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INTRODUCTION

On July 5, 2007 The Delaware General Assembly passed legislation (11 Del. C. §4120A) that created a Sex Offender Management Board to develop standards and guidelines for the evaluation, identification, classification, treatment, and continued monitoring of sex offenders at each stage of the criminal justice system. The General Assembly recognizes that although sexual offending cannot be cured, specialized treatment of sex offenders has been found to be effective in reducing sex offense recidivism and is a powerful component in the prevention of future sex offenses. The General Assembly further recognizes standards and guidelines for the identification, classification, treatment, and continued monitoring of sex offenders will most effectively provide the utmost community safety if the entirety of the criminal justice and social services systems are coordinated through consistent application of the same standards and guidelines. The paramount purpose and goal of the Sex Offender Management Board is to maximize community safety and to ensure that sex offenders are not within the community without comprehensive treatment, constant supervision, and behavioral monitoring.

The Sex Offender Management Board consists of the following members or their designee:

The President Judge of the Delaware Superior Court, The Commissioner of the Delaware Department of Correction, A representative from the Office of Probation and Parole, The Chairperson of the Board of Parole, A representative from the Division of Child Mental Health, One licensed mental health professional with experience in treatment of adult sex offenders, One member at-large who can represent sex abuse victims, victims' rights organizations, and/or the community at large, The Secretary for the Delaware Department of Health and Social Services, The Superintendent of the Delaware State Police, One member who is a recognized expert in the treatment of juvenile sex offenders, The Attorney General for the State of Delaware, The Public Defender of the State of Delaware, The Chairperson of the Delaware Police Chief's Council of Delaware, Two members who are recognized experts in the field of sexual abuse and who can represent sexual abuse victims, A member of the Delaware State Police Sex Offender Registry, The Executive Director of Delaware Criminal Justice Information System, A representative from Youth Rehabilitative Services, One member from the Delaware Department of Education who has experience dealing with juvenile sex offenders in the public school system, The Chief Judge of Family Court, and the Secretary for the Delaware Department of Safety and Homeland Security.

These standards are based on the best practices known today for managing and treating sex offenders. The SOMB will remain current on the emerging research and literature and will modify the Standards periodically on the basis of new findings. In the absence of clear research findings, decisions will be directed by the governing philosophy of public safety and on a common sense interpretation of the Guiding Principles which form the foundation of the Standards.

DEFINITIONS

Accountability	Accurate attributions of responsibility, without distortion, minimization, or denial.
Assessment	The collection of facts to draw conclusions which may suggest the proper course of action. Sometimes assessment and evaluation may be used interchangeably but assessment is on-going and includes an analysis of all data including a sex offense specific evaluation.
ATSA code of ethics	The Association for Treatment of Sexual Abusers has published a code of ethics for those individuals involved in the evaluation and treatment of sexual offenders. Delaware Sex Offender Management Board approved providers must adhere to these ethics.
Behavior Monitoring	A variety of methods for checking, regulating, and supervising the behavior of sex offenders
Case Management	Coordination and implementation of the activities directed towards supervising, treating, and managing the behavior of individual sex offenders
Community Supervision Team	Those individuals involved in the case management of a particular sex offender. The supervision team determines the best course of action to reduce risk while the sex offender is supervised in the community
Clinical Experience	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 supervision teams, and clinical supervision of therapists treating sex offenders.
Criminal Justice Sanction	Activities or action used to reduce the liberties of sex offenders under community supervision and the sentence of the Court or Board of Parole. Sanctions range from imposition of a curfew to incarceration for violation of probation/parole.

Denial	In psychological terms, denial means a defense mechanism used to protect the ego from anxiety-producing information.
Developmental Disabilities	Chronic disabilities attributable to mental or physical impairments apparent before the age of 22. These disabilities tend to be life-long and result in substantial functional limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.
Evaluation	<p>Systematic collection, analysis, and documentation of psychological, behavioral and social information.</p> <p>Sex-offense specific evaluation includes the above information as well as information related to sexual history, arousal patterns, sexual deviance, dysfunction, sexual attitudes and cognition, risk of sexual re-offense, and risk of failure in sex offense specific treatment and supervision.</p>
Evidence-based practices	Approaches and interventions that have been scientifically tested in controlled studies and proven effective.
Guardian	Individual who has legal authority to make decisions on behalf of another.
Informed Assent	Acquiesce or comply with specific terms or agreement. The use of “assent” in this document recognizes sex offenders are not voluntary clients and their choices are therefore limited.
Informed Consent	Voluntary agreement or approval to do something in compliance with a request.
Plethysmograph	Electronic device used to measure variations in penile tumescence associated with sexual arousal. The tool is used in sex offender treatment to assist in determining deviant sexual arousal. There is a device that measures physiological changes for women as well.
Polygraph Exam	An instrument that simultaneously records changes in physiological processes such as heartbeat, blood

pressure, and respiration, often used to detect deception.

There are three types of post-conviction polygraph tests commonly administered to sex offenders: Specific Issue Examination, Disclosure or Sexual History Examination, and Maintenance Examination.

Provider List

A list published by the SOMB of individual treatment providers, evaluators, and polygraph examiners who meet the criteria set forth by the *Standards*.

Risk assessment

The process by which an evaluator, treatment provider, supervision officer, or pre-sentence officer determines risk for sexual re-offense. Appropriate risk assessment includes a review of all pertinent data, behavioral observations, physiological testing, and use of formal risk assessment tools.

Sex Offender

11 Delaware Code 4120A(b)(2) and 4121(a)(4)- Sex offender means any person who has ever been convicted of an offense as defined in Title 11, 761 and 4121(a)(4), or of any attempt or conspiracy to commit any of the aforementioned offenses. Convictions shall include adjudications of delinquency and persons who enter a plea of guilty, or are found guilty but mentally ill, or not guilty by reason of insanity.

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) suffering and humiliation of oneself or one's partner, or (3) children or other non-consenting persons that occur over a period of at least six months and cause clinically significant distress in one or more important areas of functioning.

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Delaware Sex Offender Management Board

Supervision Officer	Probation or Parole officer assigned to monitor the sex offender while they are serving a sentence in the community.
Supervision Plan	Plan developed by the supervision officer in conjunction with the treatment team which outlines specific measurable goals related to success in supervision and reduction in recidivism.
Sex offense-specific Treatment	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, fantasies, arousal, planning, denial, and rationalizations. The primary treatment modality for sex offense specific treatment is group therapy. Other treatment modalities may be used in conjunction with group therapy.
Treatment Provider	A person who provides sex offense-specific treatment to sex offenders according the Standards and Guidelines of this document.

5/29/12

GUIDELINES FOR PRE-SENTENCE INVESTIGATION FOR ADULTS

1.1

Upon the request of the prosecutor and/or the defense, and upon order of the Court, the sex offender will be the subject of a pre-sentence investigation (PSI) prior to sentencing which may include a sex offense-specific evaluation if ordered by the Court. The PSI shall comply with all requirements set forth in 11 *Del. C.* Section 4331. Prior to sentencing the prosecutor and defense shall have the opportunity to review the materials relied upon in the pre-sentence report referred to in Section 1.2 and the sex offense-specific evaluation referred to in Section 1.3. The PSI report should follow the offender throughout the time the offender is under the supervision of the Department of Corrections. The completion of a pre-sentence investigation and report does not bar the submission of any additional expert reports for consideration at sentencing by either party.

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

- Specific details of the offense
- 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 behavior
- Sex offense-specific evaluation report if available and ordered by the Court
- Risk factors, risk level, and amenability to treatment
- The potential impact of each sentencing option on the victim(s)

Sentence recommendations involving community supervision should allow for an extended period of treatment, aftercare, and behavior monitoring.

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

- Police reports
- Child protection reports

- A criminal history provided that a Directive One has been executed
- Any available risk assessment materials
- Prior evaluations and treatment reports
- Prior supervision records, if available

The referral shall be to an expert who appears on the SOMB Provider list.

If a defendant has been convicted of a sex offense as defined in 11 *Del. C.* Section 4121(a)(4), the pre-sentence investigation report shall be completed by a pre-sentence investigator specifically trained in sex offender management. Any risk assessment completed through this process is only one part of the information gathering and should be viewed along with the PSI interview and other documents. It should not be used alone in lieu of or a substitute for a complete PSI.

1.4 Pre-sentence officers shall receive 40 hours of initial training related to:

- Prevalence of sexual assault
- Offense characteristics
- Assessment/evaluation of sex offenders
- Risk assessment
- Current research
- Community management of sex offenders
- Interviewing skills
- Victim Issues
- Sex Offender treatment
- Relapse prevention
- Physiological procedures
- Offender denial
- Special populations of sex offenders
- Cultural and ethnic awareness

Thereafter, pre-sentence officers shall obtain 16 hours of continuing education/training each year specific to sex offenders. Of the 16 hours, at least 4 hours shall be related to risk assessment.

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STANDARDS FOR SEX OFFENSE-SPECIFIC EVALUATIONS

- 2.0** Each sex offender shall receive an 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 replace 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.
- 2.1** The evaluation shall be completed by a Sex Offender Management Board approved provider.
- 2.2** The evaluation shall follow the sex offender through the criminal justice system, whether on probation, parole, or incarcerated. If more than one assessment is required on an offender, old assessments will be shared with the current evaluator in accordance with state and federal law.
- 2.3** **DD-**Those individuals completing evaluations on sex offenders with developmental disabilities shall meet the SOMB standards set forth in section 4.000.
- 2.4** Assessment is an ongoing process and should continue as the offender transitions through treatment and supervision. Members of the community supervision team should assess each offender on a regular basis to identify changes in risk level. Further screening and testing may be required to address a specific issue. Evaluators may be asked to update a full assessment with additional testing.
- 2.5** The evaluator shall obtain the offender's informed assent by advising him/her of the evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. Results of the evaluation should be shared with the offender. The evaluator shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse.
- 2.6** **DD-** When assessing and evaluating a sex offender with developmental disabilities the evaluator shall obtain the assent of the legal guardian, if applicable, and the informed assent of the offender.
- 2.7** **DD-** When assessing and evaluating a sex offender with developmental disabilities the evaluator shall make every effort to interview the caretaker as a means of gathering historical information.
- 2.8** When assessing a sex offender who is already in the criminal justice system or has a history in the system, the evaluator shall gather historical information from the probation officer.

2.9 To ensure the most accurate prediction of risk for sex offenders, the following evaluation modalities are 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;
- Details of the current offense(s)
- Documents that describe victim trauma
- Scope of offender's sexual behavior other than the current offense
- Structured clinical and sexual history interview
- Offense specific psychological testing and standardized assessment instruments when applicable.
- Testing of deviant arousal or interest (i.e. Plethysmograph, Abel Screening) when applicable.
- Use of at least one validated risk assessment instrument.

Evaluation instruments and processes will be subject to change as more is learned in this area. Because measures of risk are imperfect, 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.

2.10 A sex offense-specific evaluation shall address 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

The evaluation procedures used for each of the above categories will consist of a

- Clinical interview
- Clinical mental status exam
- Observational assessment
- History of functioning
- Case file/document review
- Collateral information/contact/interview

2.11 Evaluators must complete a **sexual offense risk assessment tool, at least one cognitive distortion scale, and a scale/test that addresses motivation and**

amenability to treatment. The appended chart lists mandatory evaluation procedures and optional testing/screening instruments.

- 2.12** **DD-** 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:
- 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.
 - 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.
- 2.13** **DD-** Evaluators shall also address the level of functioning and neuropsychological concerns for sex offenders with developmental disabilities and make appropriate recommendations regarding treatment modalities and any need for additional behavioral interventions or containment and supervision requirements.
- 2.14** 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.
- 2.15** 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.
- 2.16** 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 and 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, no recommendations or conclusions will be drawn.
- 2.17** **Written Report:**

A written report will be submitted to the requesting agency within 45 days of agreeing to complete the evaluation. The written report shall include:

1. Offender demographic information

2. Evaluator information
3. Reason for evaluation
4. Evaluation methods
5. Formal account of the instant offense
6. Client's version of the instant offense
7. Background information
 - Family and Social History
 - Academic History
 - Vocational/Military History
 - Sexual History
 - Drug and Alcohol History
 - Criminal History
 - Medical and Psychiatric History
8. Sexual Functioning
9. Behavioral Observations
10. Risk analysis
11. DSM-five axis diagnosis
12. Treatment implications

Summary and recommendations shall include the following topics:

1. Level of risk for sexual and violent re-offense
2. Specific risk factors requiring management/intervention
3. Level of denial
4. Treatment of co-existing conditions and need for further assessment
5. The need for medical or pharmacological treatment

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2.18 Evaluation Chart

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. **Closed bullets indicate a required method of evaluation and open bullets indicate an optional method of evaluation**. All major categories identified in Standard 1.10 shall be addressed.

Evaluation Codes:

A- General use test, no advanced training required

B- Screening test-graduate level training or course work in testing development and Administration/ specific training to testing instrument

C-Advanced test or procedures-advanced training required

D-Clinical procedure- clinical training required

E- Observational procedure

F-Collateral information source

R-Self report data

S-Specialist referral

Evaluation Areas- Required	Required and Optional Evaluation Procedures
COGNITIVE FUNCTIONING	

<p>Intellectual Functioning (mental retardation, Learning Disabilities, and Literacy)</p> <p>Executive Functioning</p> <p>Neuropsychological Functioning (fluid intelligence)</p>	<ul style="list-style-type: none"> ● Clinical interview (D) ● History of functioning and/or standardized tests: (F) ● Clinical mental status exam (D) ● Observational Assessment (E) ● Case File/Documents Review (F) ● Collateral Information/Contact Interview (F) ● History of functioning (D) ● Structural Interview (D) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Wechsler Intelligence Scales (C) ○ Kaufman IQ Test for Adults (C) ○ Stanford Binet (C) ○ Wechsler Individual Achievement Test (WAIT) (C) ○ Bender-Gestalt (C) ○ Wechsler Abbreviated Scale of Intelligence (B) (screening) ○ TONI (test of non-verbal intelligence) (B) ○ Shipley Institute of Living Scale Revised (B) ○ Slosson Intelligence Test-R (B)(screening) ○ Slosson Full-Range Intelligence Test (B) ○ Kaufman Brief Intelligence Test (B)(screening) ○ Wechsler Memory Scale (R) ○ Referral to Neuropsychologist (S)
<p>Academic Achievement</p>	<ul style="list-style-type: none"> ● Clinical interview (D) ● Clinical mental status exam (D) ● Collateral Information/Contact Interview (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p>

	<ul style="list-style-type: none"> ○ Observational Assessment (E) ○ Case File/Documents Review (F) ○ Wookcock-Johnson Psycho educational Battery-R (C) ○ Wechsler Individual Achievement Test WAIT (C) ○ Wide Range Achievement Test 4 (B) ○ Referral to educational diagnostic (S) ○ Referral to vocational specialist (S)
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MENTAL HEALTH	
<p>Character/Personality Pathology</p>	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Collateral Information Contact/Interview (F) ● Clinical Mental Status Exam (D) ● Observational Assessment (E) ● Case File/Document Review (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Hare Psychopathy Checklist-R (C) ○ Personality Assessment Inventory PAI (C) ○ MCMI-IV (C) ○ MMPI 2 (C) ○ Jessnes Inventory (C) ○ Rorschach Test (C) ○ Psychopathy Checklist-Screening Version (B) ○ Sentence Completion Series (B) ○ State-Trait Anger Inventory (B) ○ Social Developmental History (D)

<p>Mental Illness</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Hare Psychopathy Checklist-R (C) ○ MCMI-IV (C) ○ MMPI 2 (C) ○ Jessnes Inventory (C) ○ Rorschach Test (C) ○ Trauma Symptom Checklist (C) ○ Psychopathy Checklist-Screening Version (B) ○ Sentence Completion Series (B) ○ State-Trait Anger Inventory (B) ○ Symptom Checklist 90 (B) ○ Brief Symptom Inventory/Symptom Assessment 45 (B) ○ Positive and Negative Syndrome Scale (B) ○ Brief Psychiatric Rating Scale (B) ○ Beck Depression Inventory (A) ○ Social Developmental History (D)
<p>Self-Concept/Self Esteem</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) • Collateral Information/Contact Interview (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ CPI (California Personality Inventory) (C)

	<ul style="list-style-type: none"> ○ MCMI-IV (C) ○ MMPI 2 (C) ○ Jessnes Inventory (C) ○ MPD (Measures of Psychological Development) (B) ○ CAQ (Clinical Analysis Questionnaire) (D)
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MEDICAL/PSYCHIATRIC HEALTH	
-Pharmacological Needs -Medical Condition Impacting Offending Behavior -History of Medication Use/Abuse	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Clinical Mental Status Exam (D) ● Observational Assessment (E) ● Case File/Document Review (F) ● Collateral information/Contact Interview (F) ○ Referral to Physician ○ Referral to Psychiatrist ○ Referral to Medical Tests

DRUG/ALCOHOL USE	
Use/Abuse, History of Relapses	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Collateral Information Contact/Interview (F) ● Clinical Mental Status Exam (D) ● Observational Assessment (E) ● Case File/Document Review (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p>

	<ul style="list-style-type: none"> ○ MCMI-IV (C) ○ Clinical Analysis Questionnaire (D) ○ Addiction Severity Index (B) ○ Personal History Questionnaire (B) ○ SASSI-III (B) ○ Adult Substance Use Survey (B) ○ Substance Use History Matrix (B) ○ Treatment History Review (F)
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STABILITY OF FUNCTIONING	
<p>Marital/Family Stability</p> <ul style="list-style-type: none"> -Past -Current -Familial Violence -Familial Sexual -Financial -Housing -Social Support Systems 	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Collateral Information Contact/Interview (F) ● Clinical Mental Status Exam (D) ● Observational Assessment (E) ● Case File/Document Review (F) ● History of Functioning (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Personal History Questionnaire (B) ○ Family Environmental Scale (B) ○ Dyadic Adjustment Scale (B) ○ Marital Satisfaction Inventory (B)
<p>Access to Children</p> <ul style="list-style-type: none"> -Legal relationship to child 	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Collateral Information ● Risk Assessment

<p>Employment/Education</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information Contact/Interview (F) • History of Functioning (F) • Case File/Document Review (F) ○ Clinical Mental Status Exam (D) ○ Observational Assessment (E) ○ Personal History Questionnaire (B)
<p>Social Skills</p> <p>-Ability to form and maintain relationships</p> <p>-Ability to demonstrate assertive behavior</p>	<ul style="list-style-type: none"> • Clinical Interview (D) • Collateral Information Contact/Interview (F) • Clinical Mental Status Exam (D) • Observational Assessment (E) • Case File/Document Review (F) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Interpersonal Behavior Survey (B) ○ Social Avoidance and Distress Scale (B) ○ Miller’s Social Intimacy Scale (A)

<p>SEXUAL EVALUATION</p>

<p>Sexual History (onset, intensity, duration, pleasure)</p> <ul style="list-style-type: none"> -Age of onset, adherence to developmental norms -Quality of first sexual experience -Age of onset, deviant behaviors -Witnessed or experienced sexual or physical abuse -Genesis of sexual information -Age/Degree of use of pornography -Use of technology for sexual purposes -Current and past range of sexual behavior 	<ul style="list-style-type: none"> • 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) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Personal Sentence Completion Inventory-Miccio-Fonseca (B) ○ Sex offender Incomplete Sentence Blank (B) ○ Wilson Sexual Fantasy Questionnaire (B) ○ SONE Sexual History Background Form (R)
<p>Reinforcement Structure for Deviant Behavior</p> <ul style="list-style-type: none"> -Culture -Environment 	<ul style="list-style-type: none"> • Clinical Interview (D)
<p>Arousal/Interest Pattern</p> <ul style="list-style-type: none"> -Sexual arousal or sexual interest 	<ul style="list-style-type: none"> • Clinical Interview (D) ○ Plethysmograph (S) or Abel Assessment for sexual interest (S)
<p>Specifics of Sexual Crime(s) (onset, intensity, duration, pleasure)</p> <ul style="list-style-type: none"> -Detailed description of sexual assault -Seriousness, harm to victim 	<ul style="list-style-type: none"> • Clinical Interview (D) • History of Crimes (F) • Collateral Information (F) • Review of Criminal Records (F) ○ Review of Victim Impact Statement (F) ○ Contact with Victim Therapist (F)

<p>-Mood during assault</p> <p>-Progression of sex crimes</p> <p>-Thoughts preceding and following crimes</p> <p>-Fantasies preceding and following crimes</p>	<ul style="list-style-type: none"> ○ Polygraph Testing
<p>Sexual Deviance</p>	<ul style="list-style-type: none"> ● Clinical Interview (D) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Hanson Sexual Attitude Questionnaire (B) ○ Wilson Sex Fantasy Questionnaire (B) ○ Abel and Becker Card Sort (B) ○ Sexual Projective Card Sort (B) ○ Attitude Towards Women Scale (B) ○ Burt Rape Myth Acceptance Scale (B) ○ Abel and Becker Cognition Scale (B) ○ SONE Sexual History Background Form (R) ○ Sexual Autobiography (R)
<p>Dysfunction (Impotence, Priapism, Injuries, Medication affecting sexual functioning)</p>	<ul style="list-style-type: none"> ● Clinical Interview (D) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Multiphasic Sexual Inventory II (C) ○ SONE Sexual History Background Form (R) ○ Medical Tests (S)
<p>Offender's Perception of Sexual Functioning</p>	<ul style="list-style-type: none"> ● Clinical Interview (D) ● History

	<p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Bentler Heterosexual Inventory (B) ○ Abel and Becker Card Sort (B) ○ Plethysmograph (S) or Abel Assessment for Sexual Interest (S) ○ Bentler Sexual Behavior Inventory (R)
<p>Preferences</p>	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Review of criminal records (F) ● Collateral Information (F) ○ Plethysmograph (S) or Abel Assessment for Sexual Interest (S)
<p>Attitudes/Cognition</p> <ul style="list-style-type: none"> -Motivation to change/continue behavior -Attitudes toward women, children, sexuality in general -Attitudes about offense -Degree of victim empathy -Presence/Degree of minimization -Presence/Degree of denial -Ego-syntonic vs. Ego-dystonic sense of deviant behavior 	<ul style="list-style-type: none"> ● Clinical Interview (D) ● Review of criminal records (F) ● At least one scale/test <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Multiphasic Sex Inventory II (C) ○ Abel and Becker Cognition Scale (B) ○ Attitude Towards Women Scale (B) ○ Burt Rape Myth Acceptance Scale (B) ○ Socio-Sexual Knowledge and Attitudes Test (B) (DD)

RISK	
Risk of Re-Offense	<ul style="list-style-type: none"> • Criminal History • Static-99R (B) <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ SORAG (Sex Offense Risk Assessment Guide) (B) ○ VRAG (Violence Risk Assessment Guide) (B) ○ SONAR (B) ○ MnSOST-R (normed on non-incest incarcerated offenders) (B) ○ Stable/Acute (B) ○ PCLR (B)
Risk of Failure in Treatment and Supervision	<ul style="list-style-type: none"> • Clinical Interview • Criminal History • At least one scale/test <p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none"> ○ Stable/Acute (B) ○ SONAR (B) ○ SVR-20 (B) ○ Sex Offender Treatment Needs and Progress Scale (B) ○ Multiphasic Sex Inventory (R)
MOTIVATION AND AMENABILITY	TO TREATMENT

	<ul style="list-style-type: none"> • 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
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IMPACT ON VICTIM	
Evaluate impact on victim and the offender's perception of impact on victim	<ul style="list-style-type: none"> • Clinical Interview (D) • Case File/Document Review (F) • Review of Police Reports ○ Review victim impact statement ○ Contact victim therapist/advocates ○ Interview family members

**ADDITIONAL EVALUATION AREAS
FOR SEX OFFENDERS WITH DEVELOPMENTAL DISABILITIES**

EVALUATION AREAS-REQUIRED	REQUIRED AND OPTIONAL EVALUATION PROCEDURES
	<ul style="list-style-type: none"> • Closed bullet indicates a required method ○ Open bullet indicates an optional method
Level of planning in crime and other sex offending behavior	<ul style="list-style-type: none"> • History of functioning (D) • Structured interview (D) • Collateral information (F)
Adaptive Behavior -Expressive and receptive language Skills	<ul style="list-style-type: none"> • History of functioning (D) • Structural Interview (D) • Collateral information (F) • Clinical Evaluation (D)

<p>-Social judgment</p> <p>-Ability to participate in a group setting</p>	<p>Testing will consist of a documented, comprehensive, standardized, norm based, assessment instrument. Examples of acceptable testing instruments or screening tools are:</p> <ul style="list-style-type: none">○ Vineland Adaptive Behavioral Scale (B) ○ Adaptive Behavior Assessment System (ABAS) (C)
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Standards of Practice for Treatment Providers

- 3.0** Sex offense-specific treatment must be provided by a Sex Offender Management Board approved provider.
- 3.1** A provider who treats sex offenders under the jurisdiction of the criminal justice system must use evidence based sex offense-specific treatment. The preferred method of treatment is usually long-term, comprehensive and offense specific. Providers should develop programs that incorporate these concepts.
- 3.2** A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.
- 3.3** The treatment plan shall:
1. Provide for the protection of victims and potential victims. Victims should not be placed in the position of having unsafe or unwanted contact with the offender.
 2. Be individualized to meet the unique needs of the offender.
 3. Identify the issues, planned intervention strategies, and the goals of treatment.
 4. Define expectations of the offender and support systems (whenever possible).
- 3.4** The provider shall employ treatment methods that are supported by current professional research and practice:
1. Group therapy (comprised only of sex offenders) is the preferred method of sex offense-specific treatment. Any method of psychological treatment used must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders and shall be avoided.
 2. Group therapy may need to be supplemented by treatment for drug/alcohol abuse, marital therapy, and individual crisis intervention. However, group sex-offense specific treatment should remain the primary modality utilized with sex offenders.
 3. The use of male and female co-therapists in group therapy is highly recommended and may be required by the supervising agency.
 4. The ratio of therapists to sex offenders in a treatment group will not exceed 1:8. Treatment group size should not exceed 12 sex offenders.

3.5 The content of offense-specific treatment for sex offenders shall be designed to:

1. Give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.
2. Reduce offenders' denial and defensiveness;
3. Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;
4. 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;
5. Teach offenders self-management methods to avoid a sexual re-offense;
6. Identify and treat the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;
7. Identify and correct offenders' cognitive distortions;
8. Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;
9. Educate offenders about the impact of sexual offending upon victims, their families, and the community;
10. Identify and treat offenders' personality traits and deficits that are related to their potential for re-offending;
11. Identify and treat the effects of trauma and past victimizations on Offenders as factors in their potential for re-offending;
12. Identify and reduce any social and relationship skill deficits;
13. Communicate with the offenders' support system to assist in meeting treatment goals; and
14. Evaluate the role culture, sexual orientation, power and control may have on achieving treatment goals.

3.6 Providers shall make treatment referrals to address offender's co-existing issues.

3.7 Providers shall maintain client files in accordance with professional standards, state law, federal law and contractual agreements.

Board Approved 4/26/10

QUALIFICATIONS OF TREATMENT PROVIDERS AND EVALUATORS

There are distinct clinical functions within the levels of Full Operating and Associate Level Providers. The following sections outline qualifications for Treatment Providers, and Evaluators.

4.0 TREATMENT PROVIDER- Full Operating Level:

A Full Operating Level Treatment provider may treat sex offenders without supervision and may supervise Associate Level Treatment Providers. To qualify to provide sex offender treatment at the Full Operating Level an individual must meet all the following criteria:

1. The individual shall have a *Master's Degree* in a behavioral science related field and shall have completed within the past five (5) years a minimum of *two thousand (2000) hours* of clinical experience specifically in the areas of evaluation and treatment of sex offenders, at least half of which shall have been face-to-face therapy with adult convicted sex offenders or adjudicated juvenile offenders depending on the population you service (see definition of clinical experience). **OR**

The individual shall have attained the underlying *credential of licensure or certification and be in good standing* as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist **AND**

2. The individual shall have completed within the past five (5) years a minimum of *one thousand (1000) hours* of clinical experience specifically in the areas of evaluation and treatment of sex offenders, at least half of which shall have been face-to-face therapy with adult convicted sex offenders, or adjudicated juvenile offenders depending on the population you service (see definition of clinical experience). Such clinical experience may have been obtained while seeking licensure or after obtaining licensure: but if it was obtained in part or in full after licensure, it is subject to the same requirements for supervision as required for Treatment Providers under these Standards.

4.1 The individual shall have had at least eighty (80) hours of documented training specifically related to evaluation and treatment methods described in sections 2.10, 3.4, and 3.5 within the last five years. The individual must demonstrate a balanced training, with fifty (50) of the hours coming from the subject areas listed as sex offense specific training and thirty (30) hours coming from the general topic areas as described below. Twelve (12) of the required fifty (50) hours shall be specific to developmental disabilities, Fifteen (15) hours of required thirty (30) general topic training hours must be in the area of victimology. **Training shall be specific to the population you serve.**

Sex offense specific training (at least 50 hours required from these areas):

- Prevalence of sexual offending by adults/juveniles victimization rates
- Typologies of adult sex offenders
- Sex offender evaluation and assessment
- Sex offender treatment planning and assessing treatment outcomes
- Community Supervision techniques
- Clinical supervision training
- Treatment modalities, specific recommended applications, justification for use, contra-indicators
- Sex Offender Treatment Techniques including:
 - Evaluating and reducing denial
 - Behavioral treatment techniques
 - Cognitive behavioral techniques
 - Relapse prevention
 - Offense cycle
 - Empathy training
 - Confrontation techniques
- Safety and containment planning
- Offender/offense characteristics
Crossover
- Sex offender risk assessment adult and/or juvenile
- Objective measures including:
 - Polygraph (adult only)
 - Plethysmograph (adult only)
 - Abel Assessment (adult only)
- Special sex offender populations including:
 - Sadists (adult only)
 - Psychopaths (adult only)
 - Developmentally disabled
 - Compulsive
 - Juvenile
 - Female
- Family Unification/visitation
- Pharmacotherapy with sex offenders
- Impact of sex offenses
- Assessing treatment progress
- Support system, family stability, parenting skills
- Sex offender attachment style
- 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 Sex Offender Management Board
- Continuing research in the field of adult and/or juvenile sexual offending
- General topic training areas (at least a total of 30 hours required from these areas, to include 15 hours of victimology):
 - Victim issues including impact and treatment
 - Knowledge of criminal justice and/or court system, legal parameters and the relationship between the provider and the courts, including expectations related to testifying in court
 - Secondary and Vicarious Trauma
 - Anger management
 - Healthy sexuality and sex education
 - Learning Theory
 - Multicultural sensitivity
 - Understanding transference and counter-transference
 - Family dynamics and dysfunction including domestic violence
 - Co-morbid conditions, differential diagnosis
 - Investigations
 - Addictions and substance abuse

4.2 To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/ treatment/ management as described in these Standards.

4.3 In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association for the Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.

4.4 Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.

4.5 The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

4.6 At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

- 4.7** Report any practice that is in significant conflict with the standards.
- 4.8** Providers who are approved at the Full Operating Level and wish to supervise Associate Level Treatment Providers or individuals who have not applied, but are earning their clinical hours, shall submit to the Board supervision agreements with all individuals that they supervise within 30 days from the time the supervision began.
- 4.9** The supervision agreement should specify the frequency and length of supervision, type of supervision, and shall specify accumulated supervision hours. At least one hour of supervision specific to sex offender treatment/evaluation will be provided for every 30 hours of clinical contact with sex offenders.
- 4.10** Full Operating Level Treatment Providers who are supervising individuals who have *not* made application to the SOMB for listing shall conduct co-therapy group treatment, in the same room with that individual, or shall ensure that a Full Operating Level Treatment Provider is conducting co-therapy groups, in the same room, as well as review and sign off on all treatment plans and reports.
- 4.11 Continued Placement on the Provider List:** Treatment providers must apply for continued placement on the list every two (2) years by the date provided by the Board. Requirements are as follows:
- 1.** The Full Operating Level Treatment Provider must demonstrate continued compliance with the standards.
 - 2.** The individual shall accumulate a minimum of six hundred (600) hours of clinical experience every two years, three hundred (300) hours of which shall be face-to-face therapy with adult convicted sex offenders.
 - 3.** If the provider has ten (10) or more years of clinical experience, they may be eligible for an exception to the 300 hours of face-to-face clinical experience, as long as they meet the 600 hours requirement, as determined by the Application Review Committee.
 - 4.** Treatment Providers shall complete a minimum of forty (45) hours of continuing education every three 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 sex offenders. Thirty-five (35) hours shall come from the subject areas listed as sex offense specific training, six (6) of the thirty-five (35) hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1. Four (4) of the 10 hours of training in the general topic areas shall be in the area of victimology. Training shall be specific to the population you serve.

To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

5. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.

6. The individual shall never have been convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

7. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

8. Report any practice that is in significant conflict with the Standards.

4.12 TREATMENT PROVIDER- Associate Level: An Associate Level Treatment Provider may treat 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 an individual must meet all the following criteria:

4.13 The individual shall have a baccalaureate degree or above in a behavioral science.

4.14 The individual shall have completed within the past five (5) years a minimum of six hundred (600) hours of supervised clinical experience. Five hundred (500) hundred hours of supervised clinical experience specifically in the area of treatment of sex offenders. At least half (250) of these hours must be in face-to-face therapy with convicted or adjudicated sex offenders depending on the population you serve. In addition at least one hundred sixty (160) of these face-to-face hours must have been in co-therapy, in the same room, with a Full Operating Level Treatment Provider.

4.15 The individual must have received at least one hundred (100) hours of face-to-face clinical supervision by a Full Operating Level Treatment Provider. The supervision must be reasonably distributed over the time in which the above clinical experience was being obtained (approximately one (1) hour of supervision for each 10 hours of clinical experience).

4.16 Treatment providers shall complete a minimum of fifty (50) hours of continuing education every five (5) years 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. Forty (40) hours shall come from the subject areas listed as sex offense specific training, twelve (12) of the forty hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1. Four (4) of the ten (10) hours of training in the general topic areas shall be in the area of victimology. Training shall be specific to the population you serve.

4.17 To receive credit for training not identified on this list, it is incumbent on the trainee to write a

justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

- 4.18** In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association of Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.
- 4.19** Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.
- 4.20** The individual shall never have been convicted, plead no contest, or received a deferred judgment for an offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
- 4.21** At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
- 4.22** Individuals who are approved as Full Operating Level Juvenile Treatment Providers may be approved at the Associate Operating Level to treat adults under these standards if they meet the following requirements:
- 1.** The individual must be supervised by an adult Full Operating Level Treatment Provider under these standards.
 - 2.** Must have one hundred (100) hours of clinical face-to-face contact with convicted adult sex offender.
 - 3.** Must meet standards in section 4.1 training requirements.
 - 4.** Must meet the requirements identified in Standard 4.11 for continued placement on the list.
- 4.23** **Movement to Full Operating Level:** Associate Level Treatment Providers wanting to move to Full Operating Level status must complete and submit documentation of all of the requirements listed in section 4.0-4.7 as well as a letter from the applicant's supervisor indicating the applicant's readiness to move to Full Operating Level status.
- 4.24** **Continue Placement:** Associate Level Treatment Providers must apply for continued placement on the list every two (2) years by the date provided by the Board. Requirements are as follows:

- 1.** The Associate Level Treatment Provider must demonstrate continued compliance with Standards.
- 2.** The individual shall accumulate a minimum of four hundred (400) hours of clinical experience every two years, 200 hours of which shall be face-to-face clinical experience with convicted/adjudicated sex offenders.
- 3.** The individual shall obtain a minimum of one hour of face-to-face supervision, from an individual listed at the Full Operating Level under these standards. For every thirty (30) hours of clinical contact with sex offenders. This standard pertains both to those seeking licensure who have not yet met the licensing requirement of the state and to those who intend to provide treatment at the Associate Level for an indefinite period of time.
- 4.** Associate Level Treatment Providers shall complete a minimum of forty-five (45) hours of continuing education every two 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 sex offenders. Thirty-five (35) hours shall come from the subject areas listed as sex offense specific training, six (6) of the thirty-five (35) hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1, four (4) of the ten (10) hours of training in the general topic areas shall be in the area of victimology. Training shall be specific to the population you serve.
- 5.** To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.
- 6.** Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.
- 7.** The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
- 8.** At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
- 9.** Report any practice that is in significant conflict with the standards.

4.25 EVALUATOR- Full Operating Level: An evaluator at the Full Operating Level may evaluate sex offenders without supervision and may supervise an evaluator operating at the Associate Level. To qualify to provide sex offender evaluations at the Full Operating Level an individual must meet all the following criteria.

1. The individual must be listed as a Full Operating Treatment Provider and complete all requirements as listed in section 4.0-4.11.
2. An evaluator shall have completed a minimum of forty (40) sex-offense specific evaluations as defined in section 2.000 of these standards within the last five years.
3. The individual shall have had at least eighty (80) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with twenty (20) of the hours coming from the subject areas listed as sex offense specific training and forty (40) hours specifically regarding the evaluation of adult or juvenile sex offenders and twenty (20) hours coming from the general topic areas as described in section 4.1. Training shall be specific to the population you serve.
4. To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/ treatment/ management as described in these Standards.
5. In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association for the Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.
6. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.
7. The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
8. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

9. Report any practice that is in significant conflict with the standards.
- 4.26 Evaluators shall comply with section 2.000 Standards for sex-offense specific evaluations.
- 4.27 Providers who are approved at the Full Operating Level and wish to supervise Associate Level Evaluators or individuals who have not applied, but are earning their clinical hours, shall submit supervision agreements with all individuals that they are supervising within 30 days from the time supervision began.
- 4.28 The supervision agreement should specify the frequency and length of supervision, type of supervision, and shall specify accumulated supervision hours and that at least one hour (1) of supervision specific to sex offender treatment/evaluation will be provided for every thirty (30) hours of clinical contact with sex offenders.
- 4.29 Full Operating Level Evaluators who are supervising individuals who have not made application to the SOMB for listing shall review and sign off on all evaluations.
- 4.30 **Continued Placement on the Provider List:** Evaluators must apply for continued placement on the list every 2 years by the date provided by the Board. Requirements are as follows:

1. The evaluator must demonstrate continued compliance with the Standards.
2. The individual may maintain as a Full Operating Level Treatment Provider and Evaluator. In this case, the individual shall accumulate a minimum of 400 hours of clinical experience every two years, 200 hours of which shall be face-to-face consultation or therapy with sex offenders. This evaluator shall complete a minimum of ten (10) sex-offense specific evaluations in a two year period.
3. The individual shall have had at least forty (45) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with fifteen (15) of the hours coming from the subject areas listed as sex offense specific training six (6) of the fifteen (15) shall be specific to developmental disabilities, twenty (20) hours specifically regarding the evaluation of adult or juvenile sex offenders, and ten (10) hours coming from the general topic areas as described in section 4.1. Training shall be specific to the population you serve.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.

5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

7. Report any practice that is in significant conflict with the standards.

4.31 EVALUATOR- Associate Level: An evaluator at the Associate Level may evaluate sex offenders under the supervision of an evaluator approved at the Full Operating Level. An evaluator at the Associate Level is an individual who has completed fewer than 40 sex-offense specific evaluations in the last five years. To qualify to provide sex offender evaluation at the Associate Level an individual must meet all the following criteria:

1. The applicant must be listed as an Associate Level or Full Operating Level Treatment Provider.

2. The individual must have received at least fifty (50) hours of face-to-face clinical supervision by a Full Operating Level Treatment Provider. The supervision must be reasonably distributed over the time in which the above clinical experience was being obtained (approximately one (1) hour of supervision for every 10 hours of clinical experience).

3. The individual shall have had at least forty (40) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with ten (10) of the hours coming from the subject areas listed as a sex offense specific training and twenty (20) hours specifically regarding the evaluation of adult or juvenile sex offenders and ten (10) hours coming from the general topic areas as described in section 4.1. Training shall be specific to the population you serve.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.

5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior,

or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

7. Report any practice that is in significant conflict with the standards.

4.32 Movement to Full Operating Level Evaluator: Associate Level Treatment Providers wanting to move to Full Operating Level status must complete and submit documentation of all of the requirements listed in section 4.25, as well as a letter from the applicant's supervisor indicating the applicant's readiness to move to Full Operating Level Status.

4.33 Continued Placement: Associate Level evaluators must apply for continued placement on the list every two years by the date provided by the board. Requirements are as follows:

1. The evaluator must demonstrate continued compliance with the standards.

2. The evaluator at the Associate Level shall maintain listing as an Associate Level or Full Operating Level Treatment Provider and shall complete a minimum of ten (10) sex-offense specific evaluations in the two year period.

3. The individual shall have had at least forty (40) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with ten (10) of the hours coming from the subject areas listed as sex offense specific training, six (6) of the ten (10) hours shall be specific to developmental disabilities, twenty (20) hours specifically regarding the evaluation of adult or juvenile sex offenders, and ten (10) hours coming from the general topic areas as described in section 4.1. Training shall be specific to the population you serve.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board 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.

5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

7. Report any practice that is in significant conflict with the standards.

4.34 Grandfathering

1. Individuals who currently work with sex offenders in a counseling capacity but whom do not meet the criteria set forth in these standards on the date that they are adopted have two (2) years from the date of adoption to gain the knowledge, experience and/or degree necessary to provide services to sex offenders either as a full operating level provider or an associate level provider.

2. To be considered for Grandfathering, the individual must complete an application with the SOMB providing information on work experience, education hours, current position and required letters of recommendation.

3. To be eligible for the grandfathering process, the candidate must have the following credentials and experience:

A) A minimum of a Bachelor's degree in a behavioral science field of study (e.g. psychology, counseling, psychiatric nursing ect. . .)

B) Documentation of at least two (2) years of individual or group counseling experience with a minimum of 500 hours within the past three years specific to working with sex offenders.

C) Documentation of clinical supervision from a clinician in the behavioral health field. Supervision from a Fully Operating Treatment Provider should begin at the time application is made for Grandfathering and continue until the candidate receives their approval to provide treatment to sex offenders.

D) Three (3) references are required; two of which must be familiar with your professional qualifications and at least two (2) of the individuals must be members of a Community Supervision Team and/or Multidisciplinary Teams in which you participate. If you are applying as an adult and juvenile provider, please provide references that can speak about your ability to work with both populations.

Approved 3/29/10

QUALIFICATIONS OF POLYGRAPH EXAMINERS

4.34 Polygraph Examiners who administer post-conviction sex offender polygraph tests shall meet the minimum standards as indicated by the American Polygraph Association and the Association for the treatment of sexual abusers, as well as the requirements throughout these standards.

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

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

A. The examiner shall have graduated from an accredited American Polygraph Association (APA) school including specific APA training in Post-Conviction Sex Offender Testing (PCSOT) and shall have a baccalaureate degree from a four (4) year college or university

OR

B. The examiner shall have graduated from an accredited American Polygraph Association (APA) school including specific APA training in Post-Conviction Sex Offender Testing (PCSOT) and shall have a minimum of three (3) years experience in dealing with sexual offenses (law enforcement, probation/parole, clinical, victim advocate)

AND

The examiner shall have conducted at least fifty (50) documented post-conviction sex offender polygraph tests on adult offenders and juveniles who have committed sexual offenses within the past two (2) years. Of these fifty (50) tests twenty (20) must be Sexual History examinations, twenty (20) must be maintenance examinations, and at least ten (10) must be specific issue examinations.

4.37 The examiner shall have completed the forty (40) hour APA training in Post-Conviction Sex Offender Testing (PCSOT).

AND

4.38 The examiner shall have completed forty (40) hours of specialized clinical sex offender polygraph examiner training within the most recent two year period.

4.39 The examiner shall also complete forty (40) hours of specialized training in the following areas:

- Behavior and motivation of adult sex offenders
- Juveniles who commit sexual offenses

- Trauma response for victims of sexual assault
- Overview of assessment and treatment modalities for juvenile and adult sexual offenders
- Sex offender denial
- Overview of developmental disabilities
- Clinical and professional ethics

4.40 Ten (10) of the forty (40) hours shall be specific to the treatment of adult sex offenders.

4.41 Eight (8) of the forty (40) hours shall be specific to developmental disabilities

4.42 These qualifications may be utilized to meet the qualifications for both adult and juvenile polygraph examiners. If an examiner wishes to substitute any training not listed, it is incumbent upon the examiner to write a justification demonstrating the relevance of the training to this standard.

4.43 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.

4.44 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.

4.45 The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

4.46 At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 5340). The individual will submit to fingerprinting as part of this process.

4.47 Continued Placement on the Provider List: Polygraph examiners at the Full Operating Level shall apply for continued placement on the list every two (2) years by the date provided by the SOMB. Requirements are as follows:

4.48 A. Full Operating Level polygraph examiners shall complete a minimum of forty (40) hours of continuing education every two (2) years. Thirty (30) hours shall be directly related to sex offender assessment, treatment, and management. Ten (10) hours will be directly related to adult sexual offenders. Eight (8) hours shall be related to sexual offenders with developmental disabilities. Up to ten (10) hours of this training may be indirectly related to sex offender assessment, treatment, and management. It is incumbent upon the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment, treatment, and management.

These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners.

- 4.49** The examiner shall conduct a minimum of forty (40) post-conviction sex offense polygraph examinations in the two (2) year listing period. A minimum of twenty (20) of those examinations will be on adult sex offenders.
- 4.50** The examiner shall submit documentation of yearly peer review by other clinical polygraph examiners or the quality control committee of the American Polygraph Association for three (3) separate exams.
- 4.51** 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.
- 4.52** The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
- 4.53** At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 5340. The individual will submit to fingerprinting as part of this process.
- 4.54 Associate Level:** An Associate Level polygraph examiner may administer a post-conviction sex offender polygraph test under the supervision of a Full Operating Level polygraph examiner. To qualify to administer a post-conviction sex offender polygraph test at the Associate Level, an applicant shall meet the following requirements:
- A. The examiner shall have graduated from an accredited American Polygraph Association (APA) school including specific APA training in Post-Conviction Sex Offender Testing (PCSOT) and shall have a baccalaureate degree from a four (4) year college or university
- OR
- The examiner shall have graduated from an accredited American Polygraph Association (APA) school including specific APA training in Post-Conviction Sex Offender Testing (PCSOT) and shall have a minimum of five (5) years experience in dealing with sexual offenses (law enforcement, probation/parole, clinical, victim advocate)
- AND
- 4.55** The applicant shall obtain supervision from a polygraph examiner at the Full Operating Level under these *Standards* for each post-conviction sex offender polygraph test up to the completion of fifty (50) tests and movement to a Full Operating Level examiner.

- 4.56** The examiner 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.
- 4.57** The supervisor of a polygraph examiner applicant shall review samples of the audio/video recordings of polygraph tests and/or otherwise observe the examiner; provide supervision and consultation on question formulation, report writing, and data analysis; and review and co-sign all examination reports completed by the Associate Level examiner.
- 4.58** The examiner shall have completed the forty (40) hour APA training in Post-Conviction Sex Offender Testing (PCSOT).
- 4.59** The examiner shall have completed a total of forty (40) hours of specialized clinical sex offender polygraph examiner training within the most recent two year period.
- 4.60** The examiner shall also complete forty (40) hours of specialized training in the following areas:
- Behavior and motivation of adult sex offenders
 - Juveniles who commit sexual offenses
 - Trauma response for victims of sexual assault
 - Overview of assessment and treatment modalities for juvenile and adult sexual offenders
 - Sex offender denial
 - Overview of developmental disabilities
 - Clinical and professional ethics
- 4.61** Ten (10) of the forty (40) hours shall be specific to the treatment of adult sex offenders.
- 4.62** Eight (8) of the forty (40) hours shall be specific to developmental disabilities
These qualifications may be utilized to meet the qualifications for both adult and juvenile polygraph examiners. If an examiner wishes to substitute any training not listed, it is incumbent upon the examiner to write a justification demonstrating the relevance of the training to this standard.
- 4.63** 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.
- 4.64** 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.
- 4.65** The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to

provide sex offense specific treatment.

4.66 At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 5340). The individual will submit to fingerprinting as part of this process.

4.67 Professional Supervision of Associate Level Polygraph Examiners: A supervision agreement shall be signed by both the polygraph examiner and the 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.

4.68 Continued Placement on the Provider List: Polygraph examiners at the Associate Operating Level shall apply for continued placement on the list every two (2) years by the date provided by the SOMB. Requirements are as follows:

4.69 Associate Operating Level polygraph examiners shall complete a minimum of forty (40) hours of continuing education every two (2) years. Thirty (30) hours shall be directly related to sex offender assessment, treatment, and management. Ten (10) hours will be directly related to adult sexual offenders. Eight (8) hours shall be related to sexual offenders with developmental disabilities. Up to ten (10) hours of this training may be indirectly related to sex offender assessment, treatment, and management. It is incumbent upon the trainee to demonstrate relevance to sex offender issues if the training is indirectly related to sex offender assessment, treatment, and management.

These training hours may be utilized to meet the qualifications for both adult and juvenile polygraph examiners.

4.70 The examiner shall conduct a minimum of forty (40) post-conviction sex offense polygraph examinations in the two (2) year listing period. A minimum of twenty (20) of those examinations will be on adult sex offenders.

4.71 The examiner shall submit documentation of yearly peer review by other clinical polygraph examiners or the quality control committee of the American Polygraph Association for three (3) separate exams.

4.72 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.

4.73 The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

4.74 At their own expense, the individual will complete an entire criminal history check

including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 5340). The individual will submit to fingerprinting as part of this process.

4.75 Movement to Full Operating Level: Associate Level polygraph examiners wanting to move to Full Operating Level status shall complete and submit documentation of compliance with all Full Operating Polygraph Examiner requirements and a Letter from his/her Supervisor indicating the examiner's readiness to move to a Full Operating Level status. The letter shall include documentation indicating completion of professional supervision components listed in **4.57**.

Board approved 11/28/2011

Standards and Guidelines for Management of Sex Offenders on Probation and Parole

- 5.0** When a sex offender is released from Level IV or V to probation or parole supervision there shall be an exchange of information to promote effective re-entry. When available the following information shall be included:
- Static-99R results and score
 - Mental Health diagnosis, psychological reports, or testing results
 - Major medical diagnosis
 - Current medication
 - Information related to cognitive limitations
 - Substance abuse history
 - Verified history of substance abuse treatment
 - Verified history of sex offender treatment
 - Pre-sentence report
 - Discharge planning to include housing needs, civil commitment status, SSI or Medicaid eligibility
- 5.1** Any sex offender serving a sentence on probation and parole shall be managed by a supervision team.
- 5.2** The purpose of the team is to staff cases, share information, and make informed decisions related to risk assessment, treatment, behavioral monitoring, and management of each offender.
- 5.3** Team members should consider the priorities of community safety and risk management when making decisions.
- 5.4** Supervision and behavioral monitoring is a joint, cooperative responsibility between the supervising officer, treatment provider, and the polygraph examiner.
- 5.5** The team is case specific and should be flexible enough to include other professionals as needed to manage and treat that offender.
- 5.6** At a minimum each team should include: The supervising officer, and the treatment provider.
- 5.7** The team is coordinated by the supervising officer.
- 5.8** Continuous sharing of information is expected of all team members on a monthly basis

Responsibilities of the Supervising Officer within the team

- 5.9** The supervising officer is responsible for referring sex offenders for evaluation and treatment to a Sex Offender Management Board (SOMB) approved treatment provider.
- 5.10** The supervising officer is responsible for presenting the appropriate releases of information to the sex offender for signature.
- 5.11** The supervising officer, in cooperation with the treatment provider and polygraph examiner shall utilize the results of periodic polygraph examinations whenever appropriate and available, for treatment and behavioral monitoring.
- 5.12** The supervising officer shall develop a supervision plan and contact standards based on a Sex Offender Management Board (SOMB) approved risk assessment of each sex offender, the sex offender's offending cycle, physiological monitoring results, and the offender's progress in treatment.
- 5.13** The supervising officer shall not request early termination of sex offenders from supervision unless there are extenuating circumstances and in accordance with Department of Correction Policy.
- 5.14** On a regular basis, the supervising officer shall review each offender's conditions of supervision and assess the offender's compliance, progress, risk, and needs to determine the necessary level of supervision and the need for additional conditions.
- 5.15** The supervising officer shall notify sex offenders of their responsibility to register with law enforcement, in compliance with Title 11 4120 and 4121. The officer shall document such notification occurred.
- 5.16** The supervising officer/agency should impose or request criminal justice sanctions for offenders' unsatisfactory compliance with sex offender treatment up to and including revocation of probation or parole.
- 5.17** The supervising agency shall require sex offenders who are transferred from other states through an Interstate Compact Agreement to agree in advance to participate in offense-specific treatment and specialized conditions of supervision contained in these standards.
- 5.18** The supervising officer shall not allow a sex offender who has been unsuccessfully discharged from a treatment program to enter another program unless approved by the Interagency Community Supervision Team.
- 5.19** Officers assessing or supervising sex offenders and their respective supervisors are expected to successfully complete training programs 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
- Choosing evaluators and treatment providers
- Relapse prevention/self regulation
- Physiological procedures
- Determining progress
- Offender denial
- Special populations of sex offenders
- Cultural and ethnic awareness

5.20 Officers and their respective supervisors shall obtain continuing education/training specific to sex offenders.

Responsibilities of the treatment provider within the team

5.21 A treatment provider shall establish a cooperative professional relationship with the supervising officer and treatment team.

5.22 A provider shall immediately report to the supervising officer all violations of the treatment plan or specific conditions of probation and parole.

5.23 A provider shall 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 basis by the provider and the supervising officer.

5.24 The treatment provider shall upon request, and periodically submit written reports to the supervising officer documenting the offenders' attendance, participation in treatment, increase in risk factors, changes in treatment plan, and treatment progress.

5.25 The treatment provider shall be willing to testify in court and furnish any written documents necessary for the legal proceedings.

5.26 A provider shall actively communicate with the supervising officer, victim therapist,

custodial parent or guardian, and court officials about specific plans for family reunification.

Responsibilities of the Polygraph Examiner within the team

- 5.27** Whenever possible the polygraph examiner shall participate as a member of the post-conviction case management team established for each sex offender.
- 5.28** The polygraph examiner will submit written reports to the supervising officer and the treatment provider. Reports shall be submitted in a timely manner, no longer than two weeks post testing.
- 5.29** The polygraph examiner's attendance at team meetings will be on an as-needed basis.

Conditions of Community Supervision

- 5.30** The supervising agency shall impose the following special conditions on sex offenders under community supervision.
 - A) Sex offenders will participate in sex offender assessment, evaluation, and treatment, including but not limited to, psychological, psychiatric, physiological assessments and polygraph testing as stipulated and approved by the Department of Correction.
 - B) Sex offenders will agree to release information about assessment, evaluation, treatment progress, and polygraph results to the supervising officer.
 - C) Sex offenders will be financially responsible for all evaluations and treatment unless other arrangements have been made through the probation officer or treatment provider.
 - D) Sex offenders will not change their address without prior approval from their probation officer.
 - E) Sex offenders will not have access to or possession of sexually explicit and/or obscene material. They will provide billing information to the supervising officer to monitor such behavior.
 - F) Sex offenders will have no contact with their victims including correspondence, telephone contact, communication through a third party or electronic media unless otherwise approved in advance and in writing by their probation officer and treatment provider.

- G) Sex offenders will have no contact, nor reside with children under the age of 18, including their own children unless approved in writing by the probation office. Supervised contact must be conducted by an informed and responsible adult who has been approved by the supervising officer.
- H) Sex offenders will abide by all requirements imposed by Delaware law and orders of the Court appropriate to their offense (s). This may include but not limited to Sex Offender Registration (11 Del. C 4120), Community Notification (11 Del. C 4121), DNA collection (29 Del. C 4713), and School Zone laws (11 Del. C 1112).
- I) Sex offenders must have written authorization by their supervising officer to access, possess, have control over, or use a computer device, modem, or network interface device. Any device or storage media is subject to random examination by the probation officer to determine compliance with the use agreement. Using a computer, modem, or network interfacing device for any purpose which might further sexual activity is strictly prohibited. Any computer, related equipment, and storage devices are subject to seizure by the probation officer if during an examination the officer finds any evidence of inappropriate or prohibited use.

Behavioral Monitoring of Sex Offenders in the Community

5.31 The supervising officer must be aware of the offender's potential to re-victimize and use of multiple methods of behavioral monitoring to ensure public safety.

Behavioral Monitoring Activities include:

- Interview and Interrogation Techniques
- Referral to outside agencies to address criminogenic needs
- Regular contact in both the office and the field
- Third party corroboration of information
- Follow up investigation on third party information
- Monitoring compliance with court ordered, probation, and sex offender conditions
- Reinforce treatment concepts
- Polygraph testing to measure risk and compliance with conditions
- Communicate and educate those significant individuals in the offender's life on potential risk and appropriate support
- Limit behavior related to sexual re-offense
- On-going assessment of residence, employment, and social environments to ensure sufficient protection exists against potential re-offense
- Surveillance
- Electronic Monitoring
- Arrest Action

Board approved 2/22/10

STANDARDS OF PRACTICE FOR POST-CONVICTION SEX OFFENDER POLYGRAPH TESTING

Polygraph testing is a tool used by many professionals to assist in the supervision and treatment of convicted sex offenders. Research indicates sex offenses are under-reported and many sex offenders have multiple paraphilias. Offenders often deny, minimize, or are deceptive about offending behavior and/or past sexual behavior. The polygraph instrument precisely records physiological measurements that are interpreted in accordance with specific protocols to determine truthfulness of answers to specific questions.

Requirements for Post-Conviction Polygraph Testing

- 6.0** Polygraph testing shall be used to add incremental validity to risk-assessment, risk-management, and treatment-planning decisions for convicted sex offenders. Test results should not replace the need for other forms of evaluation, behavioral monitoring, supervision, or field investigations.
- 6.1** Examinations will be completed by a SOMB approved polygraphist.
- 6.2** Polygraph examiners shall be approved by the American Polygraph Association (APA) and adhere to established ethics, standards, and practices of that organization. This includes the Post-Conviction Sex Offender Testing (PCSOT) standards. As testing procedures evolve, the examiner is responsible for utilizing current testing methodology and protocols.
- 6.3** Polygraph examiners shall be familiar with existing research on monitoring and treating sex offenders. Examiners shall be familiar with best practice as it relates to interview and interrogation techniques for criminal offenders.
- 6.4** Examiners are prohibited from conducting more than three examinations in a calendar day.
- 6.5** Examiners shall use a computerized polygraph system consisting of a five or more channel polygraph instrument that will simultaneously record the physiological phenomena of abdominal and thoracic respiration, electro-dermal activity, change in cardiovascular activity, and additional component sensors to monitor and record in-test behavior.
- 6.6** An audio/video recording of the pretest, in-test, and post- test phases is required upon examination. This recording will be maintained as part of the examination file for a minimum of one year.

- 6.7** The examiner shall obtain the offender's agreement, in writing to a standard waiver/release statement. The language of the statement shall minimally include 1) the offender's voluntary consent to take the test, 2) advisement that all information and results will be released to professional members of the community supervision or multi-disciplinary team, 3) advisement that admission of involvement in unlawful activities will not be concealed from authorities, and 4) a statement regarding the requirement for audio/video recording of each examination.
- 6.8** DD- for those offenders with developmental disabilities, when applicable, the examiner will obtain written consent from the legal guardian.
- 6.9** Except as provided by law, information from the polygraph examination and test results should be kept confidential and provided only to those involved in the containment approach to the supervision of sex offenders.
- 6.10** The testing procedure shall be explained to the offender, including an explanation of testing instruments.
- 6.11** A stimulation or acquaintance test is required for all examinations.
- 6.12** The examiner shall request and review all pertinent and available case facts within a time frame sufficient to prepare for the examination. The examiner will have access to the police report(s), sexual history disclosure packet, sex offender specific evaluation, pre-sentence report, most recent polygraph results, and any other pertinent information related to the current test.
- 6.13** Prior to beginning the examination, the examiner shall elicit relevant personal information from the offender consisting of personal and demographic background information, case background information, and medical/psychiatric health information pertaining to the offender's suitability for polygraph testing.
- 6.14** The need for language translation, including both foreign languages and sign languages, shall be assessed by the Community Supervision Team on a case by case basis.
- 6.15** The polygraph examiner shall utilize a court certified interpreter. The examiner shall inform the interpreter in advance about the testing process. 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.
- 6.16** Polygraph examiners shall be sensitive to ethnic or cultural characteristics and shall conduct the examination accordingly.
- 6.17** The Community Supervision Team will determine the type of testing required at any point in time. The team will make every effort to verify test results in a reasonable time frame. If the team is unable to verify test results, receives a

deceptive or inconclusive result, or determines the offender attempted to manipulate the test, containment shall increase.

- 6.18 DD-** The Community Supervision Team including the treatment provider will determine if the offender is capable of participating in polygraph examination and if the results will benefit the treatment process. To inform their decision The Community Supervision Team may seek outside expert assistance.
- 6.19** Results and information from polygraph examinations shall be used to assist the Community Supervision Team (CST) in tailoring more effective treatment, intervention and containment strategies.

TYPES OF TESTING

6.20 Sexual History Polygraph Examination

Sexual history polygraph examinations are administered to thoroughly investigate the offender's lifetime history of sexual behavior. Research indicates sex offenders often have multiple paraphilias and are secretive about their abusive behavior. The sexual history examination provides the supervision team necessary information for the treatment and containment of the offender.

- 6.21** Prior to examination a standardized written sexual history questionnaire will be provided to the offender and s/he will complete the questionnaire prior to the examination date. See attachment.

6.22 Maintenance Polygraph Examination

Maintenance polygraph examinations are administered to periodically investigate the offender's compliance with conditions of supervision and honesty with the supervision team.

6.23 Specific Issue Examination

Specific issue examinations are administered to investigate denial and account for any inconsistencies when investigating a particular event.

6.24 Pre-test Interview

The examiner shall conduct a thorough pre-test interview, including a detailed discussion on specific issues of concern. There shall be an open dialogue with the offender to confirm his/her position on the issue in question.

- 6.25** The interview will incorporate questions that address sexual behavior, offense history, and areas of interest which include volunteer work and hobbies.

6.26 Post-test interview

The examiner shall review initial test results with the offender. The offender shall be given the opportunity to explain or resolve any reactions or inconsistencies.

6.27 Test Results

The examiner's conclusion must be based on his/her scoring of the charts. In

addition, a recognized computer scoring system must be available to the examiner for scoring comparison.

6.28 The examiner shall render an empirically based opinion utilizing the following APA approved language:

Single Issue Test

- **Deceptive** whenever there are significant physiological responses that meet established criteria
- **Non Deceptive** whenever there are significant physiological responses that meet established criteria
- **Inconclusive** whenever the overall set of test data does not allow the examiner to render an empirically based opinion.

Multi Issue Test

- **Significant reaction** whenever there are significant physiological responses that meet established criteria
- **No significant reaction** whenever there are significant physiological responses that meet established criteria
- **Inconclusive** whenever the overall set of test data does not allow the examiner to render an empirically based opinion.

6.29 Examiners shall issue a written report to all members of the community supervision team within fourteen days of examination. The report shall include factual and objective accounts pertinent information developed during the examination, including statements made by the examinee during the pre and post-test interviews.

6.30 All written reports shall include the following information:

- Date of examination
- Type of examination
- Name of the offender
- Referral source: Name and agency of all members of the community supervision team
- Statement attesting to the offender's suitability for polygraph testing
- Purpose of examination
- Preparation for examination
- Case background (instant offense and conviction)
- Demographic information and other background information provided by the offender
- Summary of pre and post-test interviews, including disclosures or other relevant information provided by the offender
- Examination questions
- Examination results
- Testing techniques and instruments

Board approved 4/25/2011

INSTITUTIONAL TREATMENT OF SEX OFFENDERS

- 7.0** An offender who has been sentenced to the Department of Correction (DOC) should have a sex offense-specific evaluation. The evaluation may occur prior to or during the course of sex offense-specific treatment in the institution. If the offender has not been in treatment and has been institutionalized for at least eighteen months an evaluation will be completed prior to release.
- 7.1** Treatment for sex offenders in the institutions shall conform to the standards for offense-specific sex offender treatment outlined in section 3.0 and shall be provided by therapists who meet the qualifications for treatment providers described in section 4.0. Where documented aggressive unmanageable behavior exists, an alternate treatment plan will be developed.
- 7.2** The institutional treatment provider shall employ evidence-based treatment methods. The provider must recognize the need for long-term, comprehensive, offense-specific treatment of sex offenders.
- 7.3** Institutional treatment providers are encouraged to utilize a modified team approach similar to that described in section 5.0. The modified team would include the treatment provider, assigned counselor, security staff, and other identified parties.
- 7.4** The duration of time in institutional treatment shall not offset the need for the offender's continued treatment upon his/her supervised release to the community.
- 7.5** Institutional treatment providers shall prepare a brief summary of offender's participation in treatment and their institutional behavior. This should follow the offender's records through all levels of supervision.
- 7.6** In addition to general conditions imposed on all offenders, the following special conditions may be imposed on sex offenders who are institutionalized:
1. Sex offenders should have no contact with their victim(s), including correspondence, telephone contact, or communication through third parties except under circumstances approved in advance and in writing by the institutional treatment team and the sentencing authority.
 2. Sex offenders shall not have access to or possess sexually explicit material.
- 7.7** The Department of Correction reserves the right to implement such procedures as are necessary to ensure the security and safety of its institutions, staff, the offenders and all visitors.

