence will be assigned to the Standard Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.

2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.

3. The offender must have completed a comprehensive Personal Change Contract (relapse prevention plan) which is approved by the SOTMP team.

4. The offender must have, at a minimum, one approved support person who has participated in SOTMP family/support education. They also must have and has received an approved copy of the Offender's Personal Change Contract through their participation in a SOTMP therapist facilitated disclosure session with the offender.

5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past

year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).

6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.

7. The offender must be able to be supervised in the community without presenting an undue threat (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, or a history of lethality in offense behavior or fantasy).

B. Criteria for the Modified Format

Offenders with 2 years to 5 years minimum sentence will be assigned to the Modified Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.

2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.

3. The offender must have defined and documented his or her sexual offense cycle.

4. The offender must have, at a minimum, one approved support person who has participated in SOTMP family/support education. They also must have received an approved copy of the offender's sexual offense cycle through their participation in a SOTMP therapist facilitated disclosure session with the offender.

5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).

6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.

7. The offender must be able to be supervised in the community without presenting an undue threat (e.g., indications of undue threat may include a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, and a history of lethality in offense behavior or fantasy)..

C. Criteria for the Foundation Format

Sex Offenders with less than 2 years minimum sentence will be assigned to the Foundation Format.

1. The offender must be actively participating in treatment and applying what he or she is learning.

2. The offender must have a complete full disclosure of their sexual history as verified by a non-deceptive polygraph assessment of his or her deviant sexual history.

3. The offender must participate in a comprehensive sex offense-specific evaluation and have a SOTMP approved individual treatment plan.

4. The offender must have a plan to establish at least one approved support person.

5. The offender must be practicing relapse prevention as verified by any recent monitoring polygraphs and no institutional acting out behaviors within the past year (e.g. a history of engaging in high risk behavior or committing violations of institutional rules reflective of ongoing criminal behavior).

6. The offender must be compliant with any DOC psychiatric recommendations for medication which may enhance his or her ability to benefit from treatment and or reduce his or her risk of re-offense.

7. The offender must be able to be supervised in the community without presenting an undue threat (e.g. a history of sadistic behavior or fantasy, a diagnosis of psychopathy based on the PCL-R, and a history of lethality in offense behavior or fantasy).