

**Process Evaluation of the
Colorado Sex Offender
Management Board
*Standards and Guidelines***

**A REPORT OF FINDINGS
DECEMBER 2003**

By:

Kerry Lowden

Kim English

Nicole Hetz

Linda Harrison

Office of Research and Statistics

Division of Criminal Justice

700 Kipling Street, Suite 1000

Denver, CO 80215

303-239-4442

<http://dcj.state.co.us/ors>

Kerry Lowden, *Project Manager*

Kim English, *Research Director*

Raymond T. Slaughter, *Director, Division of Criminal Justice*

Pamela Sillars, *Acting Executive Director, Department of Public Safety*

This study was funded by the Byrne Memorial Fund grant number D22BD19502 from the Division of Criminal Justice Drug Control and System's Improvement Program (DCSIP).

ACKNOWLEDGEMENTS

The research was made possible by a grant funded by the Division of Criminal Justice's Drug Control and Systems Improvement Program, grant number D22BD19502. We would like to thank Lance Clem of the Drug Control and System's Improvement Program, and the DCSIP Advisory Board, for supporting this evaluation allowing DCJ to meet the legislative mandate to evaluate the effectiveness of the SOMB's *Standards and Guidelines*.

We would also like to thank all those who assisted us in this research effort. We are especially grateful for the assistance of SOMB program administrator, Nancy Feldman, and the SOMB chair, Jill McFadden. We are grateful to Chris Row of the Division of Probation Services and the 89 probation officers who participated in this study. We thank Ernie Fernandez, a parole supervisor at the Department of Corrections and the 21 parole officers who participated in this study. Equally important were the SOMB-approved treatment providers and polygraph examiners who spent many hours answering our interview questions and allowing us into their files.

Finally, we would like to thank Elisa Di Trolio, Diane Pasini-Hill, Diane Patrick, Julie Rodriguez, Germaine Miera, Kristen Godbey, Elizabeth Smith, and Suzanne Gonzales for their contributions to the design, management, and data collection efforts for this evaluation. Thanks to Linda Harrison and Nicole Hetz for their work with analyzing all the data. As always we would like to thank Pat Lounders, Carole Poole, and Raymond Slaughter from the Division of Criminal Justice for their continued support of our research efforts.

While these contributions were invaluable to the research process, any errors or omissions remain the responsibility of the Office of Research and Statistics.

TABLE OF CONTENTS

| | |
|----|---|
| 11 | Executive Summary |
| 14 | Section One: Introductions |
| 14 | <i>Background</i> |
| 14 | <i>Purpose of the Report: A Process Evaluation</i> |
| 15 | <i>Organization of this Report</i> |
| 15 | <i>What are the Best Practices</i> |
| 17 | Section Two: Research Design |
| 17 | <i>Measuring Effectiveness</i> |
| 17 | <i>Were all the Standards and Guidelines studied?</i> |
| 17 | <i>Data Collection</i> |
| 21 | Section Three: Colorado’s Sex Offender Treatment, Monitoring and Containment System |
| 21 | <i>Brief Overview</i> |
| 23 | <i>Limitations of this Research</i> |
| 25 | Section Four: Findings from the Process Evaluation |
| 25 | <i>1.000 Guidelines for Pre-Sentence Investigations</i> |
| 28 | <i>2.000 Standards for Mental Health Sex-Offense Specific Evaluations</i> |
| 34 | <i>3.000 Standards of Practice for Treatment Providers</i> |
| 50 | <i>5.000 Standards and Guidelines for Management of Sex Offenders on Probation, Parole, and Community Corrections</i> |
| 80 | <i>6.000 Standards for Polygraphy</i> |
| 85 | Section Five: Barriers to Implementation |
| 88 | Section Six: Recommendations to Enhance the Implementation of the Colorado Standards and Guidelines |
| 91 | Section Seven: Tracking Sex Offenders |
| 91 | <i>Methods to Tracking</i> |
| 92 | <i>Monitoring Offender Recidivism</i> |
| 95 | Appendices |
| | <i>Appendix A: Detailed list of descriptions of the Standards and Guidelines</i> |
| | <i>Appendix B: Interview Questionnaires</i> |
| | <i>Appendix C: Data Collection Instruments</i> |
| | <i>Appendix D: Types of Services Delivered</i> |
| | <i>Appendix E: Safety Plans for Specific Events</i> |
| | <i>Appendix F: Situations for which Consequences and Sanctions are Imposed</i> |
| | <i>Appendix G: Geographic Maps of Registered Sex Offenders</i> |
| | <i>Appendix H: Studies that have Tracked Sex Offenders</i> |
| | Tables |
| 25 | <i>Table 1: Pre-Sentence Investigation Reports (PSIR) Found in the Files</i> |
| 26 | <i>Table 2: Information Addressed in the Pre-Sentence Investigation Reports (PSIR)</i> |
| 28 | <i>Table 3: Mental Health Sex Offense-Specific Evaluation Found in the Files</i> |
| 29 | <i>Table 4: Most Commonly Used Instruments for the Mental Health Sex Offense-Specific Evaluation</i> |
| 30 | <i>Table 5: Areas Addressed and Considered to be Problem from the Mental Health Sex Offense-Specific Evaluation</i> |
| 33 | <i>Table 6: Recommendations in the Mental Health Sex Offense-Specific Evaluation</i> |
| 37 | <i>Table 7: Treatment Plans Found in Treatment Provider Files</i> |
| 37 | <i>Table 8: Language Contained in Treatment Plans</i> |
| 37 | <i>Table 9: Treatment Provider Telephone Responses to Areas Addressed in the Treatment Plans</i> |
| 38 | <i>Table 10: Treatment Plans Found in Treatment Provider Files Address the Following Areas</i> |
| 39 | <i>Table 11: Types of Services Documented in the Treatment Provider Files</i> |
| 39 | <i>Table 12: Relapse Prevention Plans Found in Treatment Provider Files</i> |

- 40 *Table 13: Treatment Plan Documentation*
- 40 *Table 14: Progress in Treatment: Presence and Frequency of Documentation*
- 41 *Table 15: Signed Waivers of Confidentiality Found in Treatment Provider Files*
- 41 *Table 16: Treatment Contract Addresses Confidentiality Waivers*
- 42 *Table 17: Documentation from the Treatment Provider Files Regarding Content of the Treatment Contract*
- 43 *Table 18: Telephone Responses from Treatment Providers about Working with Offender Family Members*
- 43 *Table 19: Treatment Provider Telephone Responses About Which Family Members They Work With*
- 44 *Table 20: Details of Treatment Contract*
- 45 *Table 21: More About the Treatment Contract*
- 45 *Table 22: Level of Denial Assessed During The Mental Health Sex Offense-Specific Evaluation?*
- 46 *Table 23: Documenting Denial Process*
- 46 *Table 24: Documentation Regarding Treatment for Denial*
- 47 *Table 25: Denial Six Months Later: Documentation*
- 47 *Table 26: Use of Plethysmograph and Abel Screen*
- 48 *Table 27: Open-ended question to therapists: How do you use the polygraph results?*
- 48 *Table 28: Open-ended question to therapists: What sanctions or consequences are imposed for deceptive results?*
- 49 *Table 29: Open-ended question to therapists: What sanctions or consequences are imposed for inconclusive results?*
- 52 *Table 30: Multiple Responses from Open-Ended Questions: Who is Typically Part of the Interagency Community Supervision Team?*
- 52 *Table 31: Open-Ended, Multiple Responses about the Advantages to a Team Approach*
- 53 *Table 32: Open-Ended, Multiple Responses about the Disadvantages to a Team Approach*
- 53 *Table 33: Telephone Responses about Teams Experiencing Conflict*
- 54 *Table 34: Treatment Provider Contact with Probation Officers*
- 54 *Table 35: Treatment Provider Contact with Parole Officers*
- 55 *Table 36: Supervising Officer Contact with Treatment Providers*
- 56 *Table 37: Polygraph Examiner Contact with Supervising Officers*
- 56 *Table 38: Additional Contact Information*
- 57 *Table 39: Documentation in Officer Files that the Team Convened in Person, by Phone or Email*
- 58 *Table 40: Documentation from the Files that Officer Discussed the Offender with Therapist or Examiner, during a Six Month Time Period*
- 58 *Table 41: Circumstances for When Supervising Officers Talk to Polygraph Examiners About Offenders on Their Caseloads*
- 58 *Table 42: Circumstances for When Treatment Providers Talk to Polygraph Examiners About Offenders on Their Caseloads*
- 59 *Table 43: Telephone Survey Responses to Providing Input into the Question Content for the Polygraph Exam*
- 59 *Table 44: Supervising Officer Responses about Imposing Consequences for Polygraph Results*
- 59 *Table 45: Relapse Prevention Plans in Supervising Officer Files*
- 60 *Table 46: Supervising Officer Telephone Responses about Receiving Monthly Progress Reports*
- 60 *Table 47: Open-ended Telephone Responses about the Types of Information Received in Progress Reports*
- 60 *Table 48: Evidence of Monthly Progress Reports in Supervising Officer Files*
- 60 *Table 49: Number of Times Found in the Supervising Officer Files*
- 61 *Table 50: Telephone Responses from Team Members about Discussing Plans for Offender's Contact with Child Victim and Plans for Family Reunification*
- 61 *Table 51: Notification of Sex Offender Registration in Supervising Officer Files*
- 61 *Table 52: Multiples Responses from Supervising Officer Telephone Surveys about the Types of Trainings Officers Receive*
- 62 *Table 53: Supervising Officer Telephone Responses about when they Receive Training*
- 62 *Table 54: Supervising Officer Telephone Responses about Receiving Additional Training/Continuing Training*
- 62 *Table 55: Supervising Officer: Frequency of Additional Training/Continuing Education*

- 63** *Table 56: Additional Types of Training Mentioned*
- 63** *Table 57: Telephone Survey Responses from Treatment Providers about Working with Multiple Supervising Officers*
- 64** *Table 58: Multiple Responses from Supervising Officers about Reasons for Contact with Treatment Providers*
- 64** *Table 59: Polygraph Examiner Phone Survey Responses To Being Considered Part of Interagency Community Supervision Team*
- 65** *Table 60: Telephone Survey Responses about Receiving Copies of Polygraph Reports from Polygraph Examiners*
- 65** *Table 61: Copies of Polygraph Reports Found in Files*
- 66** *Table 62: Evidence in the Files that the Offender can have No Contact with their Victims*
- 66** *Table 63: Evidence in the Files that the Offender is Prohibited Contact with Children Under Age 18*
- 66** *Table 64: Evidence in the Files that the Offender may not Date, Befriend, or Marry Anyone who has Children Under Age 18*
- 67** *Table 65: Evidence in the Files that the Offender is Prohibited in Places Primarily Used by Children*
- 67** *Table 66: Evidence in the Files of Employment or Volunteering Restrictions*
- 67** *Table 67: Evidence in the Files that the Offender is Prohibited from Possessing Pornographic or Sexually Stimulating Materials*
- 68** *Table 68: Evidence in the Files that the Offender has been Notified that they Shall Not Consume or Possess and Drugs or Alcohol*
- 68** *Table 69: Evidence in the Files that the Offender's Residence Must Be Approved in Advance*
- 68** *Table 70: Evidence in the Files that the Offender has been Notified that they will be Required to Undergo a Blood, Saliva, and DNA test*
- 69** *Table 71: Evidence in the Files that the offender is restricted from High-Risk Situations and Potential Victims*
- 69** *Table 72: Evidence in the Files that the Offender signed Releases of Information*
- 69** *Table 73: Evidence in the Files that the Offender May Not Hitchhike or Pick Up Hitchhikers*
- 70** *Table 74: Evidence in the Files that the Offender will Attend and Actively Participated in Evaluations and Treatment and Not Change Treatment Providers Without Prior Approval*
- 70** *Table 75: Number of times officer files document source of information regarding Non-Compliant behavior*
- 71** *Table 76: 204 Polygraph Exams Used to Monitor Offenders*
- 71** *Table 77: Type of Polygraph Exams used to Monitor Offenders in the Community*
- 71** *Table 78: Open-Ended, Multiple Responses from Supervising Officer Telephone Surveys about the Use of the Polygraph Exam Information in Monitoring Offender Behavior*
- 72** *Table 79: Telephone Responses from Supervising Officers about Sanctions for Deceptive or Inconclusive Polygraph Results*
- 72** *Table 80: Documentation of Offender Experiencing Stress or Crisis in Supervising Officer File*
- 72** *Table 81: Officer Files: Number of Times Documentation Reflected Offenders Experienced Stress/Crisis in the Past 12 Months*
- 73** *Table 82: Monitoring Responses to the Stress/Crisis Offenders Experienced*
- 74** *Table 83: Among Treatment Providers Who Have Offenders With Child Contact On Their Caseloads: How Many Offenders Have Contact?*
- 75** *Table 84: Telephone Responses to the Various Ways Offenders Have Contact With Children*
- 75** *Table 85: Telephone Responses About Victim Advocates or Therapists Involvement in Decisions Regarding Offender Contact with Children*
- 76** *Table 86: Supervising Officer Telephone Responses about how these Victim Advocates or Therapists are involved in Child Contact Decisions*
- 76** *Table 87: Treatment Provider Telephone Responses about how these Victim Advocates or Therapists are Involved*
- 76** *Table 88: Documentation in Supervising Officer Files About Collaboration with Others Regarding Possible Communication, Visits, And Family Reunification*
- 77** *Table 89: Multiple Responses from Supervising Officers about How the Child Contact Decision is Made*

- 77** *Table 90: Multiple Responses from Treatment Providers about How the Child Contact Decision is Made*
- 78** *Table 91: Multiple Responses from Supervising Officers Regarding Who Makes Child Contact Decisions*
- 78** *Table 92: Multiple Responses from Telephone Surveys about Additional Requirements Placed on Offenders Who Have Contact With Children*
- 79** *Table 93: Supervising Officers Telephone Responses about Where Documentation can be Found Allowing Offenders to have Contact with Children*
- 80** *Table 94: Polygraph Examiners Telephone Responses about Conducting Post-Conviction Exams Before the Standards and Guidelines were Published*
- 80** *Table 95: Telephone Responses from Polygraph Examiners About the Length of Time That They Have Worked with Sex Offenders*
- 81** *Table 96: Telephone Responses from Polygraph Examiners about the Offender's Readiness for the Polygraph Exam*
- 81** *Table 97: Open-Ended Question to Polygraph Examiners: What Are the Advantages of a Team Approach?*
- 81** *Table 98: Open-ended question to Polygraph Examiners: What Are the Disadvantages to a Team Approach?*
- 81** *Table 99: Evidence in Polygraph Reports that All Test Questions Allow for Yes or No Answers*
- 82** *Table 100: Types of Information that Should Be Included in the Polygraph Examination Written Report*
- 83** *Table 101: Evidence in Polygraph Reports that the Standards for Polygraph Test Questions Are Being Followed*
- 85** *Table 102: Telephone Survey Responses about Barriers to Implementing the Standards and Guidelines*
- 85** *Table 103: Telephone Survey Responses about the Types of Barriers Encountered*
- 86** *Table 104: Telephone Survey Responses: about if they have Found Ways to Overcome Barriers*
- 86** *Table 105: Telephone Surveys Responses about Ways of Overcoming Barriers*
- 87** *Table 106: Telephone Surveys Responses to Impediments to Overcoming Barriers*
- 94** *Table 107: Summary of Multiple Studies That Tracked Sex Offenders*

EXECUTIVE SUMMARY

This report is a first step in meeting the legislative mandate requiring an evaluation of the effectiveness of the SOMB's Standards and Guidelines ((C.R.S. 16-11.7-103(4)(d)(I) and (II)), (referenced in detail in Section One). Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and, if so, the extent to which there may be gaps in full implementation. A process evaluation examines the question of implementation and necessarily precedes an outcome or effectiveness study. Information for this study was obtained from 191 90-minute interviews and comprehensive reviews (using 18-22 page data collection instruments) of 114 case files.

The second step in evaluating effectiveness requires a study of the behavior of offenders managed according to the Standards and Guidelines. The second study will be undertaken as resources allow.

Recommendations to improve the implementation of the Standards and Guidelines follow the executive summary.

- **The *Standards and Guidelines* are implemented sufficiently to warrant an outcome evaluation study.** As the summary below reflects, significant efforts are underway in the community to manage adult sex offenders, and these efforts are guided by the description of policies and procedures in the *Standards and Guidelines*. However, many treatment providers must improve the documentation related to their work to ensure that program evaluators have access to sufficient information to study the relationship between services delivered and offender outcome.
- **Professionals working with sex offenders found the *Standards and Guidelines* to be useful to them.** During telephone interviews, 92.2% of 64 treatment providers and 98.1% of 110 probation and parole officers said that the *Standards and Guidelines* were useful in their work with adult sex offenders. In an unstructured portion of the interviews, nearly two-thirds (63.6%) of the supervising officers said the *Standards and Guidelines* gave them direction in their work and provided support in the management of offenders; over one-third said community safety was improved and offenders were held more accountable. Both groups valued the *Standards and Guidelines* for standardizing management practices and for being based on research.

- **Many of the professionals who are directed by the *Standards and Guidelines* reported that they had participated in their development, reflecting the intent of the SOMB to be inclusive in its work.** Nearly ten percent of supervising officers, one-third of therapists, and two-thirds of the polygraph examiners said they had served on a SOMB Board subcommittee; many more had attended meetings of the SOMB Board over the years.
- **Successful efforts are being made to provide judges with adequate information at sentencing.** Fifty-three pre-sentence investigation reports prepared by supervising officers were found to provide excellent descriptions of offenders, particularly in the areas of criminal history, substance abuse and education. Forty-five Mental Health Sex Offense-Specific Evaluations (MHSOSE) were carefully reviewed by researchers and were found to be comprehensive and thorough, but copies of the evaluations were not always present in professionals' files after offenders received community-based sentences. Also, mental health evaluators are required to include in the MHSOSE a recommendation regarding the appropriateness of community placement, based on the information obtained during the evaluation only 29% of the reports addressed the issue.
- **Treatment appears to be a significant intervention in the lives of sex offenders under supervision in the community.** Information was readily available regarding treatment providers' general expectations of offenders, as well as the offenders' attendance in treatment. The *Standards and Guidelines* would be more fully implemented if all treatment plans were individualized and included goals with measurable objectives and a plan to achieve those objectives. Such treatment plans are considered best practice and are required by professional societies. Further, complete documentation of case management is required to study the impact and "analyze the effectiveness" of the *Standards and Guidelines* per C.R.S. 16.11.7-103(d)(I).
- **Interview data obtained from treatment providers and supervising officers reflected a significant exchange of information about sex offenders.** This communication is commonly but not always documented in the files; improved recording of case activities in the files will enhance future research efforts to link specific aspects of team collaboration to client outcome.
- **Professionals mentioned many barriers to the full implementation of the *Standards and Guidelines*.** The need for training, the lack of clarification of a few of the *Standards and Guidelines*, and the loss of supervising officers in the current budget reductions and the corresponding excessive caseloads were mentioned as barriers to full implementation. However, many professionals described a variety of ways they sought to overcome impediments to implementation.

- **Some evidence suggests that supervision plus treatment of offenders on parole may reduce recidivism as measured by new arrests.** A recent study tracking sex offenders released from prison found that those who received parole supervision and treatment as required by the *Standards and Guidelines*, compared to sex offenders who discharged from prison and did *not* receive supervision and treatment, were 40% less likely to get arrested for a violent crime in the year following release. The violent rearrest rate was low for both groups (14% for the group that discharged and 8% for those who received parole supervision and community based treatment) but the difference was significant and translates into greater public safety. The violent rearrest rate drops to 1% when paroled offenders have participated in very intense sex offender treatment in prison.

SECTION ONE: INTRODUCTION

Background

In 1992, the Colorado General Assembly created the Sex Offender Treatment Board to develop standards and guidelines for the assessment, evaluation, treatment and behavioral monitoring of convicted adult sex offenders who are under the supervision of the criminal justice system. In 1998, the name was changed in statute to the Sex Offender Management Board (SOMB) to better reflect the purpose and duties assigned to the board. The SOMB's *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* were first published in January 1996. The *Standards and Guidelines* were revised in 1998 to include new research and evolving clinical practices. In addition, appendices were added or modified in July 2002 to clarify issues that surfaced during implementation. In 2004 a revised version of the *Standards and Guidelines* for convicted adult sex offenders will once again be published by the SOMB, reflecting a document that evolves as new information becomes available. Funding for much of the work accomplished by the SOMB has come from a portion of the sex offender surcharge fund (C.R.S. Article 21). This fund assesses fees ranging from \$150 (class 3 misdemeanor) to \$3,000 (class 2 felony) on offenders convicted sex offenders (including those granted a deferred judgment).

Purpose of this Report: A Process Evaluation

This report is a first step in meeting the legislative mandate requiring an evaluation of the effectiveness of the SOMB's *Standards and Guidelines* (referenced in detail below). Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and, if so, the extent to which there may be gaps in full implementation. A *process evaluation* examines the question of implementation and necessarily precedes an outcome or effectiveness study.

The second step in meeting the legislative mandate is to conduct an *outcome evaluation*. Such a study would investigate the effectiveness of the *Standards and Guidelines* by examining whether there is a link between the behavior of offenders subject to the *Standards and Guidelines* and the delivery of services to those offenders. This step will be undertaken in the next 18-24 months, as grant funding allows.

The General Assembly, in C.R.S. 16-11.7-103(4)(d)(I) and (II), directed the SOMB to accomplish the following and report its findings on December 1, 2003:

The board shall research and analyze the effectiveness of the evaluation, identification, and treatment procedures and programs developed pursuant to this article. The board shall also develop and prescribe a system...for tracking offenders who have been subjected to evaluation, identification, and treatment

pursuant to this article.... In addition, the board shall develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes. The results of such tracking and behavioral monitoring shall be a part of any analysis made pursuant to this paragraph.

Pursuant to C.R.S. 16-11.7-103(4)(d)(I) and (II), this study was undertaken on behalf of the SOMB by the Division of Criminal Justice (DCJ), Office of Research and Statistics (ORS). The study was funded by Byrne Memorial Fund grant number D22BD19502 from DCJ's Office of Drug Control and System Improvement Program (DCSIP). Data for the study were collected between January 2002 and September 2003.

Organization of this Report

The remainder of this **Introduction Section** provides an overview of best practices for the treatment and management of sex offenders. **Section Two** describes the research methods used in the study, and **Section Three** will describe the case management approach specified in the *Standards and Guidelines*. Following this description, the research findings will be presented in the order for which they appear in the July 2002 edition of the *Standards and Guidelines*. **Section Four** displays all the findings from the process evaluation. **Section Five** highlights the barriers to implementation of the *Standards and Guidelines* as stated by interview respondents. **Section Six** provides recommendations to the SOMB for improving the implementation of existing standards and for modifying the current set of adult *Standards and Guidelines*. The recommendations are based on the data collected and analyzed for this study, pursuant to C.R.S. 16-11.7-103(4)(d)(I) and (II). **Section Seven** presents information on tracking sex offenders.

What are Best Practices?

The set of best practices prescribed by the SOMB is founded on the containment approach, first described by researchers from the Colorado Division of Criminal Justice (DCJ). In 1992, and again in 1997, DCJ's Office of Research and Statistics successfully competed for research grants from the National Institute of Justice, the research section of the U.S. Department of Justice, to study the management of convicted adult sex offenders nationwide (English, Pullen and Jones, 1996; English, 1998; English, Jones, Patrick, Pasini-Hill, 2000; 2003). The relevance of this research activity is that it was undertaken at the same time as the drafting of the first version of the *Standards and Guidelines*. SOMB members were updated regularly on innovative and promising practices (and barriers) implemented elsewhere in the country. The research findings were incorporated into the work of the SOMB, along with information from other studies of adult sex offenders. Research on sex offenders undertaken at DCJ and the Colorado Department of Corrections (CDOC) continues to inform the SOMB and its committees. Relevant

research conducted by others studying sex offender management and related topics also inform the SOMB.

Further, the *Standards and Guidelines* are firmly based on the clinical and agency experience of the experts representing the multiple disciplines and various criminal justice sectors who serve as members of the SOMB. Committee members who may not be Board members but who share their time and expertise in specific topic areas also have made substantial contributions to the *Standards and Guidelines*. Professionals who attend the monthly SOMB meetings and discuss their concerns and experiences have provided essential information, particularly in terms of barriers to full implementation of the SOMB's prescribed approach.

The *Standards and Guidelines* require a coordinated, multi-disciplinary and public safety oriented strategy to risk management that combines comprehensive sex offender treatment and carefully structured criminal justice supervision. It applies to sex offenders serving sentences in the community as well as in prison. The roles and responsibilities of treatment providers, mental health evaluators, polygraph examiners, and supervising officers are specified in the *Standards and Guidelines*.

Offenders on probation and parole, and those in prison, may receive services only from treatment providers, evaluators and polygraph examiners who have submitted comprehensive application materials to the SOMB and, following review by the SOMB's Application Review Committee, are placed on the list of SOMB-approved providers. Once approved, these professionals must reapply to the SOMB every three years.

Training and continuing education requirements for treatment providers, mental health evaluators, and polygraph examiners who offer services to this offender population are specified in the *Standards and Guidelines*. The emphasis on developing professional expertise combined with descriptions of required practices represent the SOMB's attempt to guarantee that mandated sex offender services be of high quality and similarly delivered across the state. Requiring ongoing collaboration among the treatment provider, supervising officer and polygraph examiner ensures that all case information would be shared, risk would be evaluated on an ongoing basis, and the offender would receive clear and consistent information and direction. This approach is designed to give the offender maximum opportunity to change while enhancing public safety through individualized risk management.

In sum, the *Standards and Guidelines* were originally developed in tandem with research on sex offender management conducted at DCJ (English, Pullen and Jones, 1996). Additional research by DCJ's ORS and the Colorado Department of Corrections' Planning and Analysis Unit in collaboration with the Sex Offender Treatment and Monitoring Program (SOTMP), along with findings from other studies in the field, continue to provide the SOMB with information about issues of concern in the management of sex offenders. The value of the clinical experience of the many professionals who participate in the SOMB's cannot be underestimated and this expertise provides necessary direction when research is lacking or implementation is challenging.

SECTION TWO: RESEARCH DESIGN

Measuring Effectiveness

The first step in measuring the effectiveness of the *Standards and Guidelines* is determining the extent to which they are implemented in the field. The effectiveness of the *Standards and Guidelines* rests on professionals collaborating as required, collecting and sharing risk information on offenders, and consistently applying the protocols described by the SOMB.

One method of measuring implementation is to observe the actual delivery of services by approved providers and specially trained supervising officers. However, this is expensive and resource limitations precluded this approach. Instead, nearly 200 90-minute interviews were conducted with treatment providers, supervising officers, and polygraph examiners. Also, data were hand-collected from the electronic chronological records and paper files of supervising officers and the treatment providers delivering services to 60 offenders who had been placed under supervision in the community in the last few years and had been in treatment for at least six months. Also, collecting and analyzing data from multiple sources enhances the validity of the research findings.

Were all of the *Standards and Guidelines* studied?

Researchers met with members of the SOMB to identify which of the *Standards and Guidelines* were of the greatest concern or importance. See Appendix A for a detailed list and descriptions of the *Standards and Guidelines* selected for study. The file review focused on the presence of documentation that would provide objective information about implementation of specific *Standards and Guidelines*. The interview questionnaires were designed to address both perceptions and beliefs regarding implementation of very specific requirements (e.g. “Does the offender sign a waiver of confidentiality form?”) and broader concerns (e.g. “Who is part of the offender management team?” and “Have the *Standards and Guidelines* been useful/detrimental in your work?”). Additional issues, such as whether respondents felt included in the process of developing the *Standards and Guidelines* and questions about the barriers to implementation were also included to shed light on the implementation process.

Data Collection

Telephone Interviews

Attempts were made to include information from *all* individuals who were on the approved treatment provider lists and all probation and parole officers whose responsibilities included the supervision of adult sex offenders. Sixty to 90 minute telephone interviews were conducted with 64 of 127 (50%) of the approved treatment providers and evaluators, 81 probation officers, 29 parole officers (100% of those

supervising sex offenders), and all 17 approved polygraph examiners. The interview questionnaires are included in Appendix B.

The interview questionnaire was pre-tested on therapists and supervising officers who volunteered to work with the ORS researchers to identify problems with the instrument. A final instrument was developed after incorporating information learned during the pretest. Interviewers underwent two days of training in both interviewing skills as well as on the specific instruments to ensure accuracy and consistency in data collection.

File Reviews

Determining the extent to which the *Standards and Guidelines* are implemented required examining documentation in the files that would reflect adherence to the practices required. Presumably the files would be equally consistent in documentation since that is a primary objective of statewide-standardized practice.

To obtain data on how the case was managed in the community, cases need to be under supervision for at least six months. To ensure that the findings would reflect current practices, the supervision period had to be recent. This narrowed the population from which the sample would be identified.

To qualify for entry into the sample, a case was defined as a person who had a current or past conviction for a sex crime, or a conviction for which the underlying factual basis was a sex crime. Once cases were identified, researchers abstracted data from the case files maintained by each offender's treatment provider and supervising officer. In most instances, cases were selected from jurisdictions with at least two sex offenders under supervision. Two researchers were sent to each site to maximize reliability of the data collection.¹

The data collection instruments ranged in length from 18 (for the treatment file) to 20 pages (for the supervising officer file) and took researchers, on average, 2 to 4 hours to complete. These instruments are included in Appendix C. This review, combined with the time required to set up the logistics to locate valid cases and access the active files, and travel to locations across the state, was extremely time intensive.

Probation. From a list of approximately 663 sex offenders from 63 counties,² researchers originally randomly selected 55 probationers. The status of each case was then determined using a computer on the CICJIS premises and then calling the supervising officer to verify the information. From this case review, researchers found many of the cases had been revoked and re-sentenced (some to jail, DOC, or community corrections),

¹ A minimum of two researchers traveled to most sites so that anomalies in the file could be discussed and decisions about scoring procedures would be made by more than one person.

² The list of cases was obtained using the Colorado Integrated Criminal Justice Information System (CICJIS) that allowed access to Judicial's ICON database maintained in the RS 6000. Cases charged with a sex crime and meeting the time criteria were identified as the population from which the sample would be selected.

deported, absconded, or were on interstate compact. After this review, only one-third of the cases remained (18 of the original 55) in the sample. For each non-qualifying case, a replacement was selected and the process was repeated.

Once in the field, researchers learned that some cases were not under supervision during the specified period, or were charged but not convicted of a sex crime and, most importantly, were not in sex offender treatment. These cases were also replaced. The final sample included 45 offenders from 14 counties who had been on probation for at least six months between September, 2000 and February 2002. The 45 cases represent between 10-20%³ of eligible cases that met the sampling criteria.

Ninety (45 supervising officers and 45 treatment provider) case files pertaining to these 45 offenders were reviewed for compliance with the *Standards and Guidelines*.⁴ Polygraph examination reports in these files were examined in detail for compliance with the *Standards and Guidelines*. Data were collected on probation cases before the parole sample was identified.

Parole. Efforts to identify and track parolees from the six state parole regions were more complicated. Initially 45 parolees were randomly selected from a list of 89 parolees obtained from the Department of Corrections Planning and Analysis Unit. From this list, offenders with S-Codes of 3⁵ were excluded. Further attrition occurred because at least one region did not have a DOC- approved treatment provider. In addition, several parolees absconded, were revoked and returned to prison, discharged their sentence, or were released to a detainer issued by another jurisdiction (including INS detainees). Again, the cases needed to be under active supervision at the time of the data collection to ensure access to all the necessary information.

Unfortunately, the data collection process for parolees was interrupted. The data collection was delayed and eventually terminated when the state assistant attorney general clarified that the treatment files were protected following the April 2003 enactment of the federal Health Insurance Portability Protection Act (HIPAA). This Act requires the signed informed consent of offenders whose cases were selected for this study. Many of the offenders signed consent forms, but some were unable (they were in jail or recently absconded) or unwilling to sign. These complications, combined with time and resource limitations, resulted in a final sample size of only 15 parolees for whom 9

³ The exact proportion of cases cannot be determined because the status of cases changed over the several months during which the data collection occurred. It was important to review active cases for two reasons: (1) to obtain complete information on documentation of current cases, and (2) to ensure that the data were recent.

⁴ Files were reviewed on probationers under supervision in the following counties: Adams, Alamosa, Arapahoe, Archuleta, Boulder, Denver, Douglas, El Paso, Fremont, Jefferson, Larimer, Morgan, Pueblo and Weld.

⁵ Upon entry at the Denver Reception & Diagnostic Center inmates receive a code based on their criminal history on the following sexual violence scale. The S-code determines whether the inmate will be recommended for sex offense specific treatment. S-5 is past or current conviction of sex crime, S-4 is history of sexual assault or deviance for which they have not been convicted of S-3 is documented sexual assault in prison.

treatment files were available for analysis. This resulted in a combined total of 24 treatment and parole files (including polygraph examination reports) were reviewed on site by DCJ researchers.⁶

The final case file review in the field resulted in data from 45 probationers and 15 parolees totaling 60 sex offenders and 114 files (60 officer files and 54⁷ treatment provider files) including 214 polygraph examination reports.

The sample is not representative of any single jurisdiction. The sample was designed to reflect general practices statewide. The *Standards and Guidelines* are intended to promote communication and consistency across and within jurisdictions, so this sample provides an important depiction of actual practices by the three key members of the containment team.

⁶ Parolees in the sample were under supervision in the following counties or cities: Arapahoe, Westminster, Denver, Pueblo, Canon City, Greeley, Ft. Collins, and Colorado Springs.

⁷ The HIPAA requirement interfered with the collection of data from six treatment files.

SECTION THREE: COLORADO'S SEX OFFENDER TREATMENT, MONITORING AND CONTAINMENT SYSTEM

Brief Overview

The *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* apply to adult sexual offenders under the jurisdiction of the criminal justice system in Colorado. The SOMB's enabling legislation recognized that the criminal sexual behaviors of many offenders can be managed, much like high blood pressure can be managed, but there is no known "cure" for the problem. The *Standards and Guidelines* are based on best practices and, where possible, current research pertaining to the treatment and management of sex offenders.

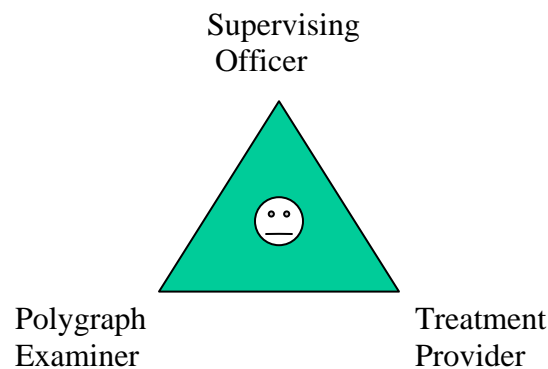
The *Standards and Guidelines* are described in a document that is over 100 pages in length, and issues are clarified and expanded in over 50 pages of appendices. The document reflects the careful thinking of a multi-disciplinary group and is founded on 13 guiding principles:

1. Sexual offending is a behavioral disorder that cannot be "cured."
2. Sex offenders are dangerous.
3. Community safety is paramount
4. Assessment and evaluation of sex offenders is an on-going process. Progress in treatment and level of risk are not constant over time.
5. Assignment to community supervision is a privilege, and sex offenders must be completely accountable for their behaviors.
6. Sex offenders must waive confidentiality for evaluation, treatment, supervision and case management purposes.
7. Victims have a right to safety and self-determination.
8. When a child is sexually abused within the family, the child's individual need for safety, protection, developmental growth and psychological well-being outweighs any parental or family interests.
9. A continuum of sex offender management and treatment options should be available in each community in the state.
10. Standards and guidelines for assessment, evaluation, treatment and behavioral monitoring of sex offenders will be most effective if the entirety of the criminal justice and social services systems, not just sex offender treatment providers, apply the same principles and work together.
11. The management of sex offenders requires a coordinated team response.
12. Sex offender assessment, evaluation, treatment and behavioral monitoring should be non-discriminatory and humane, bound by the rules of ethics and law.

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

These principles are operationalized in the *Standards and Guidelines* document. Work is underway to update the current version of the adult *Standards and Guidelines* and to include information obtained from the study findings presented here.

The *Standards and Guidelines* state that sex offenders should not be in the community without comprehensive treatment, supervision and behavioral monitoring. Treatment, supervision and monitoring reflect multi-disciplinary activities undertaken by professionals with expertise in very specific areas. The treatment provider, supervising officer and polygraph examiner comprise the basic containment team.



According to the *Standards and Guidelines*, additional members of the containment team may include the unit supervisor, other probation or parole officers, social workers/case workers, law enforcement, special population therapists (substance abuse counselor, for example), employers, and members of the offender's support system.

At the core of this management system is the intent that the offender be held consistently accountable for his or her behavior. An underlying philosophy in Colorado's containment system is placing the responsibility on the offender to demonstrate progress in treatment and risk reduction.

Sex offense-specific treatment is a comprehensive set of planned therapeutic experiences and interventions intended to provide offenders with the tools to change sexually abusive thoughts and behaviors. When treatment is encouraged by agents of the criminal justice system (the courts and the parole board), offenders are motivated to actively engage in therapy. In a recent study by DCJ of the Department of Correction's sex offender therapeutic community, the longer an offender spent in very intense treatment the more likely the offender remained arrest free in the years following release from prison. In fact, those who remained arrest free logged, on average, at least 30 months in the intense prison program.⁸

⁸ Lowden et al., July 2003.

Under the *Standards and Guidelines*, probation and parole officers are to receive special training in the risk management of sex offenders and reinforce treatment assignments and behavioral expectations along with providing careful monitoring of the individual behavior patterns of specific offenders. Specially trained polygraph examiners are to work closely with treatment providers and supervising officers to track offenders and to verify risk and behaviors reflecting compliance with supervision and treatment mandates. Additional management tools include law enforcement registration, individual treatment plans that may include important information obtained from victims' therapists, treatment contracts and written conditions of supervision, leisure time monitoring, home and employment visits, clearly specified restrictions pertaining to internet use and locations where victims may be accessed.

The supervision team works together to obtain each offender's "modus operandi" and supervision, treatment and polygraph examinations are structured to interrupt the offense pattern *before* a new sex crime is committed. This is the essence of risk management and offender containment as envisioned by the SOMB and operationalized in the *Standards and Guidelines*.

Standards are denoted by the word "shall" while guidelines are referenced with the word "should."

Limitations of this Research

This study is a process evaluation. It was conducted to determine the extent to which the *Standards and Guidelines* are actually implemented in the field. Without information about implementation and services delivered, outcome findings—including recidivism studies—cannot be linked to services provided. Outcome data were not collected and analyzed in this study.

The response rate for the telephone interviews with therapists was only 50%. Unfortunately, there is no way of knowing if the perceptions and beliefs of those who did not participate in the telephone survey differs from those who did.

Relying on information documented in files to reflect implementation assumes that all relevant case management decisions and activities are documented. This is unlikely to be the case. The extent to which the absence of documentation reflected a lack of adherence to the *Standards and Guidelines* or a lack of documentation remains unknown.

Sixty sex offenders were randomly selected from a pool of several hundred probationers and parolees under supervision in the community. These cases were identified so that probation/parole and treatment files relating to the offender could be examined for documentation reflecting adherence to the *Standards and Guidelines*. Specific criteria were used to identify cases for study. The criteria were intended to ensure access to the most complete and recent case management information. Researchers estimate that between 10% and 20% of qualifying cases were studied, but not all areas of the state had qualifying cases available for study. The sample is not intended to be representative of

any single jurisdiction. Rather, the sample was designed to reflect general practices statewide. Any sampling of files--large or small--would presumably reflect all files since compliance with the *Standards and Guidelines* is expected statewide.

SECTION FOUR: FINDINGS FROM THE PROCESS EVALUATION

1.000 GUIDELINES FOR PRE-SENTENCE INVESTIGATIONS

SUMMARY OF FINDINGS:

This Guideline appears to be implemented as planned. The Pre-Sentence Investigation Report (PSIR) was found in the probation and parole files over 85% of the time, reflecting strong adherence to this guideline. Further, the content of the 60 PSIRs examined revealed excellent coverage of criminal history information and substance abuse issues. Likewise, education history and family/marital history were adequately addressed most of the time. Nearly 80% of the probation files and two-thirds (9) of the parole files adequately addressed employment. The file review also found that financial status and residential situation was adequately addressed for 40-65% of the PSIRs.

However, content areas in 20 to 30 of the 60 PSIRs that appeared to be minimally addressed, or not discussed at all, included the following:

- Leisure/recreation activities
- Companions
- Attitude at time of interview
- Victim impact, and
- Victim grooming behaviors

Data supporting these findings are presented below.

1.010 Each sex offender should be the subject of a pre-sentence investigation, including a mental health sex offense-specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

Table 1: Pre-Sentence Investigation Reports (PSIR) Found in the Files

| | Probation Officer Files n=45 | Parole Officer Files n=15 |
|-----|---------------------------------|------------------------------|
| No | 13.3% (6) | 6.7% (1) |
| Yes | 86.7% (39) | 93.3% (14) |

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

- Criminal history
- Education/employment
- Financial status
- Assaultiveness
- Residence
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Victim impact
- Emotional/personal problems
- Attitude/orientation
- Family, marital and relationship issues
- Offense patterns and victim grooming behaviors
- Mental health sex offense-specific evaluation report
- The potential impact of each sentencing option on the victim(s)

Table 2: Information Addressed in the Pre-Sentence Investigation Reports (PSIR)

| | Probation Officer Files n=39* | Parole Officer Files n=14* |
|--|---|--------------------------------------|
| Criminal history | | |
| <i>Addressed Adequately**</i> | 100% (39) | 100% (14) |
| Education history | | |
| <i>Addressed Adequately</i> | 84.6% (33) | 78.6% (11) |
| Employment history | | |
| <i>Addressed Adequately</i> | 79.5% (31) | 64.3% (9) |
| Financial status | | |
| <i>Addressed Adequately</i> | 59% (23) | 50% (7) |
| Residence | | |
| <i>Addressed Adequately</i> | 66.7% (26) | 42.9% (6) |
| Leisure/recreation activities | | |
| <i>Addressed Adequately</i> | 23.1% (9) | 21.4% (3) |
| Companions | | |
| <i>Addressed Adequately</i> | 23.1% (9) | 35.7% (5) |
| Drug /alcohol problems | | |
| <i>Addressed Adequately</i> | 87.2% (34) | 78.6% (11) |
| Victim impact addressed | | |
| <i>Addressed Adequately</i> | 38.5% (15) | 35.7% (5) |
| Emotional and personal problems | | |
| <i>Addressed Adequately</i> | 56.4% (22) | 35.7% (5) |

| | | |
|--|------------|------------|
| Attitude at time of interview and during process | | |
| <i>Addressed Adequately</i> | 41% (16) | 35.7% (5) |
| Family, marital and relationship | | |
| <i>Addressed Adequately</i> | 74.4% (29) | 71.4% (10) |
| Offense/assault patterns | | |
| <i>Addressed Adequately</i> | 59% (23) | 64.3% (9) |
| Victim grooming behaviors | | |
| <i>Addressed Adequately</i> | 20.5% (8) | 35.7% (5) |
| The potential impact of each sentencing option on the victim(s) | | |
| <i>Addressed Adequately</i> | 25.6% (10) | 14.3% (2) |
| Additional information: Criminal orientation | | |
| <i>Addressed Adequately</i> | 46.2% (18) | 64.3% (9) |

*The number of files containing PSIRs.

**The term “addressed adequately” means that there was a sufficient level of descriptive information for a decision maker to assess the appropriateness of community placement and level of supervision.

**2.000
STANDARDS FOR MENTAL HEALTH SEX OFFENSE-SPECIFIC
EVALUATIONS**

SUMMARY OF FINDINGS:

As intended by the Standards and Guidelines, the 45 Mental Health Sex Offense-Specific Evaluations (MHSOSE) examined by researchers were found to be comprehensive and thorough, but copies of the evaluations were not always present in professionals' files. Most of the time (83.3%), the MHSOSE was found in the treatment provider files and it was found in nearly all of the probation officer files. However, researchers found the MHSOSEs in only 4 of the 15 parole officer files examined. Since the Colorado Department of Corrections (DOC) maintains multiple files on offenders, it is possible that the MHSOSE was located in another file; researchers only examined parole officers' "active" files.

In the 45 treatment provider files that included the MHSOSE, researchers found the use of 51 different assessment tools and procedures. The most commonly used instruments were the Millon Clinical Multiaxial Inventory (73% of files) and the Multiphasic Sex Inventory (58%). Table 4 includes a list of the most commonly used instruments. Most of the 45 evaluations reviewed by researchers included recommendations for offense-specific treatment; the *Standards* require that the level and intensity of offense-specific treatment be recommended by the evaluator. The 45 evaluations addressed the issue of community placement in only 15 (29%) although the *Standards* require the evaluator to recommend the appropriateness of community placement.

Data supporting these findings are presented below.

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

Table 3: Mental Health Sex Offense-Specific Evaluation Found in the Files

| | Probation Officer Files n=45 | Parole Officer Files n=15 | Treatment Provider Files n=54 |
|------------|--|-------------------------------------|---|
| No | 4.4% (2) | 73.35 (11) | 16.7% (9) |
| Yes | 95.6% (43) | 26.7% (4) | 83.3% (45) |

2.060 Because of the uncertainty of risk prediction for sex offenders, the Board recommends the following approaches to evaluation:

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- Integration of collateral information
- Use of multiple assessment instruments and techniques
- Use of structured interviews
- Use of interviewers who have been trained to collect data in a non-pejorative manner

AND

2.070 Unless otherwise indicated below, the following evaluation modalities are all required in performing a mental health sex offense-specific evaluation:

- Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available
- Examination of collateral information, including information from other sources on the offender's sexual behavior
- Structured clinical and sexual history and interview
- Offense-specific psychological testing
- Standardized psychological testing if clinically indicated
- Medical examination/referral for assessment of pharmacological needs if clinically indicated
- Testing of deviant arousal or interest through the use of the penile plethysmograph or the Abel Screen

Table 4: Most Commonly Used Instruments for the Mental Health Sex Offense-Specific Evaluation

| Instruments Used | Frequency of Use |
|---------------------------------------|-------------------------|
| | n=45 |
| • Structured Interview | 95.6% (43) |
| • Collateral Information | 86.7% (39) |
| • MCMI-II or III | 73.3% (33) |
| • MSI (Multiphasic Sex Inventory) | 57.8% (26) |
| • Shipley Institute Of Living Scale | 51.1% (23) |
| • Plethysomograph • Abel | 44.4% (20)* |
| • Wilson Sexual Fantasy Questionnaire | 37.8% (17) |
| • MMPI or MMPI 2 • STATIC 99 | 35.6% (16)* |
| • HARE | 31.1% (4)* |

| | |
|--|-------------|
| <ul style="list-style-type: none"> • SONE • Abel And Becker Cognition • SONAR | |
| <ul style="list-style-type: none"> • Beck Depression Scale • RRASOR | 28.9% (13)* |
| <ul style="list-style-type: none"> • Abel And Becker Card Sort • SVP Instrument (Includes The DCJ Risk Assessment) | 20% (9)* |

*Multiple tests grouped in this table reflect the number (frequency) of evaluations that included all of these in the tests.

2.090 A mental health sex offense-specific evaluation of a sex offender shall consider the following:

- Sexual evaluation, including sexual developmental history and evaluation for sexual arousal/ interest, deviance and paraphilias
- Character pathology
- Level of deception and/or denial
- Mental and/or organic disorders
- Drug/alcohol use
- Stability of functioning
- Self-esteem and ego-strength
- Medical/neurological/pharmacological needs
- Level of violence and coercion
- Motivation and amenability for treatment
- Escalation of high-risk behaviors
- Risk of re-offense
- Treatment and supervision needs
- Impact on the victim, when possible

Table 5: Areas Addressed and Considered to be Problem from the Mental Health Sex Offense-Specific Evaluation

| Evaluation Area | Addressed in Treatment Provider Files n=45 | Determined to be a Problem for the Offender n varies |
|--|--|--|
| EVALUATE MENTAL AND/OR ORGANIC DISORDERS | | |
| <i>IQ Functioning</i> <i>(Mental retardation, learning disability, and literacy)</i> | 86.7% (39) | 10.3% (4) |
| <i>Organic Brain Syndrome (OBS)</i> | 46.7% (21) | 0 |
| <i>Mental Illness</i> <i>(DSM-IV diagnosis or other clearly stated disorder)</i> | 95.6% (43) | 39.5% (17) |

| | | |
|--|------------|------------|
| EVALUATE DRUG/ALCOHOL USE* | | |
| <i>Alcohol and Drug Use/Abuse</i> | 97.8% (44) | 34.1% (15) |
| EVALUATE CHARACTER PATHOLOGY | | |
| <i>Degree of Impairment</i> | 86.7% (39) | 41% (16) |
| EVALUATE STABILITY OF FUNCTIONING | | |
| <i>Marital/Family Stability</i> (Past, current, familial violence familial sexual, financial housing) | 95.6% (43) | 31.8% (14) |
| <i>Employment/Education</i> (completion of major life tasks) | 95.6% (43) | 11.6% (5) |
| <i>Social Skills</i> Ability to form and maintain relationships, courtship/dating skills, ability to demonstrate assertive behavior) | 82.2% (37) | 50% (19) |
| DEVELOPMENTAL HISTORY | | |
| <i>Disruptions in parent/child relationship</i> <i>History of bed wetting, cruelty to animals</i> <i>History of behavior problems in elementary school,</i> <i>History of special education services, learning disabilities, school achievement</i> <i>Indicators of disordered attachments</i> | 80% (36) | 18.4% (7) |
| EVALUATION OF SELF | | |
| <i>Self-image, Self Esteem, Ego Strength</i> | 84.4% (38) | 53.8% (21) |
| MEDICAL SCREENING MEASURES | | |
| <i>Pharmacological Needs</i> <i>Medical condition impacting offending behavior</i> <i>History of medication use/abuse</i> | 77.8% (35) | 11.1% (4) |
| SEXUAL EVALUATION | | |
| <i>Sexual History</i> (onset, intensity, duration, pleasure derived) <i>Age of onset of expected normal behaviors</i> <i>Quality of first sexual experience</i> <i>Age of onset of sexually deviant behaviors</i> <i>Witnessed or experienced victimization as a child</i> (sexual or physical) <i>Genesis of sexual information</i> <i>Age/degree of use of pornography, phone sex, cable, video, or internet for sexual purposes</i> <i>Current and past range of sexual behavior</i> | 97.8% (44) | 100% (44) |
| <i>Reinforcement Structure for deviant behavior</i> <i>Culture, environment, cults</i> | 37.8% (17) | 21.1% (4) |

| | | |
|--|------------|------------|
| Arousal Pattern <i>Sexual arousal, sexual interest</i> | 88.6% (39) | 43.9% (18) |
| Specifics of Sexual Crime(s) (<i>Onset, intensity, duration, pleasure derived</i>) <i>Detailed description of sexual assault</i> <i>Seriousness, harm to victim</i> <i>Mood during assault (anger, erotic, "love")</i> <i>Progression of sexual crimes</i> <i>Thoughts preceding and following crimes</i> <i>Fantasies preceding and following crimes</i> | 93.3% (42) | 97.6% (41) |
| Sexual Deviance | 97.8% (44) | 38.6% (17) |
| Dysfunction <i>(Impotence, priapism, injuries, medications affecting sexual functioning, etc.)</i> | 40% (18) | 11.1% (2) |
| Offender's Perception of Sexual Dysfunction | 31.1% (14) | 21.4% (3) |
| Preferences <i>(Male/female; age; masturbation targets; use of tools, utensils, food, clothing; current sexual practices, deviant as well as normal behaviors)</i> | 88.9% (40) | 38.5% (15) |
| Attitude/Cognition <i>Motivation to change/continue behavior</i> <i>Attitudes toward women, children sexuality in general</i> <i>Attitudes about offense (i.e., seriousness, harm to victim)</i> <i>Degree of victim empathy</i> <i>Presence/degree of minimalization</i> <i>Presence/degree of denial</i> <i>Ego-syntonic v s. ego-dystonic sense of deviant behavior</i> | 82.2% (37) | 54.1% (20) |
| Attitudes About Offense <i>(i.e., seriousness, harm to victim)</i> <i>Degree of victim empathy</i> <i>Presence/degree of minimization</i> <i>Presence/degree of denial</i> <i>Ego-syntonic v s. ego-dystonic sense of deviant behavior</i> | 95.6% (43) | 74.4% (32) |
| EVALUATE LEVEL OF DENIAL AND/OR DECEPTION | | |
| <i>Level of denial</i> <i>Level of deception</i> | 93.3% (42) | 61.9% (26) |
| EVALUATE LEVEL OF VIOLENCE AND COERCION | | |
| <i>Level of violence, pattern of assaults, victim selection, escalation of violence</i> | 64.4% (29) | 27.6% (8) |
| EVALUATE RISK | | |
| <i>Risk of re-offense</i> | 86.7% (39) | 59% (23) |

2.110 The evaluator shall recommend:

- The level and intensity of offense-specific treatment needs
- Referral for medical/pharmacological treatment if indicated
- Treatment of co-existing conditions
- The level and intensity of behavioral monitoring needed
- The types of external controls which should be considered specifically for that offender (e.g. controls of work environment, leisure time, or transportation; life stresses, or other issues that might increase risk and require increased supervision)
- Methods to lessen victim impact
- Appropriateness and extent of community placement.

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

Table 6: Recommendations in the Mental Health Sex Offense-Specific Evaluation

| Recommendations | Frequency Topic Found in the Treatment Provider Files |
|---|--|
| | n=45 |
| Offense-Specific Treatment | 78.8% (41) |
| Referral For Medical Or Pharmacological Treatment | 19.2% (10) |
| Treatment Of Coexisting Problems | 32.7% (17) |
| Appropriate External Controls | 11.5% (6) |
| Appropriateness Of Community Placement | 28.8% (15) |
| Additional Information | |
| No Contact With Children | 32.7% (17) |
| No Contact With Defendant's Children | 5.8% (3) |

3.000

STANDARDS OF PRACTICE FOR TREATMENT PROVIDERS

SUMMARY OF FINDINGS:

Sex offense-specific treatment is a core component of the management of sex offenders and, as such, this *Standard* addresses a myriad of topics. According to the data collected from a limited number of case files and from interviews with 50% of the treatment providers, *the requirements specified in this Standard were generally met. It appears from the data collected for this study that treatment was indeed a significant intervention in the lives of sex offenders under supervision in the community.* Documents in the files showed that, in general, treatment providers informed offenders in writing of their expectations, including issues pertaining to restricted contact with victims, potential victims and children. Offenders were participating in group and individual treatment, and efforts by treatment providers to manage situational risk factors were common and usually documented with safety plans. Treatment progress was generally well recorded as were issues of offender denial. Nearly all treatment providers reported during interviews that they frequently work with family members of convicted offenders, an activity listed in the *Standards*: “Actively involve relevant family and support system.

The *Standards* would be more fully implemented if all treatment plans were individualized and included goals with measurable objectives along with a plan to achieve those objectives. Also, copies of relapse prevention plans were available in only 6 of the 54 treatment files reviewed. Therapist and supervising officers could ensure further compliance with the *Standards* if they provided complete and consistent documentation of rule violations and the response to that violation, and if the information in their files included more details about progress in treatment. Complete documentation of case management is required to study the impact and “analyze the effectiveness” of the *Standards and Guidelines* per C.R.S. 16.11.7-103(d)(I).

More detailed findings from this summary are bulleted below. The bulleted findings are followed by presentation of the data analyzed to assess the implementation of *Standard 3.0*.

The findings below discuss the following topics: sex-offense specific treatment, confidentiality waivers, individualized treatment contracts, relapse prevention plans, the management of offenders in denial, and the use of assessment and behavioral monitoring tools.

- ***Treatment Plans.*** Most (79.8%; 51 of 64) therapists said that their treatment plans are individualized but also contained standard “boilerplate” language. However,

of the 42 treatment plans found in the treatment provider files, 16 were not individualized as required by the SOMB. Three files had no treatment plan.

Nearly all (98.4%; 63 of 64) of the therapists interviewed said they addressed contact with children in their treatment plans, reflecting the importance of this issue. Yet, researchers reviewing plans found that not all (61.9%; 26 of 42) of the plans addressed this topic.

About 40% of the treatment plans did not include clear, measurable objectives and a plan to achieve those objectives, as required by the *Standards*. The areas to be addressed in the treatment plans are described in Table 13.

- ***Waivers of confidentiality.*** The file reviews indicated that most treatment providers documented the requirement that offenders waive confidentiality so that information can be shared with the supervising officer, polygraph examiner, and others as determined necessary by the therapist.
- ***Service Delivery.*** According to data obtained from 54 treatment provider files, offenders were participating in a variety of treatment services including both group therapy and individual sessions (types of services delivered according to file reviews are listed in Appendix D). Treatment contracts specified the type and frequency of treatment, and most identified how the duration of treatment would be determined. Most contracts also specified behavioral restrictions and referenced the conditions of supervision, including the requirement to participate in polygraph testing. Treatment files documented offenders' attendance and, in varying degrees of detail, progress in the program although rule violations and failed assignments were documented less consistently. Most (90%) of the treatment providers reported that they included in their work the spouses and family members in some form; over one-third had worked in some manner with offenders' children and half reported involvement with adult family members, including parents, siblings, in-laws and cousins.
- ***Relapse Prevention Plans.*** Although nearly all (90%) of the therapists interviewed said they addressed relapse prevention, only 11.1% of treatment provider files, and even fewer officer files, contained an RP plan (not all data presented). It was quite likely that offenders maintained "work-in-progress" plans as part of their homework material, however it would be valuable for therapist files to include photocopies of a recent version of the plan. Many of the therapists' files contained safety plans for specific events, however, indicating efforts to manage situational risk factors. A list of such events can be found in Appendix E.
- ***Offenders In Denial.*** Nearly three-fourths (77.7%; 42 out of 54) of the treatment provider files had some notation of offender denial and defensiveness; most often it was assessed in the mental health sex offense-specific evaluation report. Half (30 of 60) of the probation and parole files reviewed found offenders to be in

some level of denial at the start of the supervision process. Six months later it appeared that only nine remained in some level of denial, suggesting that most offenders had worked or were working through this issue while under supervision. (Only one of the nine cases was returned to court on a revocation and for this case supervision was continued.)

- ***Sanctions and Consequences.*** Sanctions and consequences included more intensive treatment, more homework, lectures by supervising officers or therapists, requirements to address their denial in group, and prohibitions from extra curricular activities and other restrictions. The types of monitoring ranged from an increase in the frequency of appointments with their supervising officer to daily call-ins and electronic monitoring. It is not clear from the data collected how frequently the polygraph may have been used to assist offenders through denial. See Appendix F for more details.
- ***Assessment and Behavioral Monitoring.*** Nearly half (25) of the 54 treatment files reviewed reflected the use of a plethysmograph for sexual arousal assessment, and 32 reflected the use of the Abel Screen to assess sexual interests. Most therapists reported during interviews that they used polygraph information in-group treatment, to focus treatment, to assess risk and monitor treatment compliance. Deceptive polygraph findings resulted in a variety of restrictions, as specified in Table 28. Out of the 64 therapists interviewed 81.3% (52) of them responded that they sanctioned or imposed consequences when an offender had deceptive polygraph results. Nearly 74% (45) of treatment providers said they sometimes imposed sanctions/consequences on offenders who have inconclusive polygraph results. Inconclusive findings can result from an offender's lack of cooperation, but there may be other reasons as well.

3.100 ♦ Sex Offense-Specific Treatment

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

All the treatment providers interviewed as well as collected from were SOMB approved providers.

3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

The treatment plan shall:

Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender

Be individualized to meet the unique needs of the offender

Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment

Define expectations of the offender, his/her family (when possible), and support systems
 Address the issue of ongoing victim input

Table 7: Treatment Plans Found in Treatment Provider Files

| Treatment Provider Files | |
|---------------------------------|------------|
| n=54 | |
| No | 22.2% (12) |
| Yes | 77.8% (42) |

Table 8: Language Contained in Treatment Plans

| | Documentation in Treatment Provider Files | Treatment Provider Telephone Responses |
|---|--|---|
| | n=42* | n=64 |
| Individual | 21.4% (9) | 15.6% (10) |
| Standard language | 40.5% (17) | 4.7% (3) |
| Contains both individual and standard language | ** | 79.7% (51) |
| Not individualized | 38.1% (16) | ** |

*There were only 42 treatment plans found in the treatment provider files.

**Response not offered by this group.

Table 9: Treatment Provider Telephone Responses to Areas Addressed in the Treatment Plans

| n=64* | Contact with Children** | Victim Input** | Impact on Victim** | Relapse Prevention** |
|--|---|---|--|--|
| No | 1.6% (1) | 54.7% (35) | 31.3% (20) | 4.7% (3) |
| Yes | 98.4% (63) | 45.3% (29) | 67.2% (43) | 90.6% (58) |
| Additional Comments from those who said YES | | | | |
| | No contact clearly stated (42) | If available, discussed in treatment plan (8) | Victim empathy is part of treatment (27) | Relapse prevention is part of treatment (48) |
| | Requirements to have contact are listed (15) | Clarification addressed (4) | | Relapse prevention addressed in group (5) |
| | If offender wants contact, included as a goal (5) | Victim representative input included (4) | | |

*The “yes” and “no” answers do not total 64 when the information from the remaining interviews was missing on that particular question.

**Other areas that identified during the interviews that are addressed in the treatment plans were social skills, medical/pharmacological needs, substance abuse, relationships, trauma and anger. The areas in the table were most commonly mentioned as key components of the treatment plan.

Table 10: Treatment Plans Found in Treatment Provider Files Address the Following Areas n=42

| Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender | |
|---|------------|
| <i>No</i> | 26.2% (11) |
| <i>Yes, specifically and thoroughly*</i> | 11.9% (5) |
| <i>Yes, although somewhat vague*</i> | 61.9% (26) |
| Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment | |
| <i>No</i> | 9.5% (4) |
| <i>Yes, specifically and thoroughly*</i> | 31% (13) |
| <i>Yes, although somewhat vague*</i> | 59.5% (25) |
| Define expectations of the offender, his/her family (when possible), and support systems | |
| <i>No</i> | 26.2% (11) |
| <i>Yes, specifically and thoroughly*</i> | 31% (13) |
| <i>Yes, although somewhat vague*</i> | 42.9% (18) |
| Address the issue of ongoing victim input | |
| <i>No</i> | 81% (34) |
| <i>Yes, specifically and thoroughly*</i> | 4.8% (2) |
| <i>Yes, although somewhat vague*</i> | 14.3% (6) |

*Researchers judged whether there was a sufficient level of descriptive information to guide another professional in directing treatment and assessing offender progress.

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

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

Table 11: Types of Services Documented in the Treatment Provider Files

| Treatment Services Received* |
|---|
| <ul style="list-style-type: none"> • Group Therapy • Individual Therapy • Anger Management • Drug and Alcohol Treatment • Couples Therapy • Family Sessions • Victim Empathy |

*A complete list of treatment services can be found in Appendix D.

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

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

Table 12: Relapse Prevention Plans Found in Treatment Provider Files

| | Treatment Provider Files |
|--|---------------------------------|
| | n=54 |
| No | 88.9% (48) |
| Yes | 3.7% (2) |
| Relapse prevention plan appears to be in progress | 7.4% (4) |

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

A Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.

AND

B Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

Table 13: Treatment Plan Documentation

| Documentation of Goals of Treatment and Methods Used From Treatment Provider Files | |
|---|------------|
| n=42* | |
| All goals have objectives and methods. | 59.5% (25) |
| Some but less than half of the goals have objectives and methods. | 9.5% (4) |
| There are no objectives and methods to meet the goals. | 14.3% (6) |
| No individual goals are listed. Offender must pass through a specified program. | 16.7% (7) |

*Treatment plans were found in 42 of 54 files.

Table 14: Progress in Treatment: Presence and Frequency of Documentation

| | Documentation of the Following Areas in the Last Six Months of Treatment | Of those with documentation, Three or More References of Documentation |
|-----------------------------------|---|---|
| | n=54 | n varies |
| Specific achievements | 48.1% (26) | 57.5% (15) |
| Failed assignments | 48.1% (26) | 53.8% (14) |
| Rule violations | 75.9% (41) | 41.5% (17) |
| Treatment progress | 98.1% (53) | 84.9% (45) |
| Lack of treatment progress | 83.3% (45) | 55.6% (25) |
| Attendance | 100% (54) | 90.7% (49) |

3.200 ♦ Confidentiality

3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. If an offender has more than one therapist or treatment provider, the waiver of confidentiality shall extend to all therapists treating the offender. The waiver of confidentiality should extend to the victim's therapist. The waiver of confidentiality shall extend to the supervising officer and all members of the team (see 5.100) and, if applicable, to the Department of Human Services and other individuals or agencies responsible for the supervision of the offender.

Table 15: Signed Waivers of Confidentiality Found in Treatment Provider Files

| Treatment Provider Files | |
|---------------------------------|------------|
| n=54 | |
| No | 18.8% (10) |
| Yes | 81.5% (44) |

Table 16: Treatment Contract Addresses Confidentiality Waivers

| Treatment Provider Files | |
|---------------------------------|------------|
| n=49* | |
| No | 8.2 % (4) |
| Yes | 91.8% (45) |

*49 treatment contracts were found in 54 provider files.

3.300 ♦ Treatment Provider-Client Contract

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

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

1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
2. Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;
3. Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;
4. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and;
5. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

Table 17: Documentation from the Treatment Provider Files Regarding Content of the Treatment Contract

| The Treatment Contract Shall Explain the Responsibility of a Provider to: | | n=49* |
|--|--------------|--------------|
| Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations | 79.6% (39) | |
| Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver | 91.8% (45)** | |
| Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision; | 42.9% (21) | |
| Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and; | 87.8% (43) | |
| Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S. | 67.3% (33) | |

*49 treatment contracts were found in the 54 files reviewed by researchers.

**Sometimes the issue of non-confidentiality was included in the treatment contract and these waivers were often found as stand-alone forms requiring the offender's signature.

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

1. Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable;
2. Pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;
3. Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
4. Actively involve relevant family and support system, as indicated in the relapse prevention plan.

Table 18: Telephone Responses from Treatment Providers about Working with Offender Family Members

| Treatment Provider Telephone Responses | |
|--|------------|
| n=62* | |
| No | 3.1% (2) |
| Yes | 93.8% (60) |

*Not everyone responded.

Table 19: Treatment Provider Telephone Responses About Which Family Members They Work With

| n=64 | Spouses | Children | Adult Relatives (parents, siblings, aunt/uncles, cousins, in-laws) |
|----------------|------------|------------|---|
| Male | 48.3% (29) | 31.7% (19) | 53.3% (32) |
| Females | 95.0% (57) | 36.7% (22) | |

* Therapists also mentioned working with partners or significant others, friends and neighbors, chaperones, employers and ministers.

5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;
6. Participate in polygraph testing as required in the Standards and Guidelines and, if indicated, plethysmographic testing as adjuncts to treatment;
7. Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;
8. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client.

Table 20: Details of Treatment Contract

| The Treatment Contact Shall Explain Any Responsibilities of a Client (as applicable) to: | | n=49 |
|---|------------|-------------|
| Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable; | 91.8% (45) | |
| Pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation; | 63.3% (31) | |
| Inform the client's family and support system of details of past offenses, which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children; | 77.6% (38) | |
| Actively involve relevant family and support system, as indicated in the relapse prevention plan. | 67.3% (33) | |
| Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system; | 59.2% (29) | |
| Participate in polygraph testing as required in the Standards and Guidelines and, if indicated, plethysmographic testing as adjuncts to treatment; | 89.8% (44) | |
| Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and; | 67.3% (33) | |
| Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client. | 75.5% (37) | |

C The contact shall also, (as applicable):

1. Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
2. Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;
3. Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
4. Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;
5. Describe limitations or prohibitions on employment or recreation.

Table 21: More About the Treatment Contract

| The Treatment Contact Shall Also (as applicable): | n=49 |
|--|-------------|
| Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children; | 91.8% (45) |
| Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material; | 89.8% (44) |
| Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible; | 79.6% (39) |
| Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and; | 87.8% (43) |
| Describe limitations or prohibitions on employment or recreation. | 65.3% (32) |

3.600 ♦ Community Placements and Treatment of Sex Offenders in Denial

3.620 Level of denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.

Table 22: Level of Denial Assessed During The Mental Health Sex Offense-Specific Evaluation?

| | Treatment Provider Files |
|------------------------|---------------------------------|
| | n=45* |
| No | 4.4% (2) |
| Yes | 93.3% (42) |
| Can't determine | 2.2% (1) |

*45 mental health sex offense-specific evaluations were found in 54 treatment provider files.

3.630 When a sex offender in strong or severe denial must be in the community (e.g. on mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Such offense-specific treatment for denial shall not exceed six months and is regarded as preparatory for the remaining course of offense-specific treatment.

Table 23: Documenting Denial Process

| At the Start of Treatment was the Offender in Denial?* | | | |
|---|--------------------------------|------------------------------|---------------------------------|
| | Probation Officer Files | Parole Officers Files | Treatment Provider Files |
| | n=45 | n=15 | n=54 |
| No | 42.2% (19) | 6.7% (1) | 29.6% (16) |
| Yes | 46.7% (21) | 60.0% (9) | 53.7% (29) |
| Can't determine* | 11.1% (5) | 33.3% (5) | 16.7% (9) |

* Denial was most likely to be addressed when it was an issue for the offender.

If YES...

Table 24: Documentation Regarding Treatment for Denial

| Was the Offender Offered Treatment to Address Denial? | | | |
|--|--------------------------------|------------------------------|---------------------------------|
| | Probation Officer Files | Parole Officers Files | Treatment Provider Files |
| | n=21 | n=9 | n=29 |
| No | 19% (4) | 33.3% (3) | 13.8% (4) |
| Yes | 33.3% (7) | 33.3% (3) | 20.7% (6) |
| Can't determine* | 47.6% (10) | 33.3% (3) | 65.5% (19) |

* Denial was most likely to be addressed when it was an issue for the offender.

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option. In no case should a sex offender in continuing denial of the facts of the offense remain indefinitely in offense-specific treatment.

Table 25: Denial Six Months Later: Documentation

| After Six Months in Treatment was the Offender in Denial? | | | |
|--|--------------------------------|------------------------------|---------------------------------|
| | Probation Officer Files | Parole Officers Files | Treatment Provider Files |
| | n=26 | n=14 | n=38 |
| No | 26.9% (7) | 13.3% (2) | 28.9% (11) |
| Yes | 26.9% (7) | 13.3% (2) | 13.2% (5) |
| Can't Determine* | 46.2% (12) | 66.7% (10) | 57.9% (22) |

* Denial is most likely mentioned when it is or has been an issue for the offender.

3.700 ♦ Treatment Providers' Use of the Polygraph and Plethysmograph and Abel Screen

3.720 It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders or the Abel screen as a means of gaining information regarding the sexual interest patterns of sex offenders.

Table 26: Use of Plethysmograph and Abel Screen

| | Plethysmograph | Abel Screen |
|------------------------|-----------------------|--------------------|
| | n=54 | n=54 |
| No | 46.3% (25) | 37% (20) |
| Yes | 46.3% (25) | 59.3% (32) |
| Can't determine | 7.4% (4) | 3.7% (2) |

3.740 The case management team shall determine the frequency of polygraph examinations, and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

Table 27: Open-ended Question to Therapists: How do you use the polygraph results?

| Therapist Telephone Survey Responses to How They Use the Polygraph Results: Open-ended Question | |
|--|---|
| n=64 | |
| 52.5% (32) | <ul style="list-style-type: none"> • Confront the offender in group, discuss results with offender. |
| 41% (25) | <ul style="list-style-type: none"> • Meet with/call supervising officer and discuss. Review to determine areas of concern/risk to help focus treatment. Team reviews results, staff inconclusive results, decipher polygraphs. |
| 24.6% (15) | <ul style="list-style-type: none"> • Monitor compliance/progress, monitor contact, use as a monitoring tool. |
| 18% (11) | <ul style="list-style-type: none"> • Sanction offender by using the DOC sanction grid, restrictions, and increase homework. |
| 9.8% (6) | <ul style="list-style-type: none"> • Use as a reinforcement or consequence; use as a treatment tool; focus on the polygraph in treatment. |
| 8.2% (5) | <ul style="list-style-type: none"> • To increase benefits and privileges. Reward/praise offender. • Gauge progress. |
| 3.4% (4) | <ul style="list-style-type: none"> • To make treatment plan changes. |

Table 28: Open-ended Question to Therapists: What sanctions or consequences are imposed for deceptive results?

| Ten Most Common Responses from Therapists Regarding the Types of Sanctions or Consequences Imposed for <i>Deceptive</i> Polygraph Results n=64 | | |
|---|---|------------|
| 1. | Increase treatment, extra groups (i.e. failed polygraph group), individual sessions, daily contact with treatment provider, study hall | 66.1% (39) |
| 2. | Increase restrictions (i.e. travel, curfew, etc) | 47.5% (28) |
| 3. | Given more homework (i.e. journal, written clarification) | 42.4% (25) |
| 4. | Retake or more frequent polygraph exams | 28.8% (17) |
| 5. | Loss of privileges | 23.7% (14) |
| 6. | Increase supervision, monitoring, or containment | 18.6% (11) |
| 7. | Use sanction grid | 15.3% (9) |
| 8. | Electronic home monitoring (EHM), Global Positioning System (GPS) | 13.6% (8) |
| 9. | House arrest | 13.6% (8) |
| 10. | Weekend in jail | 6.8% (4) |

Table 29: Open-ended Question to Therapists: What sanctions or consequences are imposed for inconclusive results?

| Ten Most Common Responses from Therapists about the Types of Sanctions or Consequences Imposed for <i>Inconclusive</i> Polygraph Results n=64 | |
|--|-------------------|
| 1. Increase treatment, extra groups (i.e. failed polygraph group), individual sessions, daily contact with treatment provider, study hall | 34.1% (15) |
| 2. Retake or more frequent polygraph exams | 50% (22) |
| 3. Given more homework (i.e. journal, written clarification) | 22.7% (10) |
| 4. Consider it a failed polygraph | 22.7% (10) |
| 5. Loss of privileges | 9.1% (4) |
| 6. Electronic home monitoring (EHM), Global Positioning System (GPS) | 4.5% (2) |
| 7. Weekend in jail | 4.5% (2) |
| 8. House arrest | 4.5% (2) |
| 9. Self-pay for polygraphs | 2.3% (1) |
| 10. Remove offender from home if reunited with family | 2.3% (1) |

Additional uses of polygraph information mentioned by therapists included: changing the offender's living situation or job, increasing the use of other monitoring methods such as urinalysis testing, prohibit contact with kids.

SUMMARY OF FINDINGS:

This section of the *Standards and Guidelines* addresses specific expectations for supervision teams. Treatment providers, supervising officers and polygraph examiners are provided direction in terms of communication, training, supervision conditions and issues of non-compliance. *With few exceptions, this comprehensive set of requirements appeared to be implemented by the majority of these professionals, reflecting a commitment to the team approach to managing risk.*

Supervising officers, polygraph examiners and treatment providers, in nearly unanimous agreement, reported in interviews that the interagency community supervision team included the supervising officer and the treatment provider. However, only 60% of the supervising officers and treatment providers considered polygraph examiners part of the containment team while nearly all of the examiners considered themselves team members. Although, about 60% of polygraph examiners reported talking to treatment providers and 70% said they talk to supervising officers at least monthly, over half reported that the amount of contact remained inadequate. Recent (within the last six months) verbal contact between the supervising officer and the treatment provider was documented in over 90% of the probation files (one probationer was discussed on 22 occasions); contact was documented in 60% of the parole files but these contacts were rarely recorded in the treatment provider files.

Teamwork is a core component of sex offender management since shared information is used to develop individualized containment strategies. Researchers asked interviewees about the extent to which conflict, which as the potential of interrupting communication, was experienced among the professionals and if so how it was resolved. Two-thirds of the supervising officers said conflict sometimes occurred; 75% said the conflict was due to differences in opinions and approaches, although nearly 20% said that conflict emerged when the therapist advocated for the offender instead of community safety. Methods to resolve conflict were described by over 80% of supervising officers and 70% of treatment providers, including compromising, talking it through and using help from a third party (data not presented).

Of some concern was a finding that one-fourth of supervising officers and about one-half of therapists reported that they talked to the polygraph examiner *before* the exam, although two-thirds of both groups said, in response to a different question, they always or almost always provide input into the question content for the exam. It is important to remember that the examiner can construct the most germane

questions when completely informed about an offender's recent progress in treatment. A focused exam provides more accurate information, and this is important since 90% of supervising officers said they always or sometimes impose consequences for deceptive polygraph results.

Documented progress reports from the treatment provider to the supervising officer are an important part of the communication process necessary to manage risk in the community. Nearly three-fourths (77.3%) of officers said they received monthly progress reports from treatment providers. A review of progress reports found probation and parole officer files contained monthly progress reports for only 60% of cases. Nine therapists said they did not provide monthly progress reports despite the requirement to do so.

Overall, the data from this study reflect a significant exchange of information by team members about offenders. This communication is commonly but not always documented in the files; improved recording of case activities in the files will enhance future research efforts to link specific aspects of team collaboration to client outcome.

Data supporting this summary is presented below.

5.100 ♦ Establishment of an Interagency Community Supervision Team

5.120 Each team at a minimum, should consist of:

the supervising officer
the offender's treatment provider and
the polygraph examiner⁹

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

The team may include individuals who need to be involved at a particular stage of management or treatment (e.g., the victim's therapist or victim advocate). When the sexual offense is incest, the child protection worker is also a team member if the case is still open.

⁹ Please see Standard 5.420 regarding the attendance of polygraph examiners at team meetings.

Table 30: Multiple Responses from Open-ended Questions: Who is Typically Part of the Interagency Community Supervision Team?

| | Supervising Officer Responses | Treatment Provider Responses | Polygraph Examiner Responses |
|---|--------------------------------------|-------------------------------------|-------------------------------------|
| | n=110 | n=64 | n=17 |
| Supervising officer | * | 100% (63) | 100% (17) |
| Treatment provider | 93.6% (103) | * | 100% (17) |
| Polygraph examiner | 60.0% (66) | 60.3% (38) | 82.4% (14) |
| Other: | | | |
| Social workers/caseworkers | 10.4% (5) | 14.7% (6) | * |
| Victim Advocate/therapist | 9.1% (10) | 24.6% (15) | * |
| Co-therapists | * | 92.7% (38) | * |
| Psychiatrist, or other mental health professionals | 18.8% (9) | 2.4% (1) | * |
| Families, friends, support system, chaperone | 18.8% (9) | 7.3% (3) | * |
| Unit Supervisor/team leader | 43.8% (21) | * | * |
| Other probation or parole officers | 33.3% (16) | 2.4% (1) | * |
| All therapists in the office; treatment staff | * | 92.7% (38) | * |

*Response not offered by this group.

Table 31: Open-ended, Multiple Responses about the Advantages to a Team Approach

| | Supervising Officer Telephone Responses | Treatment Provider Telephone Responses |
|--|--|---|
| Advantages | n=110 | n=64 |
| Shared perspective, different expertise, better understand offender | 81.7% (85) | 48.4% (31) |
| Backup; not doing it alone | * | 46.9% (30) |
| Blending of ideas, better input, better information exchange | 23.1% (24) | 31.2% (20) |
| Prevents manipulation by offender | 39.4% (41) | 26.6% (17) |
| Increases community safety | 14.4% (15) | * |

*Response not offered by this group.

Table 32: Open-ended, Multiple Responses about the Disadvantages to a Team Approach

| Disadvantages | Supervising Officer Telephone Responses n=110 | Treatment Provider Telephone Responses n=64 |
|--|--|--|
| None | * | 21.9% (14) |
| Time issues, large caseloads, slows decision-making process | 31.3 (21) | 29.7% (19) |
| Disagreement on risk level; treatment too lenient | 13.4% (9) | 32.8% (21) |
| Differing opinions; used to working alone | 38.8% (26) | * |
| Communication can be difficult | 19.4% (13) | * |
| Location; can't choose treatment providers; frustration with PO | 10.7% (7) | 9.4% (6) |

*Response not offered by this group.

5.150 The team should demonstrate the following behavioral norms:

- A There is an ongoing, completely open flow of information among all members of the team;
- B Each team member participates fully in the management of each offender;
- C Team members settle among themselves conflicts and differences of opinion that might make them less effective in presenting a unified response. The final authority rests with the supervising officer;

Table 33: Telephone Responses about Teams Experiencing Conflict

| | Supervising Officer Telephone Responses n=109* | Treatment Provider Telephone Responses n=64 |
|--|---|--|
| No, the teams they work with do not experience conflict | 33.9% (37) | 25% (16) |
| Yes, the teams they work with do experience conflict | 55% (60) | 75% (48) |
| Sometimes, some do and some don't experience conflict | 11% (12) | ** |

*The answers do not total 65 when the information from the remaining interviews was missing on that particular question.

**Response not offered by this group.

5.160 Team members should communicate frequently enough to manage and treat sexual offenders effectively, with community safety as the highest priority.

Table 34: Treatment Provider Contact with *Probation Officers*

| Treatment Providers Talking to <i>Probation Officers</i> | |
|---|------------|
| n=64 | |
| Between daily and weekly | 59.4% (38) |
| More than monthly but less than weekly | 25% (16) |
| Monthly | 12.5% (8) |
| Every couple of months | 1.6% (1) |
| Specific situations | 1.6% (1) |
| Treatment Provider Response: Is frequency of contact with <i>probation officer</i> adequate? | |
| n=64 | |
| No | 4.7% (3) |
| Yes | 81.3% (52) |
| Somewhat | 12.5% (8) |

Table 35: Treatment Provider Contact with *Parole Officers*

| Treatment Providers Contact with <i>Parole Officers</i> | |
|---|------------|
| n=28* | |
| Between daily and weekly | 9.4% (6) |
| More than monthly but less than weekly | 12.5% (8) |
| Monthly | 14.1% (9) |
| Every couple of months | 4.7% (3) |
| Specific situations | 3.1% (2) |
| Treatment Provider Responses: Is frequency of contact with <i>parole officer</i> adequate? | |
| n=30* | |
| No | 13.3% (4) |
| Yes | 60.0% (18) |
| Somewhat | 26.6% (8) |

* Fewer than half of the treatment providers worked with parolees.

| Treatment Provider Responses for the Reasons They Contact <i>Supervising Officers</i> | |
|--|------------|
| n=64 | |
| Discuss disclosures of abusive behavior | 42.7% (47) |
| New disclosures of past victims | 31.8% (35) |
| To discuss payment for services | 24.5% (27) |
| Discuss result of polygraph exam | 27.3% (30) |
| When offender is danger to self or others | 20.9% (23) |
| Employment issues | 7.3% (8) |
| Housing issues | 7.3% (8) |

Table 36: Supervising Officer Contact with *Treatment Providers*

| Supervising Officers Contact with <i>Treatment Providers</i> | |
|---|------------|
| n=110 | |
| Between daily and weekly | 47.3% (53) |
| More than monthly but less than weekly | 26.8% (30) |
| Monthly | 14.3% (16) |
| Specific situations | 5.4% (6) |
| Varies | 4.5% (5) |
| Supervising Officer Responses: Is frequency of contact with <i>treatment providers</i> adequate? | |
| n=109 | |
| No | 6.4% (7) |
| Yes | 81.7% (89) |
| Somewhat | 11.9% (13) |
| Supervising Officer Responses for the Reasons They Contact <i>Treatment Providers</i> | |
| n=110 | |
| To discuss specific incidents | 50.9% (56) |
| To discuss disclosures | 30.0% (33) |
| Talk about the polygraph | 21.8% (24) |
| To check in, get information | 28.2% (31) |
| To report contact with victim/potential victims | 24.5% (27) |
| To discuss offender out-of-state travel plans | 17.3% (19) |
| Regarding violations/revocations | 19.1% (21) |

Table 37: Polygraph Examiner Contact with *Supervising Officers*

| Polygraph Examiners Contact with <i>Supervising Officers</i> | |
|--|------------|
| n=17 | |
| Between daily and weekly | 29.4% (5) |
| More than monthly but less than weekly | 11.8% (2) |
| Monthly | 17.6% (3) |
| Specific situations | 23.5% (4) |
| Varies | 17.6% (3) |
| Polygraph Examiner Responses: Is frequency of contact with <i>supervising officer</i> adequate? | |
| n=17 | |
| No | 58.8% (10) |
| Yes | 17.6% (3) |
| Somewhat | 23.5% (4) |
| Polygraph Examiner Responses for the Reasons They Contact <i>Supervising Officers</i> | |
| n=17 | |
| Discuss new disclosures of information | 88.2% (15) |
| That the offender was not prepared for the polygraph | 11.8% (2) |
| Discuss the results of the polygraph exam | 23.5% (4) |
| To report behaviors encountered during the exam | 29.4% (5) |
| To schedule a polygraph | 17.6% (3) |
| To discuss payment for the examination | 11.8% (2) |

Table 38: Additional Contact Information

| Treatment Provider Talking to <i>Polygraph Examiner</i> | |
|--|------------|
| n=64 | |
| Between daily and weekly | 14.1% (9) |
| More than monthly but less than weekly | 12.5% (8) |
| Monthly | 3.1% (2) |
| Every couple of months | 3.1% (2) |
| Specific situations | 37.5% (24) |
| Varies | 25% (16) |
| Never | 4.7% (3) |

| Polygraph Examiner Responses: Is frequency of contact with <i>treatment providers</i> adequate? | |
|--|------------|
| n=17 | |
| No | 52.9% (9) |
| Yes | 23.5% (4) |
| Somewhat | 23.5% (4) |
| Polygraph Examiner Responses for the Reasons They Contact <i>Treatment Providers</i> | |
| n=17 | |
| Discuss new disclosures of information | 76.5% (13) |
| That the offender was not prepared for the polygraph | 100% (17) |
| Discuss the results of the polygraph exam | 76.5% (13) |
| To report behaviors encountered during the exam | 47.1% (8) |
| To schedule a polygraph | 35.3% (6) |
| To discuss payment for the examination | 100% (17) |

Table 39: Documentation in Officer Files that the Team Convened in Person, by Phone or Email

| | Probation Officer Files | Parole Officer Files |
|---|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| Team Convened In Person | | |
| No | 93.3% (42) | 93.3% (14) |
| Yes | 2.2% (1) | 0 |
| Can't determine if there is a team | 4.4% (2) | 6.7% (1) |
| Team Convened by Phone or Email | | |
| No | 93.3% (42) | 93.3% (14) |
| Yes | 2.2% (1) | 0 |

Table 40: Documentation from the Files that Officer Discussed the Offender with Therapist or Examiner, during a Six Month Time Period

| | Probation Officer Files | | Parole Officer Files | |
|--|---------------------------|---------------------------|---------------------------|---------------------------|
| | n=45 | | n=15 | |
| | <i>Treatment Provider</i> | <i>Polygraph Examiner</i> | <i>Treatment Provider</i> | <i>Polygraph Examiner</i> |
| No | 4.4% (2) | 77.8% (35) | 33.3% (5) | 93.3% (14) |
| Yes | 91.1% (41) | 15.6% (7) | 60.0% (9) | 0 |
| Can't determine | 4.4% (2) | 6.7% (3) | 6.7% (1) | 6.7% (1) |
| Average number of times discussed offender in the last 6 months | 4.95 | 1.14 | 1.89 | 0 |

Table 41: Circumstances for When Supervising Officers Talk to Polygraph Examiners About Offenders on Their Caseloads

| Most Common Responses from Supervising Officers about When they Talk to Polygraph Examiners | |
|---|-------|
| 1. After the exam (i.e. discuss results) | 75.5% |
| 2. Prior to the exam (i.e. schedule an exam) | 52.9% |
| 3. Problems/issues/concerns arise | 34% |

Table 42: Circumstances for When Treatment Providers Talk to Polygraph Examiners About Offenders on Their Caseloads

| Most Common Responses from Treatment Providers about When they Talk to Polygraph Examiners | |
|--|-------|
| 1. Prior to the exam (i.e. schedule an exam) | 68.5% |
| 2. After the exam (i.e. discuss results) | 22.9% |
| 3. Before and after the exam | 14.3% |

5.200 ♦ Responsibilities of the Supervising Officer for Team Management

5.230 The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Team members should provide input and information to the polygraph examiner regarding examination questions.

Table 43: Telephone Survey Responses to Providing Input into the Question Content for the Polygraph Exam

| | Supervising Officer Telephone Responses | Treatment Provider Telephone Responses |
|--------------------------------|--|---|
| | n=108* | n=64 |
| Never or Seldom | 4.6% (5) | 4.7% (3) |
| Always or Almost Always | 63.9% (69) | 25% (16) |
| Sometimes | 31.5% (34) | 70.3% (45) |

*Not everyone responded to this question.

Table 44: Supervising Officer Responses about Imposing Consequences for Polygraph Results

| | Deceptive Polygraph Results |
|--------------------------|------------------------------------|
| | n=109* |
| No | 8.3% (9) |
| Yes | 76.1% (83) |
| Depends/Sometimes | 13.8% (15) |
| Don't know | 1.8% (2) |

*Not everyone responded to this question.

5.240 The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.

Table 45: Relapse Prevention Plans in Supervising Officer Files

| | Probation Officer Files | Parole Officer Files |
|--------------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 88.9% (40) | 100% (15) |
| Yes | 2.2% (1) | 0 |
| Incomplete relapse plan | 8.9% (4) | 0 |

5.270 The supervising officer should require treatment providers to keep monthly written updates on sex offenders' status and progress in treatment.

Table 46: Supervising Officer Telephone Responses about Receiving Monthly Progress Reports

| | Supervising Officers Responses About Receiving Written Progress Reports from the Treatment Provider |
|--|--|
| | n=105* |
| Receive them monthly | 77.3% (85) |
| Sometimes receive written reports | 7.3% (8) |
| Depends on the treatment provider | 10.9% (12) |

*Not everyone responded to this question.

Table 47: Open-ended Telephone Responses about the Types of Information Received in Progress Reports

| | Supervising Officer Telephone Responses | Treatment Provider Telephone Responses |
|------------------------------|--|---|
| | n=110 | n=64 |
| Attendance | 66.4% (73) | 60.9% (39) |
| Participation | 64.5% (71) | 54.7% (35) |
| Polygraph results | 50.9% (56) | 43.8% (28) |
| General information | 40.9% (45) | 23.4% (15) |
| Treatment compliance | 33.6% (37) | 35.9% (23) |
| Changes in risk level | 20.9% (23) | 29.7% (19) |

Table 48: Evidence of Monthly Progress Reports in Supervising Officer Files

| | Probation Officer Files | Parole Officer Files |
|------------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 11.1% (5) | 26.7% (4) |
| Yes | 57.8 (26) | 60% (9) |
| Some, but not monthly | 31.1% (14) | 13.3% (2) |

IF SOME, BUT NOT MONTHLY...

Table 49: Number of Times Found in the Supervising Officer Files

| | Probation Officer Files | Parole Officer Files |
|----------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| 2 times | 2 | * |
| 3 times | 3 | 1 |
| 4 times | 5 | * |
| 5 times | 4 | 1 |

* Response not given by this group.

5.280 The supervising officer should discuss with the treatment provider, the victim’s therapist, custodial parent or foster parent, and guardian ad litem specific plans for any and all contacts of an offender with a child victim and plans for family reunification.

Table 50: Telephone Responses from Team Members about Discussing Plans for Offender’s Contact with Child Victim and Plans for Family Reunification

| | Discuss Plans for Contact with Children | Discuss Family Reunification |
|--|--|-------------------------------------|
| Supervising officers contact treatment providers too... | 14.5% (16) | 6.4% (7) |
| Treatment providers contact supervising officers too... | 18.8% (12) | 30.7% (20) |

5.216 The supervising officer should notify sex offenders that they must register with local law enforcement, in compliance with Section 18-3-412.5 C.R.S.

Table 51: Notification of Sex Offender Registration in Supervising Officer Files

| | Probation Officer Files n=45 | Parole Officer Files n=15 |
|-----------------------|---|--------------------------------------|
| No | 2.2% (1) | 0 |
| Yes | 88.9% (40) | 93.3% (14) |
| Not applicable | 8.9% (4) | 6.7% (1) |

5.222 Supervising officers assessing or supervising sex offenders should successfully complete training programs specific to sex offenders.

Table 52: Multiples Responses from Supervising Officer Telephone Surveys about the Types of Trainings Officers Receive

| Source of Trainings | |
|--|------------|
| n=110 | |
| Seminars, SOMB, COMCOR, judicial etc. | 74.5% (83) |
| 80-hour advanced training, introduction or overview to sex offenders | 40.6% (43) |
| Special topics including lifetime supervision, the Abel, PPG, victim impact, etc. | 17% (18) |

Table 53: Supervising Officer Telephone Responses about when they Receive Training

| When They Received the Training | |
|--|----------|
| n=110 | |
| Before they started supervising sex offenders | 36% (40) |
| Right when they began supervising sex offenders | 1% (1) |
| After they began supervising sex offenders | 59% (65) |
| Have not received training yet | 3% (3) |
| Can't remember | 1% (1) |

5.223 On an annual basis, supervising officers should obtain continuing education/training specific to sex offenders.

Table 54: Supervising Officer Telephone Responses about Receiving Additional Training/Continuing Training

| Receiving Additional Training/Continuing Education | |
|---|-----------|
| n=110 | |
| Receive additional training | 92% (101) |
| Do not receive additional training | 7% (8) |
| Have been on the job less than a year | 1% (1) |

Table 55: Supervising Officer: Frequency of Additional Training/Continuing Education

| Frequency of Additional Training/Continuing Education | |
|--|------------|
| n=100* | |
| Once or twice a month | 16.3% (18) |
| Three to six times a year | 21.8% (24) |
| Annually, twice a year, 20-40 hours annually | 34.6% (38) |
| Bi-annually | 11.8% (13) |
| Rarely, when offered, once in a while | 6.3% (7) |

*Not everyone responded.

Table 56: Additional Types of Training Mentioned

| Some Additional Training Supervising Officers Have Attended | |
|---|--|
| <ul style="list-style-type: none"> • Training on the polygraph and sanctions • CASCI • PPG training • ABEL training • GPS training • ATSA training • Probation training • In house/treatment provider training • Training on legal issues, and • Changes in legislation | |

5.300 ♦ Responsibilities of the Treatment Provider within the Team

5.310 A treatment provider shall establish a cooperative professional relationship with the supervising officer of each offender and with other relevant supervising agencies.

Table 57: Telephone Survey Responses from Treatment Providers about Working with Multiple Supervising Officers

| Treatment Provider Responses to the Number of Supervising Officers They Work with | | | | | |
|--|------------|------------|---------|---------|---------|
| n=64 | | | | | |
| | 1-5 | 6-10 | 11-15 | 16+ | Average |
| Probation Officers | 44.8% (28) | 33.5% (21) | 11% (7) | 11% (7) | 8.14 |
| Parole Officers | 60.8% (28) | 4.7% (3) | 0 | 0 | 2.22 |

B A provider shall immediately report to the supervising officer evidence or likelihood of an offender’s increased risk of re-offending so that behavioral monitoring activities may be increased.

Table 58: Multiple Responses from Supervising Officers about Reasons for Contact with Treatment Providers

| Supervising Officers Report that Treatment Providers Contact Them for the Following Reasons | |
|--|------------|
| n=110 | |
| Discuss disclosures of abusive behavior | 42.7% (47) |
| New disclosures of past victims | 31.8% (35) |
| To discuss payment for services | 24.5% (27) |
| Discuss result of polygraph exam | 27.3% (30) |
| When offender is danger to self or others | 20.9% (23) |
| Employment issues | 7.3% (8) |
| Housing issues | 7.3% (8) |

5.400 ♦ Responsibilities of the Polygraph Examiner within the Team

5.410 The polygraph examiner shall participate as a member of the post-conviction case management team established for each sex offender.

Table 59: Polygraph Examiner Phone Survey Responses To Being Considered Part of Interagency Community Supervision Team

| Polygraph Examiner Telephone Responses | |
|---|------------|
| n=17 | |
| No | 11.8% (2) |
| Yes | 82.4% (14) |
| Sometimes | 5.9% (1) |

5.420 The polygraph examiner shall submit written reports to each member of the community supervision team for each polygraph exam as required in section 6.190. Reports shall be submitted in a timely manner, no longer than two (2) weeks post testing.

Table 60: Telephone Survey Responses about Receiving Copies of Polygraph Reports from Polygraph Examiners

| | Supervising Officer Telephone Responses | Treatment Provider Telephone Responses |
|--------------------------------|--|---|
| | n=108* | n=63* |
| Always or almost always | 95.4% (103) | 95.3% (61) |
| More than half the time | 3.7% (4) | 1.6% (1) |
| Less than half the time | 0.9% (1) | ** |
| Never or seldom | ** | 3.1% (2) |

*Not everyone responded.

**Response not offered by this group.

Table 61: Copies of Polygraph Reports Found in Files

| | Supervising Officer Files | Treatment Provider Files |
|--|----------------------------------|---------------------------------|
| | n=54 | n=54 |
| No | 3.7% (2) | 5.6% (3) |
| Yes | 94.4% (51) | 92.6% (50) |
| Not applicable (i.e. offender did not show up for polygraph exam) | 1.9% (1) | 1.9% (1) |

5.500 ♦ Conditions of Community Supervision

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

- A Sex offenders shall 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 supervising officer in consultation with the community supervision team. Sex offenders shall not enter onto the premises, travel past, or loiter near the victim's residence, place of employment, or other places frequented by the victim.

Table 62: Evidence in the Files that the Offender can have No Contact with their Victims

| | Probation Officer Files | Parole Officer Files |
|------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 6.7% (1) |
| Yes | 97.8% (44) | 93.3% (14) |

B Sex offenders shall have no contact, nor reside with children under the age of 18, including their own children, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team. The sex offender must report all incidental contact with children to the treatment provider and the supervising officer, as required by the team.

Table 63: Evidence in the Files that the Offender is Prohibited Contact with Children Under Age 18

| | Probation Officer Files | Parole Officer Files |
|------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 0 |
| Yes | 97.8% (44) | 100% (15) |

C Sex offenders who have perpetrated against children shall not date or befriend anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 64: Evidence in the Files that the Offender may not Date, Befriend, or Marry Anyone who has Children Under Age 18

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 6.7% (1) |
| Yes | 93.3% (42) | 93.3% (14) |
| Can't determine | 4.4% (2) | 0 |

D Sex offenders shall not access or loiter near school yards, parks, arcades, playgrounds, amusement parks, or other places used primarily by children unless approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 65: Evidence in the Files that the Offender is Prohibited in Places Primarily Used by Children

| | Probation Officer Files n=45 | Parole Officer Files n=15 |
|------------------------|---------------------------------|------------------------------|
| No | 2.2% (1) | 6.7% (1) |
| Yes | 91.1% (41) | 93.3% (14) |
| Can't determine | 4.4% (2) | 0 |

E Sex offenders shall not be employed in or participate in any volunteer activity that involves contact with children, except under circumstances approved in advance and in writing by the supervising officer in consultation with the community supervision team.

Table 66: Evidence in the Files of Employment or Volunteering Restrictions

| | Probation Officer Files n=45 | Parole Officer Files n=15 |
|------------------------|---------------------------------|------------------------------|
| No | 2.2% (1) | 6.7% (1) |
| Yes | 93.3% (42) | 93.3% (14) |
| Can't determine | 4.4% (2) | 0 |

F Sex offenders shall not possess any pornographic, sexually oriented or sexually stimulating materials, including visual, auditory, telephonic, or electronic media, computer programs or services.

Table 67: Evidence in the Files that the Offender is Prohibited from Possessing Pornographic or Sexually Stimulating Materials

| | Probation Officer Files n=45 | Parole Officer Files n=15 |
|------------------------|---------------------------------|------------------------------|
| No | 2.2% (1) | 6.7% (1) |
| Yes | 95.6% (43) | 93.3% (14) |
| Can't determine | 2.2% (1) | 0 |

G Sex offenders shall not consume or possess alcohol.

Table 68: Evidence in the Files that the Offender has been Notified that they Shall Not Consume or Possess and Drugs or Alcohol

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 0 |
| Yes | 95.6% (43) | 100% (15) |
| Can't determine | 2.2% (1) | 0 |

H The residence and living situation of sex offender must be approved in advance by the supervising officer in consultation with the community supervision team.

Table 69: Evidence in the Files that the Offender's Residence Must Be Approved in Advance

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 0 |
| Yes | 95.6% (43) | 100% (15) |
| Can't determine | 2.2% (1) | 0 |

I Sex offenders will be required to undergo blood, saliva, and DNA testing as required by statute;

Table 70: Evidence in the Files that the Offender has been Notified that they will be Required to Undergo a Blood, Saliva, and DNA test

| | Probation Officer Files | Parole Officer Files |
|-----------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 6.7% (1) |
| Yes | 95.6% (43) | 86.7% (13) |
| Not applicable | 2.2% (1) | 6.7% (1) |

J Other special conditions that restrict sex offenders from high-risk situations and limit access to potential victims may be imposed by the supervising officer in consultation with the community supervision team;

Table 71: Evidence in the Files that the offender is restricted from High-Risk Situations and Potential Victims

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 17.8% (8) | 40% (6) |
| Yes | 80% (36) | 60% (9) |
| Can't determine | 2.2% (1) | 0 |

K Sex offenders shall sign information releases to allow all professionals involved in assessment, treatment, and behavioral monitoring and compliance of the sex offender to communicate and share documentation with each other;

Table 72: Evidence in the Files that the Offender signed Releases of Information

| | Probation Officer Files | Parole Officer Files |
|------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 20% (3) |
| Yes | 97.8% (44) | 80% (12) |

L Sex offenders shall not hitchhike or pick up hitchhikers.

Table 73: Evidence in the Files that the Offender May Not Hitchhike or Pick Up Hitchhikers

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 6.7% (1) |
| Yes | 93.3% (42) | 93.3% (14) |
| Can't determine | 4.4% (2) | 0 |

M Sex offenders shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers without prior approval of the supervising officer.

Table 74: Evidence in the Files that the Offender will Attend and Actively Participated in Evaluations and Treatment and Not Change Treatment Providers Without Prior Approval

| | Probation Officer Files | Parole Officer Files |
|------------------------|--------------------------------|-----------------------------|
| | n=45 | n=15 |
| No | 2.2% (1) | 6.7% (1) |
| Yes | 95.6% (43) | 93.3% (14) |
| Can't determine | 2.2% (1) | 0 |

5.600 ♦ Behavioral Monitoring of Sex Offenders in the Community

5.610 The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, to re-victimize, to cause harm, and the limits of sex offenders' self-reports.

Table 75: Number of times officer files document source of information regarding Non-Compliant behavior

| | Probation Officer Files | Parole Officer Files |
|---|--------------------------------|-----------------------------|
| Source of Information* | n=45 | n=15 |
| Offender's self report | 64 | 3 |
| Home visits | 6 | 2 |
| Treatment provider | 59 | 23 |
| Disclosure during polygraph exam | 63 | 20 |
| Detection by supervising officer | 14 | 23 |
| Law enforcement | 6 | 1 |
| Third party | 10 | 0 |
| Court: Failure to appear notice | 16 | 0 |
| Other | 10 | 7 |
| Total | 248 | 79 |

*Files often contained documentation of multiple instances of noncompliance and multiple sources of information.

Table 76: 204 Polygraph Exams Used to Monitor Offenders

| Number of Examinations Per Offender | |
|--|----|
| n=52* | |
| 1 exam | 10 |
| 2 exams | 5 |
| 3 exams | 9 |
| 4 exams | 12 |
| 5 exams | 7 |
| More than 5 exams | 9 |

*There were 54 files that researchers looked at however; two of the files did not contain any polygraph reports.

Table 77: Type of Polygraph Exams used to Monitor Offenders in the Community

| Number of Examination Reports Reviewed by Researchers | |
|--|-------------|
| n=202* | |
| Disclosure Polygraph Exams | 56 |
| • <i>Deceptive polygraph results</i> | 33 |
| Maintenance Polygraph Exams | 113 |
| • <i>Deceptive polygraph results</i> | 48 |
| Specific Issue Exams | 33 |
| • <i>Deceptive polygraph results</i> | 26 |
| TOTAL EXAMS | 202* |

*There were 204 polygraph exams done, however; there were 202 polygraph results because for two offenders their exams were terminated.

Table 78: Open-ended, Multiple Responses from Supervising Officer Telephone Surveys about the Use of the Polygraph Exam Information in Monitoring Offender Behavior

| Value or Usefulness | Supervising Officer Telephone Responses |
|--|--|
| | n=110 |
| Determine compliance | 50% (55) |
| Gain insight about offender | 51.8% (57) |
| Promotes honesty about behavior | 57.3% (63) |
| For exploring high risk situations/suspicious | 44.5% (49) |
| To address denial | 29.1% (32) |

Table 79: Telephone Responses from Supervising Officers about Sanctions for Deceptive or Inconclusive Polygraph Results

| Sanctions n=110 | Deceptive Results | Inconclusive Results |
|---|----------------------|----------------------|
| | Increase supervision | 70.0% (77) |
| Retake the polygraph exam/specific issue exam | 37.2% (41) | 40.0% (44) |
| Increase treatment | 42.7% (47) | 10.9% (12) |
| Loss of privileges, extend probation, community service | 34.5% (38) | n/a* |
| Treat these the same as failed polygraphs | n/a* | 25.5% (28) |

*Response not offered for this finding.

B Behavioral monitoring should be increased during times of an offender’s increased risk to re-offend, including, but not limited to, such circumstances as the following:

1. The offender is experiencing stress or crisis;

Table 80: Documentation of Offender Experiencing Stress or Crisis in Supervising Officer File

| Documentation of stress or crisis in last year? | Probation Files n=45 | Parole Files n=15 |
|---|-------------------------|----------------------|
| | No | 48.9% (22) |
| Yes | 51.1% (23) | 53.3% (8) |

Table 81: Officer Files: Number of Times Documentation Reflected Offenders Experienced Stress/Crisis in the Past 12 Months

| Number of Stress Episodes Documented | Probation Files n=45 | Parole files n=15 |
|--------------------------------------|-------------------------|----------------------|
| | 1 | 39.1% (9) |
| 2 | 26.1% (6) | 37.5% (3) |
| 3 | 8.7% (2) | 12.5% (1) |
| Numerous | 26.1% (6) | 12.5% (1) |

Table 82: Monitoring Responses to the Stress/Crisis Offenders Experienced

| Types of Monitoring Responses |
|---|
| <ul style="list-style-type: none">▪ Engage in budget planning▪ Computer checked more often▪ Evaluation for depression med▪ Increased supervision▪ Daily Urine Analysis (UA)▪ Discussed with probation officer▪ Moved to an adult community▪ Have client bring in 3 job applications▪ Retake polygraph▪ Increase treatment▪ Return to Court▪ Moved to more intensive treatment program▪ Fined▪ Disconnected cable TV▪ Imposed curfew▪ Issued summons/complaint/revocation |

5.700 ♦ Sex Offenders' Contact with Victims and Potential Victims*

SUMMARY OF FINDINGS:

The need to clarify the decision making process regarding an contact with children is underscored in the data presented in this section. Sixty-three percent (70 of 110) of supervising officers and 76.5% (49 of 64) of treatment providers responded in phone surveys that offenders they currently supervise are permitted contact with children (data not presented). Among treatment providers who work with offenders who have contact with children, most of them (80%) stated that they saw between 1 and 5 offenders who have contact with children. The type of contact varies, from unsupervised and not chaperoned to letters or cards that are first reviewed by a chaperone. Very few offenders had unsupervised physical contact with children. Most of the supervising officers and therapists described additional requirements that are placed on offenders who have contact with children.

Half (53%) of therapists and nearly half (44%) of the officers reported that the decision to allow contact is made according to compliance with the SOMB's *Standard 5.7* criteria. Among supervising officers, 26 reported that the decision to allow contact with children was made by the judge or the parole board.

Most treatment providers and supervising officers reported that a victim advocate or victim therapist is usually involved in the decision-making process regarding child contact, as required by this *Standard*. However, the review of 60 files found documentation of a victim’s therapist or representative in only 10 cases (data not reported).

Unfortunately, documentation pertaining to child contact and collaboration with child victims’ therapists is difficult to access. It appears to be buried in the supervising officers’ chronological records or polygraph examination reports or not available at all without accessing treatment files. Should the SOMB decide to study the issues surrounding child contact, extracting the data from case files may be problematic.

Table 83: Among Treatment Providers Who Have Offenders With Child Contact On Their Caseloads: How Many Offenders Have Contact?

| Treatment Provider Telephone Responses | |
|---|--|
| n=49* | |
| 77.5% (38) | <ul style="list-style-type: none"> ▪ Have between 1-5 offenders who have contact with children on their caseload |
| 6.1% (3) | <ul style="list-style-type: none"> ▪ Have between 6-10 offenders who have contact with children on their caseload |
| 8.2% (4) | <ul style="list-style-type: none"> ▪ Have between 11-15 offenders who have contact with children on their caseload |
| 4.1% (2) | <ul style="list-style-type: none"> ▪ Have between 16-20 offenders who have contact with children on their caseload |
| 4.1% (2) | <ul style="list-style-type: none"> ▪ Have between 20 or more offenders who have contact with children on their caseload |

*49 of 64 (76.5%) treatment providers reported working with offenders who had contact with children.

Table 84: Telephone Responses to the Various Ways Offenders Have Contact With Children

| Type of contact allowed | Supervising Officer Telephone Responses n=110 | Treatment Provider Telephone Responses n=64 |
|---|--|--|
| No unsupervised visits; visits are monitored by treatment. | 34.5% (38) | 7.8% (5) |
| Offender lives with children and has unrestricted contact. Physical contact is okay. | 30% (33) | 31.5% (17) |
| Contact with certain children is permitted (i.e. grandchildren); face to face. | 16.4% (18) | 28.1% (18) |
| Limited contact only, offender cannot live with children, only incidental contact | 14.5% (16) | 20.3% (13) |
| Only phone contact is permitted; unmonitored phone calls. | 7.3% (8) | 28.1% (18) |
| No physical contact is permitted | 6.3% (7) | 7.8% (5) |
| Staff must be present, trained supervisor present, approved supervisor/chaperone, | 0 | 21.9% (14) |
| Letters/cards (through chaperone), phone and letters are approved by therapist | 0 | 18.9% (12) |
| Family gatherings; holidays; special events; must be in public places; time limited visits; special times, days, places | 0 | 20.3% (13) |

Table 85: Telephone Responses About Victim Advocates or Therapists Involvement in Decisions Regarding Offender Contact with Children

| | Supervising Officer Telephone Responses n=108* | Treatment Provider Telephone Responses n=52* |
|--|---|---|
| No | 15.7% (17) | 4.7% (3) |
| Yes | 75% (81) | 89.1% (57) |
| Most children do not have a victim advocate or therapist | 9.3% (10) | 3.1% (2) |

*The number of cases varies due to missing data.

Table 86: Supervising Officer Telephone Responses about how these Victim Advocates or Therapists are Involved in Child Contact Decisions

| Most Common Responses from Supervising Officers about the Victim Advocates or Therapist Involvement | |
|--|--|
| 1. | Victim advocate or therapist meets with or staffs the case with the supervising officer. |
| 2. | Victim advocate or therapist is involved in the oversight of the visit or the clarification process. |
| 3. | Victim advocate or therapist completes the evaluation of the victim. |
| 4. | Victim advocate or therapist provided general information. |
| 5. | Victim advocate or therapist provides written documentation. |

Table 87: Treatment Provider Telephone Responses about how these Victim Advocates or Therapists are Involved

| Most Common Responses from Treatment Providers about the Victim Advocates or Therapist Involvement | |
|---|--|
| 1. | Victim advocate or therapist are invited to team meetings and attend staffings. |
| 2. | Treatment providers meet with victim advocates or therapists at the start of treatment, talk with advocate, send letter to victim therapist. |
| 3. | Treatment providers set up victim clarification sessions with advocate; therapist is involved with clarification plans; helps decide if victim and offender are ready for contact. |
| 4. | Victim advocate or therapist represents child’s needs/best interest, involved all the way through, acts as a liaison. |
| 5. | Victim advocate or therapist has the final word on contact. |

Table 88: Documentation in Supervising Officer Files About Collaboration with Others Regarding Possible Communication, Visits, And Family Reunification

| Documentation in the File? | Probation Officer Files | Parole Officer Files |
|----------------------------|-------------------------|----------------------|
| | n=45 | n=15 |
| No | 77.8% (35) | 100% (15) |
| Yes | 22.2% (10) | 0 |

5.710 For purposes of compliance with this standard, supervising officers and providers shall:

- A Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making *decisions* regarding communication, visits, and reunification.

Table 89: Multiple Responses from Supervising Officers about How the Child Contact Decision is Made

| How? | Frequency of Supervising Officer Telephone Responses n=110 |
|---|---|
| Offender met <i>Standard 5.7</i> criteria | 44.5% (49) |
| Judge or parole board ordered it | 23.6% (26) |
| Chaperone was approved/significant other is in treatment (5.7 criterion) | 11.8% (13) |
| Contact permitted before officer got the case or before SOMB 5.7 was in place | 10.9% (12) |
| Used assessment instruments | 8.2% (9) |
| Team decided it was okay | 7.3% (8) |
| Offender has strong safety plan (5.7 criterion) | 3.6% (4) |

Table 90: Multiple Responses from Treatment Providers about How the Child Contact Decision is Made

| How? | Frequency of Treatment Provider Telephone Responses n=64 |
|--|---|
| Offender met <i>Standard 5.7</i> criteria | 53.1% (34) |
| Offender had non-deceptive polygraphs (5.7 criterion) | 31.3% (20) |
| Court ordered | 7.8% (5) |
| Entire team staffs case to make sure child is not at risk | 7.8% (5) |
| Child was not a victim of offender | 15.6% (10) |
| Offender shows no deviant arousal, can manage deviant sexual impulse (5.7 criterion) | 12.5% (8) |
| No contact was damaging to children; children/victim wanted contact; reunification desired by children and/or spouse | 17.2% (11) |
| Offender shows accountability, proven safety record, minimal thinking errors, understands victim issues (5.7 criteria) | 7.8% (5) |
| Spouse attended informed supervisors group; adequate supervision (5.7 criterion) | 4.6% (3) |
| Supervisor approves the safety plan (5.7 criterion) | 4.6% (3) |
| Clarification letter completed (5.7 criterion) | 3.1% (2) |
| Custodial parent could not handle the pressure; | 10.9% (7)* |

| | |
|--|----------|
| offender allowed to live at home; offender is in aftercare; offender has terminally ill daughter and is allowed to see her; offender must be in treatment a minimum of 2 years; offender petitions team for contact; PO has final decision | |
| Child/child advocate consults; get victim therapists input | 3.1% (2) |

Table 91: Multiple Responses from Supervising Officers Regarding Who Makes Child Contact Decisions

| Who Makes the Decision? | Frequency of Supervising Officer Telephone Responses n=110 |
|--|---|
| Probation/parole | 12.7% (14) |
| Treatment and the supervising officer | 19.1% (21) |
| The entire team | 60% (66) |
| The court/judge | 5.5% (6) |
| The treatment provider | 5.5% (6) |
| No one can have contact | 4.5% (5) |
| DOC | 2.7% (3) |
| Victim therapist | > 1% (1) |
| This decision is not made by the entire team | 8.2% (9) |

F If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process.

Table 92: Multiple Responses from Telephone Surveys about Additional Requirements Placed on Offenders Who Have Contact With Children

| Additional Requirements | Supervising Officer Telephone Responses n=110 | Treatment Provider Telephone Responses n=64 |
|--|--|--|
| Offender has to take tests (Abel, plethysmograph, polygraph); take the polygraph after visits/prior to moving home | 32.7% (36) | 50% (32) |
| Discuss contact at treatment and probation; offender must give a full disclosure. | 11.8% (13) | 3.1% 2 |
| Chaperone has to be approve; the chaperone and the | 21.8% (24) | 37.5% (24) |

| | | |
|---|------------|-----------|
| child must report back and give feedback. | | |
| Use a safety plan for every visit, relapse prevention, strict terms and conditions are used and the offender must sign a treatment contract. | 13.6% (15) | 0 |
| Increase home visits, have more frequent contact, more follow up calls. | 5.5% (6) | 0 |
| Offenders fill out logs and log all incidental contact | 9.1% (10) | 10.9% (7) |
| There are no additional provisions | 8.2% (9) | 0 |
| Weekly individual therapy, discussed in treatment sessions | 0 | 6.1% (4) |
| Require offender and spouse to attend couples group, spouse/children are in treatment | 0 | 9.4% (6) |
| Weekly form | 0 | 4.6% (3) |
| Safety plan; offender is never alone with child | 0 | 3.1% (2) |

Table 93: Supervising Officers Telephone Responses about Where Documentation can be Found Allowing Offenders to have Contact with Children

| Where is Documentation Located? | Frequency of Supervising Officer Telephone Responses |
|---|---|
| | n=70* |
| Documented in case plans, chrons, narratives, probation notes | 35.7% (25) |
| Treatment provider has documentation; monthly progress reports; treatment plans, treatment notes | 27.1% (19) |
| Said it is documented with a specific form for 5.7 criteria or memos stating the offender has met criteria | 12.9% (9) |
| With safety plans, visitation contracts, chaperone status form | 11.5% (8) |
| Documented by polygraph results, non deceptive results | 8.6% (6) |
| said the court order is in the file Don't know; a signed "duty to warn" team signed off on it | 4.2% (3) |

*Seventy supervising officers with offenders who have contact with children.

**6.000
STANDARDS FOR POLYGRAPHY**

SUMMARY OF FINDINGS:

Reviews of 204 polygraph examination reports found that the Standards assessed below were followed for nearly every exam. Further, most polygraph examiners contact the supervising officer and the therapist when important information is obtained from offenders during the course of the exam, providing immediate feedback on potentially risky situations.

Seventeen polygraph examiners have been approved to conduct post-conviction sex offender examinations and two-thirds have worked with this population for five or more years. Two-thirds of the examiners said the team approach provides a balanced perspective and 40% said it interferes with offenders' propensity to be manipulative (data not presented). Most (77%) of examiners reported that the offenders were always or sometimes prepared for the exam; three examiners said this was not the case.

6.100 ♦ Standards of Practice for Sex Offender Clinical Polygraph Examiners

Table 94: Polygraph Examiners Telephone Responses about Conducting Post-Conviction Exams Before the *Standards and Guidelines* were Published

| Polygraph Examiner Telephone Responses | |
|---|------------|
| n=17 | |
| Yes | 29.4% (5) |
| No | 70.6% (12) |

Table 95: Telephone Responses from Polygraph Examiners About the Length of Time That They Have Worked with Sex Offenders

| Polygraph Examiner Telephone Responses | |
|---|-----------|
| n=17 | |
| Less than 5 years | 35.3% (6) |
| Between 5 and 10 years | 47.1% (8) |
| 10 years or longer | 17.6% (3) |

Table 96: Telephone Responses from Polygraph Examiners about the Offender’s Readiness for the Polygraph Exam

| Polygraph Examiner Telephone Responses | |
|---|------------|
| n=16* | |
| Yes | 64.7% (11) |
| No | 17.6% (3) |
| Sometimes | 11.8% (2) |

*Data missing from one case.

Table 97: Open-ended Question to Polygraph Examiners: What Are the Advantages of a Team Approach?

| Most Common Responses from Polygraph Examiner Telephone Surveys About the Advantage of having a Team Approach |
|--|
| <ol style="list-style-type: none"> 1. Different perspectives, share views, balances decision making 2. Interferes with offender manipulation 3. Learn more about the offender 4. Improves community safety |

Table 98: Open-ended Question to Polygraph Examiners: What Are the Disadvantages to a Team Approach?

| Most Common Responses from Polygraph Examiner Telephone Surveys about the Disadvantages of having a Team Approach |
|---|
| <ol style="list-style-type: none"> 1. Time management, time constraints 2. Communication challenges 3. Polygraph examiner not considered equal member of the team 4. Have their favorite polygraph examiners and will only work with them |

6.160 Examiners shall use the following specific procedures during the administration of each examination.

G All test questions must be formulated to allow only Yes or No answers;

Table 99: Evidence in Polygraph Reports that All Test Questions Allow for Yes or No Answers

| Polygraph Reports | |
|--------------------------|------------|
| n=52* | |
| No | 98.1% (51) |
| Yes | 1.9% (1) |

*There were 54 files that researchers looked at however; two of the files did not contain any polygraph reports.

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All polygraph examination written reports must include the following:

- Date of test or evaluation
- Name of person requesting exam
- Name of examinee
- Location of examinee in the criminal justice system (probation, parole, etc.)
- Reason for examination
- Date of last clinical examination
- Examination questions and answers
- Any additional information deemed relevant by the polygraph examiner (e.g. examinees' demeanor)
- Reasons for inability to complete exam, information from examinee outside the exam, etc.
- Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee.

Table 100: Types of Information that Should Be Included in the Polygraph Examination Written Report

| | Documented in the Polygraph Report* |
|--|--|
| | n=52** |
| Date of test or evaluation | 100% (52) |
| Name of person requesting exam | 78.8% (41) |
| Location of examinee in the criminal justice system | 84.6% (44) |
| Reason for examination | 90.4% (47) |
| Date of last clinical examination | 66.7% (28)*** |
| Examination questions and answers | 98.1% (51) |
| Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee | 100% (52) |

*Researchers coded the most recent polygraph report. The frequencies refer to: yes, the information is documented in the report.

**Researchers examined reports in 54 treatment files. Two of the files did not contain polygraph reports.

*** Ten reports represented first exams. Therefore, the denominator for this figure is 42.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures the relevant test questions should be limited to no more than four (4) and shall:

- Be simple, direct and as short as possible
- Not include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms
- Not include mental state or motivation terminology
- The meaning of each question must be clear and not allow for multiple interpretations
- Each question shall contain reference to only one issue under investigation
- Never presuppose knowledge on the part of the examinee
- Use language easily understood by the examinee and all terms used by the examiner should be fully explained to the examinee
- Be easily answered yes or no
- Avoid the use of any emotionally laden terminology (such as rape, molest, murder, etcetera) and use language that is behaviorally descriptive

Table 101: Evidence in Polygraph Reports that the Standards for Polygraph Test Questions Are Being Followed

| Standards that Polygraph Test Questions Shall Follow | |
|---|------------|
| N=52* | |
| Be simple, direct and as short as possible | |
| <i>No</i> | 1.9% (1) |
| <i>Yes</i> | 96.2% (50) |
| <i>Somewhat</i> | 1.9% (1) |
| Include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms | |
| <i>No</i> | 82.7% (43) |
| <i>Yes</i> | 15.4% (8) |
| <i>Somewhat</i> | 1.9% (1) |
| Include mental state or motivation terminology | |
| <i>No</i> | 100% (52) |
| <i>Yes</i> | 0 |
| <i>Somewhat</i> | 0 |
| Were clear | |
| <i>No</i> | 0 |
| <i>Yes</i> | 96.2% (50) |
| <i>Somewhat</i> | 3.8% (2) |
| Each question shall contain reference to only one issue under investigation | |
| <i>No</i> | 1.9% (1) |
| <i>Yes</i> | 96.2% (50) |

| | |
|--|------------|
| <i>Somewhat</i> | 1.9% (1) |
| Could be easily answered yes or no? | |
| <i>No</i> | 0 |
| <i>Yes</i> | 98.1% (51) |
| <i>Somewhat</i> | 1.9% (1) |
| Included emotionally laden terminology (such as rape, molest, murder, etcetera) | |
| <i>No</i> | 100% (52) |
| <i>Yes</i> | 0 |
| <i>Somewhat</i> | 0 |

*Researchers examined reports in 54 treatment files. Two of the files did not contain polygraph reports.

* * *

SECTION FIVE: BARRIERS TO IMPLEMENTATION

SUMMARY OF BARRIERS:

Professionals mentioned many barriers to the full implementation of the *Standards and Guidelines*. The need for training, the lack of clarification of a few of the *Standards and Guidelines*, and the loss of supervising officers in the current budget reductions and the corresponding excessive caseloads were mentioned as barriers to full implementation. However, many professionals described a variety of ways they sought to overcome impediments to implementation.

Table 102: Telephone Survey Responses about Barriers to Implementing the Standards and Guidelines

| | Supervising Officer Telephone Responses n=108* | Treatment Provider Telephone Responses n=63* | Polygraph Examiner Telephone Responses n=17 |
|-----|---|---|--|
| No | 26.6% (29) | 30.2% (19) | 70.6% (12) |
| Yes | 72.5% (79) | 69.8% (44) | 29.4% (5) |

*Not everyone responded.

Table 103: Telephone Survey Responses about the Types of Barriers Encountered

| Ten Most Common Responses about the Types of Barriers Encountered | Number of Responses |
|---|------------------------|
| 1. Difficulties with the judicial process | 67 |
| 2. Shortage of supervising officers and excessive caseloads | 22 |
| 3. Standards are not specific enough or there is too much room for interpretation | 18 |
| 4. Rural locations and travel issues | 15 |
| 5. Standards are too rigid, leaving no room for exceptions | 14 |
| 6. Amount of paperwork and layers of bureaucracy | 11 |
| 7. Differing theoretical approaches | 10 |
| 8. Financial burdens placed on offenders | 10 |
| 9. Implementation of 5.7 is rigid and difficult for families and children | 9 |
| 10. Lack of confidence in the system and compliance is not universal | 8 |

Table 104: Telephone Survey Responses: about if they have Found Ways to Overcome Barriers

| Number of Telephone Responses | |
|--------------------------------------|------------|
| No | 42.3% (58) |
| Yes | 57.7% (79) |

Table 105: Telephone Surveys Responses about Ways of Overcoming Barriers

| Ways of Overcoming Barriers |
|--|
| <i>CREATIVITY</i> |
| <ul style="list-style-type: none"> • Use of creative scheduling (i.e. schedule the polygraph around the offender’s payday) • Utilize the local police department for home visits |
| <i>COMMUNICATION</i> |
| <ul style="list-style-type: none"> • Discuss and work through issues • Disseminate information • Voice one’s opinion at monthly SOMB meetings |
| <i>EDUCATION</i> |
| <ul style="list-style-type: none"> • Educate judges and district attorney’s • Conduct team trainings (i.e. RAM training for parole officers) • Explain offenders behaviors and patterns to family members • Keep reviewing the <i>Standards and Guidelines</i> • Educate others on the appropriateness of the polygraph |
| <i>TRAVEL</i> |
| <ul style="list-style-type: none"> • Make offenders travel vs. team members |
| <i>INTEGRITY</i> |
| <ul style="list-style-type: none"> • Keep public safety in the forefront • Follow professional ethics • Follow the <i>Standards</i> as required by law |
| <i>OTHER</i> |
| <ul style="list-style-type: none"> • Document Everything • Identify funding sources • Prioritize, try to follow the Standards as much as possible • Be patient, as in time teams do see the value of the process |

Table 106: Telephone Surveys Responses to Impediments to Overcoming Barriers

| Reasons | Number of Responses |
|--|----------------------------|
| <ul style="list-style-type: none"> ▪ Inability to educate or influence judges or DA's | 13 |
| <ul style="list-style-type: none"> ▪ Lack of flexibility | 7 |
| <ul style="list-style-type: none"> ▪ Lack of funds and resources | 4 |
| <ul style="list-style-type: none"> ▪ Lack of consistent application ▪ Lack of a team approach ▪ Lack of experience | 1 |

*Not everyone responded.

SECTION SIX: RECOMMENDATIONS TO ENHANCE THE IMPLEMENTATION OF THE COLORADO *STANDARDS AND GUIDELINES*

Based on the data collected, analyzed and summarized in this report, the Office of Research and Statistics makes the following recommendations to enhance the implementation of the Sex Offender Management Board's (SOMB) adult *Standards and Guidelines*.

1. **Continue the work of modifying, clarifying, revising, and implementing the Standards and Guidelines.** According to interviews with 110 supervising officers and 64 treatment providers, the majority of these professionals said they found the *Standards and Guidelines* useful in their work. Specifically, 98.1% of the supervising officers and 92.2% of treatment providers reported that the *Standards and Guidelines* had a positive impact on their work with sex offenders.
2. **Continue the excellent efforts to include stakeholder participation in monthly board meetings and committee activities.** Collaboration and inclusiveness has been a value expressed by the SOMB since its inception, and many professionals have participated in the Board's work.

Over three-fourths of the polygraph examiners have attended board meetings (two-thirds have served on committees), one-third of supervising officers have participated in the development of the *Standards and Guidelines*, and over half of the treatment providers interviewed for this study reported attending at least one SOMB meeting.

The SOMB's use of teleconference technology to increase participation in training events also reflects its commitment to reaching stakeholders outside the Denver-Metro area. The further development and use of the internet list-serve will also enhance communication and participation.

3. **Continue efforts to provide training opportunities for the judges and prosecutors on the Standards and Guidelines.** During interviews with 191 therapists, supervising officers and polygraph examiners, two-thirds (67.0%) reported that there are barriers to the implementation of the *Standards and Guidelines*. Mentioned by half of those with implementation concerns--by far the most frequently cited impediment--were difficulties with the judicial process.

Based on the interview data, training may be useful on the following topics: (1) the role and membership of the SOMB, (2) the process and data used to develop the *Standards and Guidelines*, and (3) the use of information generated from this approach to risk management. Also, training events present important opportunities for dialogue.

4. **Clarify the role of the polygraph examiner as an integral member of the core containment team.** Sixty percent of treatment providers and supervising officers consider the polygraph examiner a member of the containment team. Further, half of the polygraph examiners reported having an adequate amount of contact with treatment providers and 58% said they have adequate contact with supervising officers. Finally, only two-thirds of examiners think that offenders are adequately prepared for the polygraph examination.

These findings reflect the need to more fully integrate the polygraph examiner into the treatment and supervision team. Examiners need specific information about treatment progress and individual risk factors in order to construct meaningful, individualized test questions. Integrating the examiner into the treatment team is intended to maximize the value of the polygraph exam in the containment approach.

5. **Require documentation of individualized relapse prevention plans in the case files of these professionals.** Relapse prevention concepts remain an important component of managing offenders' abusive behavior. Relapse prevention plans were found in 6 (11.1%) of the 54 treatment provider files, and fewer were found in probation and parole files. However, safety plans developed for specific events such as holidays and family reunions were frequently available in the files. Relapse plans are likely to be "works in progress" and so may remain with the offender as part of homework material. However, the relapse plan should be photocopied regularly and placed in the treatment and supervision files. It serves as critical documentation of pre-assaultive risk factors and includes the offender's prevention tools. Also, this information should be available when necessary to extended members of the case management team, including the victim therapist and family members.
6. **The mental health evaluations and treatment plans should be made available to members of the containment team.** Sex offense specific mental health evaluations were found in the probation officers' files most of the time; however, they were found in 4 of the 15 parole files reviewed. Further, this evaluation was missing in 9 (16.7%) of 54 treatment files reviewed. Treatment plans were missing in 12 (22.2%) of the treatment providers' files.

The mental health evaluation and the treatment plan provide a significant amount of information about the offender. This information can be incorporated into the supervision plan and the polygraph exam. Individualized goals and clearly defined expectations provide objective methods to assess progress in treatment, and are required by the *Standards and Guidelines*.

7. **Support efforts on the part of the Judicial Branch to restore supervision staff in probation.** The Division of Probation Services lost 42 probation officers last year along with 20 clerical staff, significantly increasing the supervision and clerical workload of officers. When sex offenders are on intensive supervision, the officers' caseloads do not usually exceed 25, allowing for sufficient monitoring of these cases. When sex offenders are not on ISP, they are supervised on regular probation where the average caseload size is 235 offenders. The increased size of these caseloads has resulted in the need to decrease case management standards, meaning that offender contact requirements with the supervising officer are reduced.

State agency operating budgets have been reduced by approximately 30% in the past two years. At the same time, the number of offenders under supervision continues to increase. Restoring these positions so that caseload sizes can become manageable is critically important to the ongoing successful implementation of the *Standards and Guidelines*.

8. **Continue the extensive effort that is underway to clarify *Standard 5.7* regarding contact with children.** The implementation of *Standard 5.7* was a frequently mentioned problem during the telephone interviews. Two-thirds of supervising officers reported that some offenders on their caseloads have contact with children; many therapists reported that offenders allowed contact have met the SOMB criteria for contact. Finally, in a review of 15 polygraph examinations that questioned the offender's contact with children, over half of the offenders were found to be deceptive on the examination. The SOMB Committee working on developing a risk assessment protocol will provide needed direction and structure to decision making regarding child contact. Any effort the Committee undertakes to require documentation files of the contact decision in the supervising officer will further future research efforts.
9. **Support the development of an ongoing quality control mechanism to monitor and improve the implementation of the *Standards and Guidelines* and to ensure the availability of data necessary for the outcome evaluation.** Studies to determine the outcome of sex offender cases and the impact of the system developed through the implementation of the *Standards and Guidelines* requires complete case management documentation in the files of professionals who work with these offenders. To fulfill the statutory mandate to research the effectiveness of the "treatment procedures, and programs developed" (C.R.S. 16.7-1.103(4)(d)(I)), researchers must be able to locate and record information about offender progress in treatment, violations, sanctions (formal and informal), and the communication efforts of the supervision team, including gaps in communication, so that the impact on offender outcome and the effectiveness of the supervision team can be studied.

SECTION SEVEN: TRACKING SEX OFFENDERS

Pursuant to C.R.S. 16-11.7-103(4)(d)(I), the SOMB is to track offenders who have been subjected to the evaluation, identification and treatment of the *Standards and Guidelines*.

Methods of Tracking

Tracking convicted sex offenders who are subjected to the *Standards and Guidelines* occurs in multiple ways. First, offenders who register with local law enforcement are identified in a statewide list maintained by the Colorado Bureau of Investigation (CBI). The location of registered offenders as of January 31, 2003 is presented in geographic maps in Appendix G.

Secondly, certain offenders are placed on the CBI website for public notification: (1) those who have been designated as a Sexually Violent Predator (SVP) by the court (2) sex offenders who have a prior conviction for a sex crime, and (3) those who have failed to register with local authorities. As of October 13, 2003, 2 offenders may be found on the CBI web site for qualifying as a sexually violent predator (most SVPs are serving prison sentences), 261 offenders were posted on the web site for having multiple offenses, and 311 are posted for failing to register with local law enforcement. More than 570 offenders are available for viewing on the website.

Thirdly, working in cooperation with technical task force members of the Colorado Integrated Criminal Justice Information System (CICJIS) (representatives include Judicial, CBI, Department of Corrections, Department of Human Services (DHS), and the Colorado District Attorneys Council (CDAC), DCJ's Office of Research and Statistics developed a research database that has been used to track sex offenders released from prison.

Using CICJIS for research purposes requires matching specific offenders to their past arrest and court filing records. Collaboration with researchers at Judicial's Division of Probation Services and analysts at the Department of Corrections is an essential component of the CICJIS research database. The work required to conduct these studies using CICJIS data is complicated and labor intense.

Additional tracking of offenders occurs through special studies mandated by the General Assembly.

- *Annual Lifetime Reports to the General Assembly (November 1)*
- *C.R.S. 16-11.7-103(4)(J) - Living Arrangements Study for the General Assembly (due March 15, 2004)*

Monitoring Offender Recidivism

Since 1996 all offenders convicted of sex crimes and offenders whose original crime was a sexual assault regardless of the final conviction crime designation have been subject to the *Standards and Guidelines*. It is not possible to track the individual behavior of thousands of offenders on probation, in community corrections facilities, in prison and on parole due to the resources required to undertake such an endeavor. However, special recidivism studies of this population can provide insight into the implementation of the *Standards and Guidelines*. Four such studies are described below and information from these studies provided the analysis presented in Appendix H.

- *Actuarial Risk Scale Development Study (1997-2000.)* Pursuant to C.R.S 18-3-414.5, the Office of Research and Statistics in DCJ worked with representatives of the SOMB to develop a risk assessment instrument for use with convicted sex offenders. The study was designed to predict sex offenders' noncompliance with treatment and supervision. The sample consisted of adult male sex offenders who were placed on probation supervision, in community corrections (court diversion or prison transition), on parole, and participated in prison treatment between December 1, 1996 and November 30, 1997. Community-based offenders were selected from the 1st, 2nd, 4th, and 18th judicial districts and ComCor, Inc. in Colorado Springs. The total sample size was 494 and recidivism was defined as revocation, revocation pending, negative treatment termination, escape and new arrest. This study can be found at <http://dcj.state.co.us/ors/docs.htm>
- *Community Corrections in Colorado (1998-2001)*. The Office of Research and Statistics responded to a request from the governor's office to study services delivered to offenders placed in the state community corrections system. Over 3,000 (2574 men and 480 women) offenders who terminated from community corrections in FY1998 were tracked for rearrest and new court filing over a 24 month; this sample included 30 convicted sex offenders. Revocation, rearrest and new filing with the district court were analyzed as recidivism measures. This study can be found at <http://dcj.state.co.us/ors/docs.htm>.
- *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders (2003)*. The Office of Research and Statistics received grant funding from the U.S. Bureau of Justice Assistance to evaluate the Colorado Department of Corrections' Therapeutic Community (TC) for Sex Offenders. All sex offenders released from the DOC over a 7-year period during which the *Standards and Guidelines* were under development or being implemented statewide and in prison. Recidivism was measured as any arrest, new district court filing, and return to prison. This study can be found at <http://dcj.state.co.us/ors/docs.htm>.

- *Annual Report to the General Assembly on Recidivism by Probationers.* The Office of Probation Services reports annual recidivism rates of offenders on probation and participating in special programming. For this report, the Office of Probation Services undertook a special analysis of sex offenders, presented in the table below. This study can be found on the Division of Probation Services website at <http://www.courts.state.co.us/dps/dpsindex.htm>.

Information from these studies has been summarized in Appendix H. The data presented in the table suggest the following findings:

1. Revocation rates for convicted sex offenders in Colorado who were under community supervision range from approximately 40% to 50%. This revocation rate is considerably higher than the overall revocation rate for other offenders.¹⁰ This higher revocation rate is likely due to the behavioral expectations of sex offenders as outlined in the *Standards and Guidelines* and monitored by specially trained treatment providers, polygraph examiners and supervising officers.
2. An exception to the high revocation rate among the sex offender samples is the group that participated in intense prison treatment combined with parole supervision. The combination of intense prison treatment with supervision and treatment in the community under the *Standards and Guidelines* resulted in considerably lower failure rates.
3. Intense treatment in prison combined with treatment on parole produced the best outcomes. Those who successfully completed parole supervision were significantly less likely to be rearrested in the years following release into the community. Among prisoners, the combination of intense prison treatment and supervision appears to increased public safety.

¹⁰ Thirty-five percent of offenders in community corrections (Table 1 in 2001 Report by ORS) and 33% of those on adult probation (Table 43 in FY2003 Report by the Division of Probation Services) incurred a revocation during supervision. Parolees sustained a 37% technical violation rate (Table 55, 2002 Annual DOC Statistical Report).

Table 107: Summary of Multiple Studies That Tracked Sex Offenders

| | Revocation during supervision period | New arrest within 12 months following program completion | New violent arrest within 12 months following program completion | New criminal filing |
|---|---|---|---|----------------------------|
| Probation* | 31-41% | Not available | Not available | 3% |
| Community corrections* | 50% | Not available | Not available | |
| Prison discharge, no prison treatment | Not applicable | 34% | 14% | 17% |
| Prison discharge, and prison treatment** | Not applicable | 16% | 7% | 7% |
| Parole,***no prison treatment | 48-53% | 23% | 8% | 1% |
| Parole*** and prison treatment** | 16% | 6% | 1% | 6% |

* Includes treatment in the community.

**Prison treatment here is participation in the intense therapeutic community for sex offenders, a very intense program.

***Parole includes supervision and sex offender treatment in the community.

* * *

APPENDIX A:

**DETAILED LIST OF DESCRIPTIONS OF THE
*STANDARDS AND GUIDELINES***

SOMB STANDARDS AND GUIDELINES

1.000 Guidelines for Pre-Sentence Investigations

1.010 Each sex offender should be the subject of a pre-sentence investigation, including a mental health sex offense-specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

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

- Criminal history
- Education/employment
- Financial status
- Assaultiveness
- Residence
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Victim impact
- Emotional/personal problems
- Attitude/orientation
- Family marital and relationship issues
- Offense patterns and victim grooming behaviors
- Mental health sex offense-specific evaluation report
- The potential impact of each sentencing option on the victim(s)

2.000 Standards for Mental Health Sex Offense-Specific Evaluations

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

2.060 Because of the uncertainty of risk prediction for sex offenders the Board recommends the following approaches to evaluation

- Use of instruments that have specific relevance to evaluating sex offenders
- Use of instruments with demonstrated reliability and validity
- Integration of collateral information
- Use of multiple assessment instruments and techniques
- Use of structured interviews
- Use of interviewers who have been trained to collect data in a non-pejorative manner

2.070 Unless otherwise indicated below, the following evaluation modalities are all required in performing a mental health sex offense-specific evaluation:

- Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available
- Examination of collateral information, including information from other sources on the offender's sexual behavior
- Structured clinical and sexual history and interview
- Offense-specific psychological testing
- Standardized psychological testing if clinically indicated
- Medical examination/referral for assessment of pharmacological needs if clinically indicated
- Testing of deviant arousal or interest through the use of the penile plethysmograph or the Able Screen

2.090 A mental health sex offense-specific evaluation of a sex offender shall consider the following:

- Sexual evaluation, including sexual developmental history and evaluation for sexual arousal/interest, deviance and paraphilias
- Character pathology
- Level of deception and/or denial
- Mental and/or organic disorders
- Drug/alcohol use
- Stability of functioning
- Self-esteem and ego-strength
- Medical/neurological/pharmacological needs
- Level of violence and coercion
- Motivation and amenability for treatment
- Escalation of high-risk behaviors
- Risk of re-offense
- Treatment and supervision needs
- Impact on the victim, when possible

2.110 The evaluator shall recommend:

- The level and intensity of offense-specific treatment needs
- Referral for medical/pharmacological treatment if indicated
- Treatment of co-existing condition
- The level and intensity of behavioral monitoring needed
- The types of external controls which should be considered specifically for that offender (e.g. controls of work environment, leisure time, or transportation; life stresses, or other issues that might increase risk and require increased supervision)
- Methods to lessen victim impact
- Appropriateness and extent of community placement.

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

3.000 Standards of Practice for Treatment Providers

3.100 Sex Offense-Specific Treatment

- 3.110 Sex Offense specific treatment must be provided by a treatment provider registered at the full operating level or the associate level under these standards.
- 3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

The treatment plan shall:

Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender
Be individualized to meet the unique needs of the offender
Identify the issues to be addressed, including multi-generational issues if indicated, planned intervention strategies, and the goals of treatment
Define expectations of the offender, his/her family (when possible), and support systems
Address the issue of ongoing victim input

- 3.140 A provider shall employ treatment methods that are supported by current professional research and practice:
- A. Group therapy (with the group comprised only of sex offenders) is the preferred method of sex offense-specific treatment. At a minimum, any method of psychological treatment used must conform to the standards for content of treatment and must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders, and shall be avoided except when geographical-specifically rural—or disability limitations dictate its use.
- 3.150 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law on health care records. Client files shall:
- A. Document the goals of treatment, the methods used, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.

- B. Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

3.200 Confidentiality

- 3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender. If an offender has more than one therapist or treatment provider, the waiver of confidentiality shall extend to all therapists treating the offender. The waiver of confidentiality should extend to the victim's therapist. The waiver of confidentiality shall extend to the supervising officer and all members of the team and, if applicable, to the Department of Human Services and other individuals or agencies responsible for the supervision of the offender.
- 3.220 A provider shall notify all clients of the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

3.300 Treatment Provider-Client Contract

- 3.310 A provider shall develop and utilize a written contract with each sex offender (hereafter called "client" in this section of the Standards) prior to the commencement of treatment. The contract shall define the specific responsibilities of both the provider and the client.
 - A. The contract shall explain the responsibility of a provider to:
 - 1. Define and provide timely statements of the costs of assessment, evaluation, and treatment, including all medical and psychological tests, physiological tests, and consultations;
 - 2. Describe the waivers of confidentiality which will be required for a provider to treat the client for his/her sexual offending behavior; describe the various parties with whom treatment information will be shared during the treatment; describe the time limits on the waivers of confidentiality; and describe the procedures necessary for the client to revoke the waiver;
 - 3. Describe the right of the client to refuse treatment and/or to refuse to waive confidentiality, and describe the risks and potential outcomes of that decision;
 - 4. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined, and;
 - 5. Describe the limits of confidentiality imposed on therapists by the mandatory reporting law, Section 19-3-304 C.R.S.

- B. The contract shall explain any responsibilities of a client (as applicable) to:
1. Pay for the cost of assessment and treatment for him or herself, and his or her family, if applicable;
 2. pay for the cost of assessment and treatment for the victim(s) and their family(ies), when ordered by the court, including all medical and psychological tests, physiological testing, and consultation;
 3. Inform the client's family and support system of details of past offenses which are relevant to ensuring help and protection for past victims and/or relevant to the relapse prevention plan. Clinical judgment should be exercised in determining what information is provided to children;
 4. Actively involve relevant family and support system, as indicated in the relapse prevention plan.
 5. Notify the treatment provider of any changes or events in the lives of the client and members of the client's family or support system;
 6. Participate in polygraph testing as required in the Standards and Guideline and, if indicated, plethysmographic testing and adjuncts to treatment;
 7. Assent to be tested for sexually transmitted diseases and HIV, and assent for the results of such testing to be released to the victim by the appropriate person, and;
 8. Comply with the limitations and restrictions placed on the behavior of the client, as described in the terms and conditions of probation, parole, or community corrections and/or in the contract between the provider and the client.

C. The contract shall also, (as applicable):

1. Provide instructions and describe limitations regarding the client's contact with victims, secondary victims, and children;
2. Describe limitations or prohibitions on the use or viewing of sexually explicit or violent material;
3. Describe the responsibility of the client to protect community safety by avoiding risky, aggressive, or re-offending behavior, by avoiding high-risk situations, and by reporting any such forbidden behavior to the provider and the supervising officer as soon as possible;
4. Describe limitations or prohibitions on the use of alcohol or drugs not specifically prescribed by medical staff, and;
5. Describe limitations or prohibitions on employment and recreation.

3.600 Community Placement and the Treatment of Sex Offenders in Denial

3.620 Level of denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.

- 3.630 When a sex offender in strong or sever denial must be in the community (e.g. on mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Such offense-specific treatment for denial shall not exceed six months and is regarded as preparatory for the remaining course of offense-specific treatment.
- 3.650 Offenders who are still in strong or sever denial and/or are strongly resistant after this six-month phase of treatment shall be terminated from treatment and revocation proceeding should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option. In no case should a sex offender in continuing denial of the facts of the offense remain indefinitely in offense-specific treatment.

3.700 Treatment Providers' Use of the Polygraph and Plethysmograph and Abel Screen

- 3.720 It is recommended that a provider employ plethysmography as a means of gaining information regarding the sexual arousal patterns of sex offenders or the Abel screen as a means of gaining information regarding the sexual interest patterns of sex offenders.
- 3.730 In cooperation with the supervising officer, the provider shall employ treatment methods that incorporate the results of polygraph examinations, including specific issue polygraphs, disclosure polygraphs, and maintenance polygraphs. Exceptions to the requirement for use of the polygraph may be made only by the case management team or by a prison treatment provider.
- 3.740 The case management team shall determine the frequency of polygraph examinations, and the results shall be reviewed by the team. The results of such polygraphs shall be used to identify treatment issues and for behavioral monitoring.

5.000 Standards and Guidelines for Management of Sex Offenders on Probation Parole and Community Correction

5.100 Establishment of an Interagency Community Supervision Team

5.120 Each team, at a minimum, should consist of:

The supervising officer
The offender's treatment provider and
The polygraph examiner

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

The team may include individuals who need to be involved at a particular stage of management or treatment (e.g., the victim's therapist or victim advocate). When the sexual offense is incest, the child protection worker is also a team member if the case is still open.

5.160 Team members should communicate frequently enough to manage and treat sexual offenders effectively, with community safety as the highest priority.

5.200 Responsibilities of the Supervising Officer for Team Management

5.210 The supervising officer shall refer sex offenders for evaluation and treatment only to treatment providers who meet the standards. (Section 16-11.7-106 C.R.S.)

5.220 The supervising officer should ensure that sex offenders sign releases for at least the following types of information:

Releases of information to treatment providers, including information from any treatment program in which the offender participated in the Department of Corrections;

Releases of information to case management team members, including collateral information sources, as indicated, such as the child protection agency, the treatment provider, the polygraph examiner, the victim's therapist, and any other professionals involved in treatment and/or supervision of the offender;

Releases of information to the victim's therapist, the guardian ad litem, custodial parent, guardian, caseworker, or other involved professional, as indicated. Such information may be used in the victim's treatment and/or in making decisions regarding reunification of the family or the offender's contact with the victim.

5.230 The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring. Team members should provide input and information to the polygraph examiner regarding examination questions. The

information provided by the team should include date and results of last polygraph examination.

- 5.240 The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.
- 5.250 The supervising officer should require sex offenders to obtain the officer's written permission to change treatment providers.
- 5.260 The supervising officer should ensure maximum behavioral monitoring and supervision for offenders in denial. The officer should use supervision tools that place limitations on offenders' use of free time and mobility and emphasize community safety and containment of offenders.
- 5.270 The supervising officer should require treatment providers to keep monthly written updates on sex offenders' status and progress in treatment.
- 5.280 The supervising officer should discuss with the treatment provider, the victim's therapist, custodial parent or foster parent, and guardian ad litem specific plans for any and all contacts of an offender with a child victim and plans for family reunification.
- 5.290 The supervising officer should develop a supervision plan and contact standards based on a risk assessment of each sex offender, the sex offender's offending cycle, physiological monitoring results, and the offender's progress in treatment
- 5.216 The supervising officer should notify sex offenders that they must register with local law enforcement, in compliance with Section 18-3-412.5 C.R.S.
- 5.222 Supervising officers assessing or supervising sex offenders should 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
 - Physiological procedures

Determining progress
Offender denial
Special populations of sex offenders
Cultural and ethnic awareness

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

5.223 On an annual basis, supervising officers should obtain continuing education/training specific to sex offenders.

5.300 Responsibilities of the Treatment Provider within the Team

- 5.310 A treatment provider shall establish a cooperative professional relationship with the supervising officer of each offender and with other relevant supervising agencies. This includes but may not be limited to:
- A. A provider shall immediately report to the supervising officer all violations of the provider/client contract, including those related to specific conditions of probation, parole, or community corrections;
 - B. A provider shall immediately report to the supervising officer evidence or likelihood of an offender's increased risk of re-offending so that behavioral monitoring activities may be increased;
 - C. A provider shall report to the supervising officer any reduction or duration of contacts or any alteration in treatment modality that constitutes a change in an offender's treatment plan. Any permanent reduction in duration or frequency of contacts or permanent alteration in treatment modality shall be determined on an individual case basis by the provider and the supervising officer
 - D. On a timely basis, and no less than monthly, a provider shall provide to the supervising officer progress reports documenting offenders' attendance, participation in treatment, increase in risk factors, changes in the treatment plan, and treatment progress.
 - E. If a revocation of probation or parole is filed by the supervising officer, a provider shall furnish, when requested by the supervising officer, written information regarding the offender's treatment progress. The information shall include: changes in the treatment plan, dates of attendance, treatment activities, the offender's relative progress and compliance in treatment, and any other material relevant to the court at the hearing. The treatment provider shall be willing to testify in court if necessary.

- F. A provider shall discuss with the supervising officer, the victim's therapist, custodial parent and/or guardian ad litem specific plans for any and all contacts of the offender with the child victim and plans for family reunification.
- G. A provider shall make recommendations to the supervising officer about visitation supervisors for an offender's contact with children, if such contact is allowed.

5.400 Responsibilities of the Polygraph Examiner within the Team

- 5.410 The polygraph examiner shall participate as a member of the post-conviction case management team established for each sex offender
- 5.420 The polygraph examiner shall submit written reports to each member of the community supervision team for each polygraph exam as required in section 6.190. Reports shall be submitted in a timely manner, no longer than two weeks post testing.
- 5.430 Attendance at team meetings shall be on an as-needed basis. At the discretion of the supervising officer, the polygraph examiner may be required to attend only those meeting preceding and /or following an offender's polygraph examination, but the examiner is nonetheless an important member of the team.

5.500 Conditions of Community Supervision

- 5.510 In addition to general conditions imposed on all offenders under community supervision, the supervising agency should impose the following special conditions on sex offenders under community supervision:
 - A. Sex offenders shall 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 supervising officer in consultation with the community supervision team. Sex offenders shall not enter onto the premises, travel past, or loiter near the victim's residence, place of employment, or other places frequented by the victim;
 - B. Sex offenders shall have no contact, nor reside with children under the age of 18, including their own children, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team. The sex offender must report all incidental contact with children to the treatment provider and the supervising officer as required by the team;

- C. Sex offenders who have perpetrated against children shall not date or befriend anyone who has children under the age of 18, unless approved in advance and in writing by the supervising officer in consultation with the community supervision team;
- D. Sex offenders shall not access or loiter near school yards, parks, arcades, playgrounds, amusement parks, or other places used primarily by children unless approved in advance and in writing by the supervising officer in consultation with the community supervision team;
- E. Sex offenders shall not be employed in or participate in any volunteer activity that involves contact with children, except under circumstances approved in advance and in writing by the supervising office in consultation with the community supervision team;
- F. Sex offenders shall not possess any pornographic, sexually oriented or sexually stimulating materials, including visual, auditory, telephonic, or electronic media, computer programs or services. Sex offenders shall not patronize any place where such material or entertainment is available. Sex offenders shall not utilize any sex-related telephone numbers. The community supervision team may grant permission for the use of sexually oriented material for treatment purposes;
- G. Sex offenders shall not consume or possess alcohol;
- H. The residence and living situation of sex offenders must be approved in advance by the supervising officer in consultation with the community supervision team. In determining whether to approve the residence, the supervising officer will consider the level of communication the officer has with others living in the residence, and the extent to which the offender has informed household members or his/her conviction and conditions of probation/parole/community corrections, and the extent to which others living in the residence are supportive of the case management plan;
- I. Sex offenders will be required to undergo blood, saliva, and DNA testing as required by statute;
- J. Other special conditions that restrict sex offenders from high-risk situations and limit access to potential victims may be imposed by the supervising officer in consultation with the community supervision team;
- K. Sex offenders shall sign information releases to allow all professionals involved in assessment, treatment, and behavioral monitoring and

compliance of the sex offender to communicate and share documentation with each other;

- L. Sex offenders shall not hitchhike or pick up hitchhikers;
- M. Sex offenders shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers with out prior approval of the supervising officer.

5.600 Behavioral Monitoring of Sex Offenders in the Community

5.610 The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, to re-victimize, to cause harm, and the limits of sex offenders' self-reports:

- A. Responsibility for the behavioral monitoring activities shall be outlined under explicit agreements established by the supervising officer. Some or all members of the team described in Section 5.000 will share monitoring responsibility. At a minimum, the provider, the supervising officer, and the polygraph examiner shall take an active role in monitoring offenders' behaviors;

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

1. The receipt of third-party reports and observations;
2. The use of disclosure and maintenance polygraphs; measures of arousal or interest including sexual and violent arousal or interest;
3. The use and support of targeted limitations on an offenders' behavior, including those condition set forth in Section 5.500;
4. The verification (by means of observation and/or collateral sources of information in addition to the offender's self report) of the offender's:
 - a) Compliance with sentencing requirements, supervision conditions and treatment directives;
 - b) Cessation of sexually deviant behavior;
 - c) Reduction of behaviors most likely to be related to a sexual re-offense;

- d) Living, work and social environments, to ensure that these environments provide sufficient protection against offenders' potential to re-offend;
 - e) Compliance with specific conditions of the relapse prevention plan;
 - 5. The direct involvement of individuals significant in the offenders' life in monitoring offenders' compliance, when approved by the community supervision team.
- B. Behavioral monitoring should be increased during times of an offender's increased risk to re-offend, including, but not limited to, such circumstances as the following:
 - 1. The offender is experiencing stress or crisis;
 - 2. The offender is in a high-risk environment;
 - 3. The offender will be having visits with victims or potential victims, as recommended by the provider and approved by the supervising officer, victim treatment provider, custodial parent, and/or guardian ad litem;
 - 4. The offender demonstrates a high or increased level of denial.

5.700 Sex Offenders' Contact with Victims and Potential Victims

5.710 For purposes of compliance with this standard, supervising officers and providers shall:

- A. Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making decisions regarding communication, visits, and reunification;
- B. Support the victim's wishes when the victim does not wish to have contact with the offender;
- C. Arrange contact in a manner that places child and/or victim safety first. When assessing safety, both psychological and physical well-being shall be considered;

- D. Ensure consultation with custodial parents or guardians of a child victim and the child's guardian ad litem and treatment provider prior to authorizing contact and that contact is in accordance with court directives:
- E. Before recommending contact with a child victim or any potential victims, assess the offender's readiness and ability to refrain from re-victimizing, i.e. to avoid coercive and grooming statements and behaviors, to respect the child's personal space, and to recognize and respect the child's indication of comfort or discomfort. In addition, the following criteria must be met before visitation can be initiated:
1. Sexually deviant impulses are at a manageable level and the offender can utilize cognitive and behavioral interventions to interrupt deviant fantasies;
 2. The offender is willing to plan for visits, to develop and utilize a safety plan for all visits and to accept supervision during visits;
 3. The offender accepts responsibility for the abuse;
 4. Any significant differences between the offender's statements, the victim's statements and corroborating information about the abuse have been resolved;
 5. The offender has a cognitive understanding of the impact of the abuse on the victim and the family;
 6. The offender is willing to accept limits on visits by family members and the victim and puts the victim's needs first;
 7. The offender has willingly disclosed all relevant information related to risk to all necessary others;
 8. The clarification process is complete;
 9. Both the offender and the potential visitation supervisor have completed training addressing sexual offending and how to participate in visitation safely;

10. The offender and the potential supervisor understand the deviant cycle and accept the possibility of re-offense. The offender should also be able to recognize thinking errors;
11. The offender has completed a non-deceptive sexual history disclosure polygraph and at least one non-deceptive maintenance polygraph. Any exception to the requirement for a non-deceptive sexual history disclosure polygraph must be made by a consensus of the community supervision team;
12. The offender understands and is willing to respect the victim's verbal and non-verbal boundaries and need for privacy;
13. The offender accepts that others will decide about visitation, including the victim, the spouse and the community supervision team.

F. If contact is approved, the treatment provider and the supervising officer shall closely supervise and monitor the process:

1. There must be provisions for the monitoring behavior and reporting rule violations to the supervising officer;
2. Victims' and potential victims' emotional and physical safety shall be assessed on a continuing basis and visits shall be terminated immediately if any aspect of safety is jeopardized;
3. Supervision is critical when any sex offender visits with any child; supervision is especially critical for those whose crimes are known to have been against children, and most of all during visitation with any child previously victimized by the offender. Any behavior indicating risk shall result in visits being terminated immediately;
4. Special consideration should be given when selecting visitation supervisors. The visitation supervisor shall have some relationship with the child, be fully aware of the offense history including patterns associated with grooming, coercion, and sexual behaviors and be capable and

willing to report any infractions and risk behaviors to the community supervision team members. If the supervisor is not known to the child, then the child's current care giver should be available. The potential supervisor must complete training addressing sexual offending and safe and effective visitation supervision.

6.000 Standards for Polygraphy

6.100 Standards of Practice for Sex Offender Clinical Polygraph Examiners

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. The examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All examination written reports must include the following:

- Date of test or evaluation
- Name of person requesting exam]
- Name of examinee
- Location of examinee in the criminal justice system (probation, parole, etc)
- Reason for examination
- Date of last clinical examination
- Examination questions and answers
- Any additional information deemed relevant by the polygraph examiner, eg: examinee's demeanor
- Reasons for inability to complete exam, information from examinee outside the exam, etc.
- Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures the relevant test questions should be limited to no more than four and shall:

Be simple, direct and as short as possible

Not include legal terminology that allows for examinee rationalization and utilization of other defense mechanisms

Not include mental state or motivation terminology

The meaning of each question must be clear and not allow for multiple interpretations

Each question shall contain reference to only one issue under investigation

Never presuppose knowledge on the part of the examiner

Use language easily understood by the examinee and all terms used by the examiner should be fully explained to the examinee

Be easily answered yes or no

Avoid the use of any emotionally laden terminology (such as rape, molest, murder, etc.) and use language that is behaviorally descriptive.

APPENDIX B:
INTERVIEW QUESTIONNAIRES

Supervising Officers -Telephone Survey #1

Name of Supervising Officer: _____

Probation Officer__

Parole Officer__

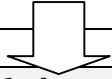
| | |
|--|---|
| Survey #1 <input checked="" type="checkbox"/> Yes | Administer to all supervising officers |
| Survey #2 ___ ___ Yes No | Did you supervise sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? When did you start supervising sex offenders? (enter year ___ ___) |
| <p><i>The supervising officer may have several offenders in the CASE FILE SAMPLE. You need to get the therapist names for all of these offenders.</i></p> <p>FILL IN OFFENDER NAMES IN CASE FILE SAMPLE BEFORE THE INTERVIEW</p> <p>IF THE SUPERVISING OFFICER DOES NOT CURRENTLY SUPERVISE THE OFFENDER IN THE CASE FILE, FIND OUT IF ANOTHER OFFICER DOES OR WHAT HAPPENED TO THE OFFENDER</p> | <p>Do you still supervise (_____) <input type="checkbox"/>=yes,0=no</p> <p>Offender's Name _____</p> <p>If yes, who is their current tx provider _____</p> <p>If no, who does or what happened? _____</p> |
| | <p>Do you still supervise (_____) <input type="checkbox"/>=yes,0=no</p> <p>Offender's Name _____</p> <p>If yes, who is their current tx provider _____</p> <p>If no, who does or what happened? _____</p> |
| | <p>Do you still supervise (_____) <input type="checkbox"/>=yes,0=no</p> <p>Offender's Name _____</p> <p>If yes, who is their current tx provider _____</p> <p>If no, who does or what happened? _____</p> |
| | <p>Do you still supervise (_____) <input type="checkbox"/>=yes,0=no</p> <p>Offender's Name _____</p> <p>If yes, who is their current tx provider _____</p> <p>If no, who does or what happened? _____</p> |

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

| | |
|---|---|
| Check appropriate box for this provider | |
| <input type="checkbox"/> Survey #1 | <i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about 45 minutes."</i> |
| <input type="checkbox"/> Surveys #1, #2 | <i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation The interview should take about an hour."</i> |

**Q5. When did you first receive training on providing supervision to sex offenders?
(insert year) — —**



Confirm that this was before or after the officer began supervising sex offenders by looking at the cover sheet.

- 1 Before officer began supervising sex offenders
- 0 After officer began supervising sex offenders
- 2 Has not yet received any training
- 8 Can't remember. (If officer does not remember just ask if it was before or after supervising sex offenders)



Q6. What type of training did you receive? (code up to 4)

Q7. Do you receive additional training or continuing education specific to sex offenders? (5.223)

- 1 Yes
IF YES, how often: _____
IF YES, what type of training: _____
- 0 No
- 8 Been here less than a year

Q8. Do you feel like you have an adequate amount of training to supervise sex offenders?

- 1 Yes
- 0 No. What would be useful?

(for probation officers)  (for parole officers) 
Q9. Do you attend SOS(Sex Offender Supervision) or RAM(Risk Assessment Management) Meetings?

- 1 Yes. How often _____
- 0 No
IF NO, do you attend an alternative to an SOS or RAM meeting?
 - 1 Yes. What? _____
 - 0 No. Would you like to attend something like this?

Q10. Have you ever attended the monthly SOMB meetings?

- 1 Yes, how many times? _____
- 0 No

Q11. Have you ever served on any of the SOMB sub-committees?

- 1 Yes, which? _____
- 0 No

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S TREATMENT PROVIDER"

Q12. In general, how often do you talk to the treatment provider about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____
_____)
- 8 Other: _____
- 9 Other: _____

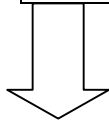
Q13. Do you receive WRITTEN progress reports from treatment providers for sex offenders on your caseload? DO NOT READ

- 0 No
- 4 Get updates through telephone calls. How often? _____
- 3 Sometimes, depends on provider. How often? _____
- 2 Sometimes. How often? _____
- 1 Yes. How often? _____

IF THEY RECEIVE PROGRESS REPORTS ASK Q14 AND COMPLETE THE TABLE BELOW:



Q14. What types of information do you typically receive about the offender in progress reports? DO NOT READ (Probe "anything else")



If the respondent indicates that s/he receives a "generic check list" or "gets updates," find out what is typically included:

(enter a 1 if mentioned)

| | | | |
|--|---|--|--|
| | Treatment ATTENDANCE | | General: How they've been doing |
| | Treatment PARTICIPATION | | SEX HISTORY Information |
| | Treatment PROGRESS | | Other (describe) |
| | Treatment PLAN UPDATES | | |
| | Treatment COMPLIANCE | | |
| | Treatment LEVEL CHANGES | | |
| | Increased/Decreased RISK | | |
| | New/Updated EVALUATIONS (psychosexual and risk) | | |
| | VIOLATIONS | | |
| | Following RULES /or not | | |
| | POLYGRAPH results | | |
| | POLY OR PLETHYS scheduled | | |
| | Other TEST RESULTS | | |

See S & G 5.310 for circumstances where provider should contact the supervising officer

Q15. Other than progress reports under what circumstances does a treatment provider contact you about an offender?

DO NOT READ (probe--anything else?)

| | |
|---|--|
| Place a "1" here if mentioned; OTHERWISE, LEAVE BLANK | |
| | Offender violates provider/client contract, including specific conditions of probation, parole or community corrections |
| | Evidence or likelihood of an offender's increased risk of re-offending |
| | When there is a reduction in frequency or duration of contacts |
| | When there is a change in treatment modality/treatment plan |
| | When offender is not complying with treatment |
| | To discuss/inform about employment issues |
| | To discuss/inform about housing issues |
| | To discuss payment for services |
| | To discuss/inform about offender's progress in treatment |
| | Offender could be danger to self or others |
| | To discuss/inform about new disclosures of victims |
| | To discuss inform/ about new disclosures of behaviors |
| | To provide information REQUESTED BY the supervising officer |
| | When arranging contacts between the offender and a child victim |
| | When there are plans for family reunification |
| | To discuss visitation supervisors for an offender's contact with children |
| | To discuss the results of polygraphs. |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |
| | Other, describe |

Q16. For what reasons DO YOU usually contact a treatment provider?

(See section 5.200 for Supervising officer responsibilities)

DO NOT READ (prompt--anything else?)

| | |
|--|---|
| | To refer an offender for evaluation/treatment |
| | To discuss/inform about results of polygraphs |
| | To discuss/inform about behavioral monitoring |
| | To arrange team conferences/staffings |
| | To obtain copies of the treatment plan/monthly reports or other information |
| | To obtain a risk assessment or information about offender risk |
| | To get updates about the offender |
| | To discuss plans for contacts with children |
| | To discuss family reunification |
| | To report about contact with victim |
| | To report contacts with potential victims |
| | To discuss specific incidents |
| | To discuss disclosures |
| | To discuss offender leaving the state or traveling |
| | To talk before the polygraph |
| | To request than an offender be terminated from treatment (if this is noted ask why that would occur) |
| | If the offender were to be violated or revoked |
| | General: Get information/check in |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |

Q17. Do you think that you have an adequate amount of contact with the treatment provider?

- 1 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

**"THE NEXT SECTION IS ABOUT HOW POLYGRAPH EXAMINERS
FIT INTO YOUR WORK SUPERVISING SEX OFFENDERS"**

Q18. Do you receive copies of the polygraph report from the polygraph examiner?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q19. How do you use the results of the polygraph?

Q20. Do you have input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?)

2 Sometimes (Is this useful, why?) _____

0 Never or seldom (Is there a reason?) _____

Q21. Do you talk to polygraph examiners about offenders on your caseload?

- 1 Yes (probe: under what circumstances/when does this happen, etc?)

2 Sometimes (probe: under what circumstances/when does this happen, etc?) _____

0 No (probe about possible reasons:) _____

Q22. Do you think the polygraph is useful or detrimental, or some of both in supervising and monitoring sex offenders?

1 The polygraph is useful

If the respondent thinks the polygraph is useful, find out why? If response is something like "can better manage" try to get more specific information. (DO NOT READ, insert a 1 for all positive responses, leave the remaining blank)

| | |
|--|---|
| | To determine compliance |
| | To get sex history/learn more about disclosures/victims |
| | To gain insight about the offender |
| | To address denial |
| | To address specific situations (e.g., high risk, suspicions) |
| | To learn more about offender's risk of re-offending |
| | To keep them "honest"/promotes honesty |
| | Other: |
| | |
| | |
| | |
| | |
| | |
| | |

0 Respondent thinks polygraph is detrimental. (*Probe, why?*)

**"NOW I'D LIKE TO ASK A FEW QUESTIONS ABOUT
CONSEQUENCES AND SANCTIONS USED WITH AN
OFFENDER"**

Q23. Do you sanction or impose consequences when an offender has deceptive polygraph results?

- 1 Yes
- 0 Depends or sometimes (*probe for reasons:*)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for deceptive polygraphs?

- 0 No

Q24. Do you sanction or impose consequences when an offender has inconclusive polygraph results?

- 1 Yes
- 1 Depends or sometimes (*probe for reasons:*)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for inconclusive polygraphs?

- 0 No

Q25. In what *other* types of situations do you sanction or impose consequences on an offender?

| <i>List the situations</i> | <i>What types of sanctions/consequences are imposed for this situation?</i> |
|----------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |

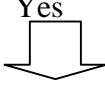
"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

Q26. Typically, who is included as part of the supervision and treatment team for the sex offenders you manage? *DO NOT READ RESPONSES, BUT Probe: Is anyone else TYPICALLY included?*

(insert a 1 for all mentioned)

| | |
|--|---------------------------|
| | Therapist |
| | Polygraph Examiner |
| | Victim Advocate/Therapist |
| | Other: |
| | Other: |
| | Other: |

Q27. Typically, do ALL the team members meet as a group to discuss specific cases?

1 Yes


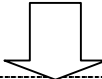
Do you meet over the phone or in person?

1 Phone
2 In Person
3 Both

How often do you typically meet as a team on offenders?

Do you think team meetings occur often enough?

1 Yes
0 No
IF NO, what would be more helpful?

2 SOME of the team members meet.


Which team members typically meet?

Why do some team members meet and not others?

Do you meet over the phone or in person?

1 Phone
2 In Person
3 Both

How often do these team members meet to discuss offenders?

Do you think team meetings occur often enough?

1 Yes
0 No. What would be more useful?

0 NO, typically team members do not meet.



Why is that?

**IF NO, do you and team members have other ways to share information?
What?**

Q28. Are there certain DECISIONS about an offender that are always or almost always made by the entire team, that is (list all the people the respondent has mentioned in Q23)

1 Yes

2 Sometimes



IF YES OR SOMETIMES, what types of decisions are team decisions?

__Contact with children (Check if they mention contact with children)

0 No

IF NO



Typically, which decisions are NOT made by the entire team?

| Insert 1 | Decision | Who makes the decision |
|-------------|------------------------------|------------------------|
| | Contact with children | |
| | | |
| | | |
| | | |
| | | |

IF THE RESPONDENT HAS NOT ALREADY ADDRESSED DECISION MAKING PROCESS REGARDING CONTACT WITH CHILDREN, ASK Q26. OTHERWISE MOVE TO Q27.

Q29. Who makes the decision about contact with children (as an exception to the conditions of supervision)?


(If respondent indicates that the team makes this decision, and the Polygraph examiner is a member of the team, verify that the PE is included in the decision about contact with children.)

Q30. If a child victim has an advocate or a therapist, is this person involved in decisions to allow offender contact with the victim?

- 0 No
1 Yes, how?

- 2 Most children do not have an advocate or therapist

Q31. Are any of the offenders you currently supervise permitted contact with children?

- 0 No, PROCEED TO Q29.
1 Yes  continue with the questions on this page

How many offenders of the offenders that you currently supervise are permitted contact with children? __ __

Are restrictions associated with this contact?

- 0 No
1 Yes

IF YES, what are these restrictions?

What types of contact with children are permitted?

How was the decision made or for what reasons were these offenders permitted contact with children?

Are there additional provisions to the treatment/supervision of the offender that address monitoring the offender's contact with children? What are they?

Do offenders who are permitted contact with children meet the SOMB criteria for contact with children?

Note: The researcher should be thoroughly familiar with this section of the Standards and Guidelines.

1 Yes

IF YES, is this typically documented in the file?

0 No (*note any comments the respondent may have, e.g., we discuss over the phone, but no formal documentation*)_____

1 Yes. How?

0 No

Of the offenders currently on your caseload who have contact with children, are any of these children known victims of the offender?

3/7/0212/2/040 No

8 Don't Know

1 Yes

IF YES, do these victims want contact with the offender?

1 Yes

2 Some do, some don't

0 No

"I HAVE A FEW MORE QUESTIONS ABOUT THE TEAM"

Q32. Do the sex offender teams you work with experience conflict?

- 0 No
- 1 Yes. What causes conflict?

- 2 Some do, some don't. What causes conflict?

IF YES OR SOME, have you developed successful ways to resolve conflict?

- 2 No
- 3 Yes. What are they? What would be useful to others in the same situation?

Q33. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q34. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q35. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

- 0 No
- 1 Yes. What are they?

Q36. Have you found ways to overcome these problems and barriers?

- 0 No. What has gotten in the way of trying to overcome these problems?

- 1 Yes. What were they?

Q37. Which standards, if any, should be reconsidered? Why?

Q38. Do you think there are important issues that are not covered or are not adequately covered by the standards?

- 0 No
- 1 Yes. Which issues?

Q39. Do you think that the Standards and Guidelines are useful?

- 0 No. Why not?

- 1 Yes. Why?

Q40. Do you feel as if you have had input into the process of developing the standards?

0 No. Is there a particular reason why you feel you have not had input?

1 Yes. How have you had input?

Q41. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

0 No

1 Yes. What are they?

Treatment Provider -Telephone Survey #1

Name of Provider:

| | |
|---|--|
| Survey #1 <input checked="" type="checkbox"/> Yes | Administer to all providers |
| Survey #2 <input type="checkbox"/> Yes <input type="checkbox"/> No Qsurvey2. | Did you treat sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? How long have you been treating sex offenders? (Interviewer, please code in months (_ _ _) Qtime. |

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

| Check appropriate box for this provider | |
|---|--|
| <input type="checkbox"/> Survey #1 | <i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about ..."</i> |
| <input type="checkbox"/> Surveys #1, #2 | <i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation The interview should take about ..."</i> |

"FIRST I'D LIKE TO ASK YOU A COUPLE OF GENERAL QUESTIONS"

Q1YRS.Q1MOS.
How long have you been working with sex offenders? (years __ __, months __)

Q2COYRS, Q2COMOS. QHow long have you been working with sex offenders in Colorado?(years __ __, months __ __)

Q3. Have you ever worked as a victim therapist?

- 1 Yes
- 0 No

Q4. How many sex offenders do you currently treat? __ __

Q5. Do you currently supervise other providers?

- 1 Yes
 If Yes, how many?__ __ (Q5A)
- 0 No

Q6. Typically, how many therapists in the groups you run?__ __

Q7. Do you work with offenders in rural areas, urban areas or both?

- 1 Rural
- 2 Urban
- 3 Both

Q8. What proportion of your current adult clients are first time offenders?__ __ %
(insert 888 for dk)

Q9. Do you graduate offenders from your programs?

- 0 No
- 1 Yes
 How do you determine when they are ready to graduate?

(Q9A TO Q9E)

Q10. Do you work with offender family members?

- 0 No
- 1 Yes (circle all that apply)
 Who are they?
 - 1 Spouses male (Q10A)
 - 2 Spouses female (Q10B)
 - 3 Male Children (Q10C)
 - 4 Female Children (Q10D)
 - 5 Other Adult relatives:(who)_____ (Q10E)
 - 6 Other Child relatives: who)_____ (Q10F)
 - 7 Other:_____ (Q10G)

Q11A-Q11D. What would help your clients remain offense free while they are in the community?

Q12A-Q12D. What is the hardest part of the work you do?

"Now I'd like to ask a few questions about treatment plans for sex offenders"

Q13. Are treatment plans individually developed for each sex offender you treat or do they typically contain standard language that is applied to all sex offenders?

- 0 Typically do not do treatment plans
- 1 Individualized
- 2 Standard Language
- 3 Both

When developing treatment plans for sex offenders do you address:

| | 1=Yes 0=No | If YES, how is it addressed? |
|--|---------------|------------------------------|
| Q14.1A Contact with Children | | Q14.2A |
| Q14.1B Victim Input | | Q14.2B |
| Q14.1C Impact of the offense on the victim | | Q14.2C |
| Q14.1D Relapse prevention | | Q14.2D |
| Q14.1E | | Q14.2E |
| Q14.1F | | Q14.2F |
| Q14.1G | | Q14.2G |

Q15. Do you update the treatment plan in writing?

- 0 No
- 1 Yes

If yes, how often: _____ (Q15A)

Q15B. 1-Q15B.6 IF YES, do you provide other members of the treatment supervision team with treatment plan updates? (Do not read but circle all that apply)

- 1 Yes, supervising officer only
- 2 Yes, the PE only
- 3 Yes, supervising officer and PE
- 4 Other: _____
- 5 Other: _____
- 0 No

Q15C. If 1, 2 or 3, How do you provide these updates?

- 1 Usually by phone
- 2 Usually in writing (includes emails)

3 Sometimes the phone, sometimes in writing

- 4 Other: _____

"Now, I have some questions about how information is exchanged among members of the supervision and treatment team"

Q16. Generally, do you work only with probation officers, only with parole officers or is there a mix?

- 1 Work only probation officers
- 2 Work only with parole officers
- 3 Work with both
- 8 Don't know

Note: The answer to this question determines which of the following questions you ask.

Q17. IF TREATMENT PROVIDER WORKS WITH PROBATION OFFICERS, how many probation officers do you work with on your current caseload of sex offenders? _____

Q18. IF TREATMENT PROVIDER WORKS WITH PAROLE OFFICERS, how many parole officers do you work with on your current caseload of sex offenders? _____

DEPENDING ON WHETHER THE TREATMENT PROVIDER WORKS WITH PROBATION/PAROLE OR BOTH, ASK ONE OR BOTH SETS OF QUESTIONS BELOW

NOTE: If provider works with both, let them know you will be asking the next set of questions separately about the probation officers and parole officers they work with.

Q19. Do the PROBATION officers you work with typically send you PSIRs for sex offenders they supervise?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q19A. If never or very seldom, do you request a copy of the PSIR?

- 1 Yes
- 0 No

Q19B. Do you receive copies of the PSIR after you make the request?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q20. Do the PAROLE officers you work with typically send you PSIRs for sex offenders they supervise?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q20A. *If never or very seldom, do you request a copy of the PSIR?*

- 1 Yes
- 0 No

Q20B. Do you receive copies of the PSIR after you make the request?

- 1 Yes, always or almost always
- 2 Yes, at least half the time but not always
- 3 Yes, but less than half the time
- 0 Never or very seldom

Q21. Do the PROBATION officers send you other information about the sex offender?

- 1 Yes
If yes, what types of information do you usually receive?(Q21A-F)
 - 1 Police Report
 - 2 Confidentiality Agreement
 - 3 Copy of the supervision plan
 - 4 Notification of a change in supervising officers
 - 5 Other: _____
 - 6 Other: _____

- 0 Never or very seldom

If Never or very seldom, what else would be useful? (Q21G-I)

- 2 I don't need anything else

Q22. Do the PAROLE officers send you other information about the sex offender?

- 1 Yes
If yes, what types of information do you usually receive? (Q22A-F)
 - 1 Police Report
 - 2 Confidentiality Agreement
 - 3 Copy of the supervision plan
 - 4 Notification of a change in supervising officers
 - 5 Other: _____
 - 6 Other: _____

- 0 Never or very seldom

If Never or very seldom, what else would be useful? (Q22G-I)

- 2 I don't need anything else

Typically, how often do you talk to the (PROBATION/PAROLE) officer(s) about a specific offender?

| Q23A. Typically talk to PROBATION officers | Q23B. Typically talk to PAROLE officers |
|---|---|
| 1 Between daily and weekly 2 More than monthly but less than weekly (e.g., 2-3 times a month) 3 Monthly 4 Ever couple of months 5 Never 6 For specific situations (<i>depends on offender, when offender is "high risk", as needed, for deception</i>) 7 Varies (probe for more information, e.g., when do you and when do you not talk to probation officers)_____ | 1 Between daily and weekly 2 More than monthly but less than weekly (e.g., 2-3 times a month) 3 Monthly 4 Ever couple of months 5 Never 6 For specific situations (<i>depends on offender, when offender is "high risk", as needed, for deception</i>) 7 Varies (probe for more information, e.g., when do you and when do you not talk to probation officers)_____ |
| 8 Other: _____ | 8 Other: _____ |

Do you make a note in the file when you contact PROBATION/PAROLE officer(s)?

| Q24A. For PROBATION | Q24B. For PAROLE |
|------------------------------------|------------------------------------|
| 1 Always 2 Sometimes 0 Never | 1 Always 2 Sometimes 0 Never |

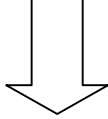
Do you provide PROBATION/PAROLE officer(s) with WRITTEN progress reports regarding offenders on your caseload?

| Q25A. For PROBATION | | Q25B. For PAROLE | |
|----------------------------|--|-------------------------|--|
| 0 | No | 0 | No |
| 4 | Provide updates through phone calls. How often? | 4 | Provide updates through phone calls. How often? |
| 3 | Sometimes, depends on officer. How often? | 3 | Sometimes, depends on officer. How often? |
| 2 | Sometimes. How Often? | 2 | Sometimes. How Often? |
| 1 | Yes. How Often? | 1 | Yes. How Often? |

IF THEY RECEIVE PROGRESS REPORTS ASK Q__ AND COMPLETE THE TABLE BELOW, AND ASK IF THIS APPLIES TO PROBATION, PAROLE OR BOTH, AS APPROPRIATE.



What types of information do you typically provide about the offender in progress reports? DO NOT READ (Probe "anything else")



If the respondent indicates that s/he provides a "generic check list" or "updates," find out what is typically included. If the respondent works with both parole and probation officers, you may need to probe only once to see if they simply provide the same types of reports to both.

(enter a 1 if mentioned)

| PROBATION | PAROLE | |
|------------------|---------------|---|
| Q26A.1 | Q26B.1 | Treatment ATTENDANCE |
| Q26A.2 | Q26B.2 | Treatment PARTICIPATION |
| Q26A.3 | Q26A.3 | Treatment PROGRESS |
| Q26A.4 | Q26B.4 | Treatment PLAN UPDATES |
| Q26A.5 | Q26B.5 | Treatment COMPLIANCE |
| Q26A.6 | Q26B.6 | Treatment LEVEL CHANGES |
| Q26A.7 | Q26B.7 | Increased/Decreased RISK |
| Q26A.8 | Q26B.8 | New/Updated EVALUATIONS (psychosexual and risk) |
| Q26A.9 | Q26B.9 | VIOLATIONS |
| Q26A.10 | Q26B.10 | Following RULES /or not |
| Q26A.11 | Q26B.11 | POLYGRAPH results |
| Q26A.12 | Q26B.12 | POLY OR PLETHYS scheduled |
| Q26A.13 | Q26B.13 | Other TEST RESULTS |
| Q26A.14 | Q26B.14 | General: How they've been doing |
| Q26A.15 | Q26B.15 | SEX HISTORY Information |
| Q26A.16 | Q26B.16 | Other (describe) |
| Q26A.17 | Q26B.17 | |
| Q26A.18 | Q26B.18 | |

See S & G 5.310 for circumstances where provider should contact the supervising officer

Other than progress reports under what circumstances do you contact a PROBATION and PAROLE officers about an offender on your caseload?

DO NOT READ (probe--anything else? You will need to probe to determine whether the response applies to probation, parole or both, as appropriate) Place a "1" in boxes to the left if mentioned; OTHERWISE, LEAVE BLANK

| PROBATIONON | PAROLE | |
|-------------|---------|--|
| Q27.1 | Q26B.1 | Offender violates provider/client contract, including specific conditions of probation, parole or community corrections |
| Q27A.2 | Q26B.2 | Evidence or likelihood of an offender's increased risk of re-offending |
| Q27A.3 | Q26A.3 | When there is a reduction in frequency or duration of contacts |
| Q27A.4 | Q27B.4 | When there is a change in treatment modality/treatment plan |
| Q27A.5 | Q27B.5 | When offender is not complying with treatment |
| Q27A.6 | Q27B.6 | To discuss/inform about employment issues |
| Q27A.7 | Q27B.7 | To discuss/inform about housing issues |
| Q27A.8 | Q27B.8 | To discuss payment for services |
| Q27A.9 | Q27B.9 | To discuss/inform about offender's progress in treatment |
| Q27A.10 | Q27B.10 | Offender could be danger to self or others |
| Q27A.11 | Q27B.11 | To discuss/inform about new disclosures of victims |
| Q27A.12 | Q27B.12 | To discuss inform/ about new disclosures of behaviors |
| Q27A.13 | Q27B.13 | To provide information REQUESTED BY the supervising officer |
| Q27A.14 | Q27B.14 | When arranging contacts between the offender and a child victim |
| Q27A.15 | Q27B.15 | When there are plans for family reunification |
| Q27A.16 | Q27B.16 | To discuss visitation supervisors for an offender's contact with children |
| Q27A.17 | Q27B.17 | To discuss the results of polygraphs. |
| Q27A.18 | Q27B.18 | Other, describe: |
| Q27A.19 | Q27B.19 | Other, describe: |
| Q27A.20 | Q27B.20 | Other, describe: |
| Q27A.21 | Q27B.21 | Other, describe: |
| Q27A.22 | Q28B.22 | Other, describe |

See section 5.200 for Supervising officer responsibilities

Under what circumstances does the PROBATION OFFICER contact (including emails, faxes, etc.) you ?

DO NOT READ (prompt--anything else?)

| | | |
|--|--|---|
| Insert a "1" if probation officer contacts the tx provider in this situation. If "1" Ask question in second column. | What percent of the probation officers that you currently work with contact you in this situation (enter actual percentage, e.g, 30%, 10%)? | |
| Q28A | Q28A.1 | To refer an offender for evaluation/treatment |
| Q28B | Q28B.1 | To discuss/inform about results of polygraphs |
| Q28C | Q28C.1 | To discuss/inform about behavioral monitoring |
| Q28D | Q28D.1 | To arrange team conferences/staffings |
| Q28E | Q28E.1 | To obtain copies of the treatment plan/monthly reports or other information |
| Q28F | Q28F.1 | To obtain a risk assessment or information about offender risk |
| Q28G | Q28G.1 | To get updates about the offender |
| Q28H | Q28H.1 | To discuss plans for contacts with children |
| Q28I | Q28I.1 | To discuss family reunification |
| Q28J | Q28J.1 | To report about contact with victim |
| Q28K | Q28K.1 | To report contacts with potential victims |
| Q28L | Q28L.1 | To discuss specific incidents |
| Q28M | Q28M.1 | To discuss disclosures |
| Q28N | Q28N.1 | To discuss offender leaving the state or traveling |
| Q28O | Q28O.1 | To talk before the polygraph |
| Q28P | Q28P.1 | To request than an offender be terminated from treatment (if this is noted ask why that would occur) |
| Q28Q | Q28Q.1 | If the offender were to be violated or revoked |
| Q28R | Q28R.1 | General: Get information/check in |
| Q28S | Q28S.1 | Other, describe: |
| Q28T | Q28T.1 | Other, describe: |
| Q28U | Q28U.1 | Other, describe: |
| Q28V | Q28V.1 | Other, describe: |
| Q28W | Q28W.1 | Other, describe: |

Under what circumstances does the PAROLE OFFICER contact (including emails, faxes, etc.) you ?

DO NOT READ (prompt--anything else?)

| | | |
|--|---|---|
| Insert a "1" if probation officer contacts the tx provider in this situation. If "1" Ask question in second column. | What percent of the probation officers that you currently work with contact you in this situation (enter actual percentage, e.g., 30%, 10%)? | |
| Q29A | Q29A.1 | To refer an offender for evaluation/treatment |
| Q29B | Q29B.1 | To discuss/inform about results of polygraphs |
| Q29C | Q29C.1 | To discuss/inform about behavioral monitoring |
| Q29D | Q29D.1 | To arrange team conferences/staffings |
| Q29E | Q29E.1 | To obtain copies of the treatment plan/monthly reports or other information |
| Q29F | Q29F.1 | To obtain a risk assessment or information about offender risk |
| Q29G | Q29G.1 | To get updates about the offender |
| Q29H | Q29H.1 | To discuss plans for contacts with children |
| Q29I | Q29I.1 | To discuss family reunification |
| Q29J | Q29J.1 | To report about contact with victim |
| Q29K | Q29K.1 | To report contacts with potential victims |
| Q29L | Q29L.1 | To discuss specific incidents |
| Q29M | Q29M.1 | To discuss disclosures |
| Q2N | Q29N.1 | To discuss offender leaving the state or traveling |
| Q29O | Q29O.1 | To talk before the polygraph |
| Q29P | Q29P.1 | To request that an offender be terminated from treatment (if this is noted ask why that would occur) |
| Q29Q | Q29Q.1 | If the offender were to be violated or revoked |
| Q29R | Q29R.1 | General: Get information/check in |
| Q29S | Q29S.1 | Other, describe: |
| Q29T | Q29T.1 | Other, describe: |
| Q29U | Q29U.1 | Other, describe: |
| Q29V | Q29V.1 | Other, describe: |
| Q29W | Q29W.1 | Other, describe: |

| | |
|--|---|
| Do you think that you have an adequate amount of contact with PROBATION/PAROLE officer(s) regarding sex offenders on your caseload? | |
| Q30A. CONTACT WITH PROBATION | Q30B. CONTACT WITH PAROLE |
| 1 Yes 2 Somewhat 0 No If no or somewhat, what would be better? | 1 Yes 2 Somewhat 0 No If no or somewhat, what would be better? |

Do you and the probation officer discuss sanctions and decide together what sanctions to invoke for treatment or supervision non-compliance?

| | |
|------------------------|---------------------|
| Q31A. PROBATION | Q31B. PAROLE |
| 1 Yes 0 No | 1 Yes 0 No |

"THIS NEXT SECTION IS ABOUT HOW POLYGRAPH EXAMINERS FIT INTO YOUR WORK REGARDING SEX OFFENDERS"

Q32. How many polygraph examiners do you work with on your current caseload of sex offenders? __ __

Q33. Do you receive copies of the polygraph reports from the polygraph examiner?

1 Yes, always or almost always
2 Yes, more than half the time but not always
3 Yes, less than half the time
0 Never or seldom

Q34A-C. How do you use the results of the polygraph?

Q35. How often do you talk to polygraph examiners about offenders on your caseload?

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Less than monthly
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to polygraph examiners): _____
- 8 Don't Know

Q36. Do you have input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) (Q36A.1-3)
- 2 Sometimes (Is this useful, why?) (Q36B.1-3)
- 0 Never or seldom (Is there a reason?) (Q36C.1-3)

Q37. Do you talk to polygraph examiners about offenders on your caseload?

- 1 **Yes** (probe: under what circumstances/when does this happen, etc?) (Q37A1-3)
- 3 Sometimes (probe: under what circumstances/when does this happen, etc?) (Q37B1-3)
- 0 No (probe about possible reasons:) (Q37C1-3)

Q38. Do you think the polygraph is useful or detrimental, or some of both in supervising and monitoring sex offenders?

- 1 The polygraph is useful

If the respondent thinks the polygraph is useful, find out why? If response is something like "can better manage" try to get more specific information. (DO NOT READ, insert a 1 for all positive responses, leave the remaining blank)

| | |
|--|---|
| | To determine compliance (Q38A) |
| | To get sex history/learn more about disclosures/victims (Q38B) |
| | To gain insight about the offender (Q38C) |

| | |
|--|--|
| | To address denial (Q38D) |
| | To address specific situations (e.g., high risk, suspicions) (Q38E) |
| | To learn more about offender's risk of re-offending (Q38F) |
| | To keep them "honest"/promotes honesty (Q38G) |
| | Other: |
| | (Q38H) |
| | (Q38I) |
| | (Q38J) |
| | (Q38K) |

0 Respondent thinks polygraph is detrimental. (*Probe, why?*)

Q39A-C. How did you select the polygraph examiner?

Q40. Do you work with the offender to prepare him/her for the polygraph exam?

0 No

1 Yes

If Yes, how? (Q40A-C)

Q41. Are you satisfied with the polygraph services that are available to you?

1 Yes

0 No

If No, why? (Q41A-C)

"NOW I'D LIKE TO ASK A FEW QUESTIONS ABOUT CONSEQUENCES AND SANCTIONS USED WITH AN OFFENDER"

Q42. Do you sanction or impose consequences when an offender has deceptive polygraph results?

1 Yes

4 Depends or sometimes (*probe for reasons:*) (Q42A.1-3)

IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for deceptive polygraphs? (Q42B.1-3)

0 No

Q43. Do you sanction or impose consequences when an offender has inconclusive polygraph results?

- 1 Yes
- 2 Depends or sometimes (*probe for reasons:*) (Q43A.1-3)



IF YES OR DEPENDS/SOMETIMES, what types of sanctions or consequences do you impose for inconclusive polygraphs? (Q43B.1-3)

- 0 No

In what other types of situations do you sanction or impose consequences on an offender?

| <i>List the situations</i> | <i>What types of sanctions/consequences are imposed for this situation?</i> |
|----------------------------|---|
| Q44A.1 TO Q44A.5 | Q44B.1 TO Q44B.5 |
| | |
| | |
| | |


"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

Typically, who is included as part of the supervision and treatment team for the sex offenders you manage? *DO NOT READ RESPONSES, BUT Probe: Is anyone else TYPICALLY included?*

(insert a 1 for all mentioned)

| | |
|--|----------------------------------|
| | Supervising Officer (Q45A) |
| | Polygraph Examiner (Q45B) |
| | Victim Advocate/Therapist (Q45C) |
| | Other: (Q45D) |
| | Other: (Q45E) |
| | Other: (Q45F) |

Q46. Typically, do ALL the team members meet as a group to discuss specific cases?

1 Yes 

Q46A. Do you meet over the phone or in person?

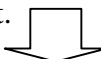
- 1 Phone
- 2 In Person
- 3 Both

Q46B. How often do you typically meet as a team on offenders?

Q46C. Do you think team meetings occur often enough?

- 1 Yes
- 0 No

Q46D.1-3. IF NO, what would be more helpful?

2 **SOME** of the team members meet. 

Q46E. Which team members typically meet?

Q46F.1-3 Why do some team members meet and not others?

Q46G. Do you meet over the phone or in person?

- 1 Phone
- 2 In Person
- 3 Both

Q46H. How often do these team members meet to discuss offenders?

Q46I. Do you think team meetings occur often enough?

- 1 Yes
- 0 **Q46J.1-3** No. What would be more useful?

0 NO, typically team members do not meet.



Q46K.1-3. Why is that?

Q46L.1-3. IF NO, do you and team members have other ways to share information? What?

Q47. Are certain DECISIONS about an offender always or almost always made by the entire team, that is (list all the people the respondent has mentioned in Q23)

1 Yes

2 Sometimes



IF YES OR SOMETIMES, what types of decisions are team decisions?

Q47A. __Contact with children (*Check if they mention contact with children*)

Q47B. _____

Q47C. _____

Q47D. _____

0 No

IF NO



Typically, which decisions are NOT made by the entire team?

| Insert 1 | Decision | Who makes the decision |
|----------|----------------------------|------------------------|
| | Contact with children Q47E | Q47E.1 |
| | Q47F | Q47F.1 |
| | Q47G | Q47G.1 |
| | Q47H | Q47H.1 |
| | Q47I | Q47I.1 |

IF THE RESPONDENT HAS NOT ALREADY ADDRESSED DECISION MAKING PROCESS REGARDING CONTACT WITH CHILDREN, ASK Q48. OTHERWISE MOVE TO Q49.

Q48. Who makes the decision about contact with children (as an exception to the conditions of supervision)?


(If respondent indicates that the team makes this decision, and the Polygraph examiner is a member of the team, verify that the PE is included in the decision about contact with children.)

Q49. If a child victim has an advocate or a therapist, is this person involved in decisions to allow offender contact with the victim?

- 0 No
- 1 Yes, how? (Q49A-C)

- 2 Most children do not have an advocate or therapist

Q50. Are any of the offenders you currently supervise permitted contact with children?

- 0 No, **PROCEED TO Q51**
- 1 Yes  continue with the questions on this page

Q50A. How many offenders of the offenders that you currently supervise are permitted contact with children? __ __

Q50B. Are restrictions associated with this contact?

- 0 No
- 1 Yes
- 2 Sometimes

Q50C1-3. IF YES or SOMTIMES, what are these restrictions associated with contact with children?

Q50D.1-3. For offenders you supervise who have contact with children, what types of are permitted?

Q50E.1-3 How was the decision made or for what reasons were these offenders permitted contact with children?

Q50F.1-3 Are there additional provisions to the treatment/supervision of the offenders who have contact with children that address monitoring this contact? (probe what are they?)

Q50G. Do offenders who are permitted contact with children meet the SOMB criteria for contact with children?

Note: The researcher should be thoroughly familiar with this section of the Standards and Guidelines.

1 Yes

Q50G.1 IF YES, is this typically documented in the file?

0 No (note any comments the respondent may have, e.g., we discuss over the phone, but no formal documentation)
(Q50G.1a-c)

1 Yes. How? (Q50H.1a-c)

1 No

Q50I. Of the offenders currently on your caseload who have contact with children, are any of these children known victims of the offender?

0 No

9 Don't Know

1 Yes

Q50J. IF YES, do these victims want contact with the offender?

1 Yes

2 Some do, some don't

0 No

"I HAVE A FEW MORE QUESTIONS ABOUT THE TEAM"

Q51. Do the sex offender teams you work with experience conflict?

0 No

1 Yes. What causes conflict? (Q51A.1-3)

2 Some do, some don't. What causes conflict? (Q51B.1-3)

Q51C. IF YES OR SOME, have you developed successful ways to resolve conflict?

5 No

6 Yes. What are they? What would be useful to others in the same situation? (Q51C.1-3)

Q52. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q53. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q54. Have you ever been to a SOMB monthly meeting?

1 **If Yes, how many? __ __ (Q54A)**

0 No

Q55. Have you ever been on a SOMB subcommittee?

1 **If Yes, how many? _____ (Q55A)**

Which ones?

0 _____ **(Q55B-D)**

Q56. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

2 No

3 Yes. What are they? **(Q56A-C)**

Q57. Have you found ways to overcome these problems and barriers?

0 No.

What has gotten in the way of trying to overcome these problems? **(Q57A.1-3)**

1 Yes. What were they? **(Q57B.1-3)**

Q58A-C. Which standards, if any, should be reconsidered? Why?

Q59 Do you think there are important issues that are not covered or are not adequately covered by the standards?

0 No

1 Yes. Which issues? **(Q59A-C)**

Q60. Do you think that the Standards and Guidelines are useful?

1 No. Why not? Q60A.1-3

1 Yes. Why? Q60B.1-3

Q61. Do you feel as if you have had input into the process of developing the standards?

2 No. Is there a particular reason why you feel you have not had input? (Q61A.1-3)

3 Yes. How have you had input? (Q61B.1-3)

Q62. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

2 No

3 Yes. What are they? Q62A.1-3

Polygraph Examiner -Telephone Survey #1

Name of Polygraph Examiner:

| | |
|---|---|
| Survey #1 <input checked="" type="checkbox"/> Yes | Administer to all polygraph examiners |
| Survey #2 <input type="checkbox"/> Yes <input type="checkbox"/> No Qsurvey2. | Did you polygraph sex offenders in Colorado Communities before the development of the Standards and Guidelines (before 1996)? How long have you been polygraphing sex offenders? (Interviewer, please code in months (____) Qtime. |

Use the introduction that describes the surveys to be administered (USE ONLY ONE):

Introductions:

| | |
|--|---|
| Check appropriate box for this provider | |
| <input type="checkbox"/> Survey #1 | <i>"I'd like to ask you some questions about your work with sex offenders and the other members of the sex offender treatment and supervision team. The interview should take about ..."</i> |
| <input type="checkbox"/> Surveys #1, #2 | <i>"First I'd like to ask you some questions about your work with sex offenders and other members of the sex offender management team. Then I'd like to ask a few questions in regard to the standards and guidelines and changes you may have perceived since their initial implementation. The interview should take about ..."</i> |

"FIRST I'D LIKE TO ASK YOU A COUPLE OF GENERAL QUESTIONS"

Q1YRS.Q1MOS.

How long have you been working with sex offenders? (years __ __, months __ __)

Q2COYRS, Q2COMOS. How long have you been working with sex offenders in Colorado?(years __ __, months __ __)

Q3. Have you participated in the American Polygraph Association's 40 hour training on sex offender testing?

- 1 Yes
- 0 No.

Q4. Do you feel like you have an adequate amount of training to do the post conviction polygraph with sex offenders?

- 1 Yes
- 1 No. What would be useful?

Q5. Have you ever attended the monthly SOMB meetings?

- 2 Yes, how many times? _____
- 2 No

Q6. Have you ever served on any of the SOMB sub-committees?

- 3 Yes, which? _____
- 0 No

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S TREATMENT PROVIDER"

Q7. In general, how often do you talk to the treatment provider about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____

- 8 Other: _____
- 9 Other: _____

Q8. Do you think that you have an adequate amount of contact with the treatment provider?

- 4 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

Q9. For what reasons DO YOU contact a treatment provider?

DO NOT READ (*probe - - anything else?*)

| | |
|--|--|
| Place a "1" here if mentioned; OTHERWISE LEAVE BLANK | |
| | Offender tried to manipulate the polygraph |
| | Offender had new disclosures |
| | Offender failed the polygraph |
| | Offender needed different type of polygraph |
| | Offender was not prepared for the polygraph |
| | Offender had physical/mental conditions that prevented them from doing the polygraph |
| | Payment for the polygraph |
| | Report behaviors encountered during the polygraph exam |
| | Scheduling of polygraph exams |
| | To discuss the results of the polygraph exam |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |

Q10. Do you send copies of the polygraph report to the treatment provider?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q11. What type of information is included in this polygraph report?

DO NOT READ (*probe - - anything else?*)

| | |
|--|---|
| Place a "1" here if mentioned; OTHERWISE LEAVE BLANK | |
| | Date of test or evaluation |
| | Name of person requesting exam |
| | Location of examinee in the criminal justice system (probation, parole, etc) |
| | Reason for examination |
| | Date of last clinical examination |
| | Examination questions and answers |
| | Any additional information deemed relevant by the Polygraph examiner, eg examinee's demeanor |
| | Reasons for inability to complete exam, information from examinee outside the exam, etc |
| | Results of pre-test and post-test examination, including answers or other relevant information provided by the examinee |
| | Test questions |
| | Other, describe: |
| | Other, describe: |

Q12. Does the treatment provider give you input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) _____
- 2 Sometimes (Is this useful, why?) _____
- 0 Never or seldom (Is there a reason?) _____

"THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU EXCHANGE INFORMATION WITH THE OFFENDER'S SUPERVISING OFFICER"

Q13. In general, how often do you talk to the supervising officer about specific cases?

(DO NOT READ RESPONSES, but circle as many as apply--try to get somewhat specific responses. For instance, if the respondent says "all the time," try to narrow that down. If s/he says "sometime a lot and sometimes never," try to find out in which situations the respondent speaks to the therapist frequently, and in which situations they never speak. Then try to code the responses in the following categories: add others if necessary)

- 1 Between daily and weekly
- 2 More than monthly but less than weekly (e.g., 2-3 times a month)
- 3 Monthly
- 4 Every couple of months
- 5 Never
- 6 For specific situations (depends on offender, when offender is "high risk", as needed, for deception)
- 7 Varies (probe, e.g., when do you and when do you not talk to therapists: _____

- 8 Other: _____
- 9 Other: _____

Q14. Do you think that you have an adequate amount of contact with the supervising officer?

- 5 Yes
- 2 Somewhat
- 0 No

IF NO OR SOME, what would be better?

Q15. For what reasons DO YOU contact a supervising officer?

DO NOT READ (*probe - - anything else?*)

| | |
|--|--|
| Place a "1" here if mentioned; OTHERWISE LEAVE BLANK | |
| | Offender tried to manipulate the polygraph |
| | Offender had new disclosures |
| | Offender failed the polygraph |
| | Offender needed different type of polygraph |
| | Offender was not prepared for the polygraph |
| | Offender had physical/mental conditions that prevented them from doing the polygraph |
| | Payment for the polygraph |
| | Report behaviors encountered during the polygraph exam |
| | Scheduling of polygraph exams |
| | To discuss the results of the polygraph exam |
| | Other, describe: |
| | Other, describe: |
| | Other, describe: |

Q16. Do you send copies of the polygraph report to the supervising officer?

- 1 Yes, always or almost always
- 2 Yes, more than half the time but not always
- 3 Yes, less than half the time
- 0 Never or seldom

Q17. Does the supervising officer give you input into the question content for the polygraph exam?

- 1 Always or most always (Is this useful, why?) _____
- 2 Sometimes (Is this useful, why?) _____
- 0 Never or seldom (Is there a reason?) _____

Q18. Do you think the offenders you polygraph are adequately prepared for the exam by the treatment provider and the P.O.?

- 1 Yes
- 2 Sometimes
- 3 No, what would help?

"NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE SUPERVISION AND TREATMENT TEAM AND HOW DECISIONS ARE MADE"

Q19. Typically, who is included as part of the supervision and treatment teams?

1 Yes

0 No, Why?

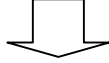
Q19a. Typically, who (or who else) is included as part of the supervision and treatment teams? DO NOT READ RESPONSES, BUT PROBE: Is anyone else typically included? (Note: If PE is not part of the team he may not know the answer to these questions.)

| | |
|--|-----------------------------|
| Place a "1" here if mentioned; OTHERWISE LEAVE BLANK | |
| | Don't Know (Proceed to Q21) |
| | Therapist |
| | Supervising Officer |
| | Other: |
| | Other: |

Q20. Typically, do ALL the team members meet or have a phone conference as a group to discuss specific cases?

9 DK

1 Yes



Q20PHONE. Does the team meet over the phone or in person?

1 Phone

2 In Person

3 Both

Q20OFTEN. How often does the team typically meet as a team on offenders?

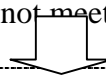
Q20ENOU. Do you think team meetings or phone conferences occur often enough?

1 Yes

0 No

IF NO, what would be more helpful?

2 **SOME** or **NO**, typically team members do not meet or phone each other.



Q20WHY. Why is that? DON'T READ

Don't need to

No time/too busy

Lack of preparation by other team members

The examiner is not really treated as part of the team

Other

Q20SHARE. IF SOME or NO, do you and team members have other ways to share information? What?

Q21. What, if any, are the pluses about a team approach to managing and treating the sex offenders?

Q22. What, if any are the minuses about a team approach to managing and treating sex offenders?

"THE LAST FEW QUESTIONS IN THIS SECTION REFER TO THE SOMB STANDARDS AND GUIDELINES"

Q23. Are there problems or barriers to implementing the SOMB Standards and Guidelines?

- 4 No
- 5 Yes. What are they?

Q24. Have you found ways to overcome these problems and barriers?

- 0 No. What has gotten in the way of trying to overcome these problems?
- 1 Yes. What were they?

Q25. Which standards, if any, should be reconsidered? Why?

Q26. Do you think there are important issues that are not covered or are not adequately covered by the standards?

- 0 No
- 1 Yes. Which issues?

Q27. Do you feel as if you have had input into the process of developing the standards?

4 No. Is there a particular reason why you feel you have not had input?

5 Yes. How have you had input?

Q28. Do you have suggestions for how the SOMB could be more effective in implementing the standards?

4 No

5 Yes. What are they?

APPENDIX C:
DATA COLLECTION INSTRUMENTS

FIELD RESEARCHER ASSISTANCE IN LOCATING INFORMATION IN THE SUPERVISING OFFICER DATA FORM

| Tag the following if contained in THE SUPERVISING OFFICER file | In file: 1=yes 0=no | Discussed on this page of collection form |
|--|---------------------------|---|
| MENTAL HEALTH SEX OFFENSE SPECIFIC EVALUATION | | 5 |
| REGISTRATION | | 6 |
| TREATMENT PLAN | | 6 |
| PROVIDER PROGRESS REPORTS | | 8 |
| RELAPSE PLAN | | 8 |
| SEX HISTORY | | 8 |
| RELEASES OF INFORMATION (FOR TX PROVIDER AND PE) | | 16 |

TABLE OF CONTENTS - KEEP IN MIND THE FOLLOWING TOPIC AREAS WHEN READING HARD AND ELECTRONIC NOTES

| | PAGE |
|--|-------------|
| If no PSIR, did judge order a PSIR | 6 |
| Denial at start of treatment and monitoring/sanction response | 7 |
| Treatment team - who is in it, was it convened, when was convened do they meet, and are changes in the team documented? | 9 |
| Collaboration with parents/victim advocate/guardian ad litem | 11 |
| Behavioral monitoring (3rd parties, all compliance ♦ issues, sexual deviant behavior or behavior most likely to be related to a sexual offense, and offender's living, work and social environments) | 12 |
| Increased risk (stress, crisis, environment, visits with or access to victims or potential victims, denial) | 14 |
| Terms and conditions and violations thereof (contact with victims or children, dating someone with children, access or loitering places used by children, employed or volunteering for activities involving children, possession of sexually oriented or pornographic materials other than used in treatment, drugs or alcohol, residence, living situation, picking up hitchhikers or hitchhiking) | 16 |
| Required to undergo blood, saliva, and DNA testing | 16 |
| Information releases | 16 |
| Participation in approved treatment | 16 |
| Additional victim types in addition to those found in PSIR and various polygraph reports | 17 |
| CONTACT WITH CHILDREN Living with children, why, negative results and sanctions Contact with other children, why and negative results and sanctions | 18 |
| Victim desires contact with offender | 19 |
| Overall assessment of offender needs matched to monitoring | 20 |

♦ Compliance to sentencing requirements, supervision conditions and treatment directives.

SUPERVISING OFFICER DATA COLLECTION FORM - HARD COPY

Note:

- Also asked in the last 6 months, or in the last year or two, we will be looking from October 22, 2002 back. The reason for this is because that is the day the sample was pulled.
- For any questions that require a date, if a date cannot be determined put 88-88-88.
- Whenever you cannot determine something put an 8
- When you have a situation when there are numerous violations, contacts, etc. put 77.
- If you have an individual who was convicted of a sex offense and given probation and then it was revoked and re-granted you want to take the original conviction as the current offense.

| | | | | |
|---|----------------------------|-------------------------------------|-----------------------------|--|
| Demographics: | | Education Last | Employment at: | Job Type: |
| AGE AT CURRENT OFFENSE: <input type="text"/> | | Grade | <input type="text"/> Arrest | <input type="text"/> At arrest |
| Date of Birth | Sex | 0-11=Actual Grade | 1-Full time (40+ hours) | 01-Manual labor |
| <input type="text"/> | 1-Male | 12=HS Diploma | 2-Part time | 02-Fast Food Restaurant |
| <input type="text"/> | 2-Female | 13=Some College | 3-Unemployed | 03-Non fast food restaurant |
| # Dependents | <input type="text"/> | 14=College Degree | 4-Sporadic | 04-Manufacturing/Factory |
| <input type="text"/> | | 15=Some Graduate | 5-AFDC/SSI/Disability | 05-Sales (store clerk, service stat) |
| Marital Status | Ethnicity | 16=Graduate Degree | 6-Student | 06-Sales (professional) |
| 1-Single | 1-Anglo/White | 17=GED | 7-Retired | 07-Clerical |
| 2-Married | 2-African American | | | 08-Entry level work |
| 3-Sep/Div | 3-Hispanic | | | 09-Skilled/Experienced work (Vocational) |
| 4-Widowed | 4-Am Indian | | | 10-Specialized work (4 yrs college) |
| 5-Common Law | 5-Asian | | | 11-Professional/Expert (4+yrs) |
| | 6-Other | | | 12-Military |
| Stability (During the 2 yrs before Arrest for this case) | Record of Abuse as a child | Record of Substance Use as juvenile | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| 1-Continuously resided at same address | 0-No | 0-None | | |
| 2-Has moved 1, 2, 3 times | 1-Yes, sexual abuse | 1-Drugs | | |
| 3-Has moved 4+ times | 2-Yes, other abuse | 2-Alcohol | | |
| 4-Transient | | 3-Both | | |

NOTE:
For demo info, we want to be recording info at time of offense, unless otherwise noted. If the offense ranges in dates take the first date.
For Employment: If you have marked Unemployed, AFDC, Student, or Retired at Job Type put 00's.

Note: If they charged or convicted of a misdemeanor in Felony Class mark 9

| | |
|--|--|
| Offenses Charged: 1 st Most Serious: <input type="text"/> | Offenses Convicted: 1 st Most Serious: <input type="text"/> |
| 5=Attempt 6=Accessory 7=Conspiracy # Counts <input type="text"/> Fel Class <input type="text"/> | 5=Attempt 6=Accessory 7=Conspiracy # Counts <input type="text"/> Fel Class <input type="text"/> |
| Offense: _____ | Offense: _____ |
| Total Counts Charged: <input type="text"/> | Total Counts Convicted: <input type="text"/> |
| Total # of Victims Pertaining to Instant Case: <input type="text"/> | Date of Conviction/Sentencing: MO __ DAY __ YR __ |
| | Total # of Victims Convicted of: <input type="text"/> |

Note: If you have both the Conviction and Sentencing date, take the Conviction date. Also circle either conviction or sentencing to tell us which one used.

Under Supervision at Time of Offense?

0=No
 1=Probation
 2=ISP
 3=Parole
 4=Work Release
 5=Other

Guiding Principle 2. Sex offenders are dangerous
Guiding Principle 3. Community safety is paramount.

CRIMINAL HISTORY-UP TO BUT NOT INCLUDING THE CURRENT OFFENSE (Sexual Assault)

NOTE:
 Record only what the judge would know.
 Make 9=Don't Know

| | | | |
|--|--|---|--|
| Juvenile History (0-7=actual #, 8=8or more) | | | Age at 1st Arrest <input type="text"/> <input type="text"/> |
| Arrests <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent | Juvenile Convictions <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | <input type="checkbox"/> Probation/parole supervisions <input type="checkbox"/> Probation/parole revocations <input type="checkbox"/> Placements in shelter/group homes <input type="checkbox"/> Commitments to state institutions | |

| | | | |
|---|---|---|---|
| Adult History (0-7=actual #, 8=8 or more) Arrest <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent | Adult Convictions <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | Supervisions/Incarcerations <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> ComCor <input type="checkbox"/> DJ | Revocations <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> CC <input type="checkbox"/> DJ |
|---|---|---|---|

| | | |
|--|---|--|
| Sex Crimes (Juvenile and Adult) JUVENILE <input type="checkbox"/> Arrests CONVICTIONS <input type="checkbox"/> Misd <input type="checkbox"/> Felony | ADULT <input type="checkbox"/> Arrests CONVICTIONS <input type="checkbox"/> Misd <input type="checkbox"/> Felony | Age at 1st Arrest for a Sex Crime? (ADULT OR JUV) <input type="text"/> <input type="text"/> |
|--|---|--|

Any Prior Adult Felony Convictions or Juvenile Adjudications for Any of the Following Offenses?
 Enter actual # of convictions/adjudications.

| | | | | | | | |
|--------------------------|---|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Theft | <input type="checkbox"/> | Sex Offense (last 5 years) | <input type="checkbox"/> | Forgery or Bad Checks | <input type="checkbox"/> | Other Violent offense |
| <input type="checkbox"/> | 1 st deg burg | <input type="checkbox"/> | Auto Theft | <input type="checkbox"/> | Sex Offense (5+ years) | <input type="checkbox"/> | Murder/Manslaughter |
| <input type="checkbox"/> | 2 nd or 3 rd deg burg | <input type="checkbox"/> | Robbery | <input type="checkbox"/> | Assault (last 5 years) | <input type="checkbox"/> | Kidnapping |
| | <input type="checkbox"/> | Drug Offense | <input type="checkbox"/> | Assault (5+ years) | <input type="checkbox"/> | Menacing | |

QC02. Date offender began supervision for the CURRENT OFFENSE: mo __ day __ yr __

Note: Gather the following victim and offense information on each offender from the PSIR, Police Report and other file information UP TO and including the current crime (this is what the judge would have)

| Age Group QV1 TO QV8 | Gender 1=male 2=female 3=both QV1GEN TO QV8GEN | Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply) QCV1REL- QV8REL | Penetration Offense (includes oral and anal as well as attempts) 1=yes 0=no QV1MPEN- QV8MPEN QV1FPEN- QV8FPEN | | Fondling/ Frottage 1=yes 0=no QV1MFON- QV8MFON QV1FFON- QV8FFON | | Other 1=yes 0=no QV1MOTH- QV8MOTH QV1FOTH- QV18OTH | | For Other Insert types of behaviors, use numbers from (*) UP TO 5 QV1PAR1-23 TO QV8PAR1- 23 | At the offense offender was 1=juvenile 2=adult 3=juv and adult 4=not available QV1OFF- QV8OFF |
|--------------------------------|--|--|--|--------|--|--------|--|--------|--|--|
| | | | male | female | male | female | male | female | | |
| 0-5 | | | | | | | | | | |
| 6-9 | | | | | | | | | | |
| 10-13 | | | | | | | | | | |
| 14-17 | | | | | | | | | | |
| 18+ | | | | | | | | | | |
| Eld/Risk | | | | | | | | | | |
| Unknown | | | | | | | | | | |
| Not against persons | | | | | | | | | | |

(*) A list of behaviors will be provided so the field research can insert the number rather than write out the behavior

Age of victim(s) current offense __ __, __ __, __ __, __ __
QAGE_CV1 QAGE_CV2 QAGE_CV3 QAGE_CV4

QREL_A0-9V If there is a child victim prior to the current offense within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

QREL_B0-9. If there is a child victim during the current offense within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

PRE-SENTENCE INVESTIGATION REPORT (PSIR)

1.010 Each sex offender **should** be the subject of pre-sentence investigation, including a mental health sex offense specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

QPSIR1. Is there a PSIR in the PO file?

1 Yes: Date -- mo ___ day ___ yr ___
 0 No

| | |
|---|-----|
| QPSIR2. Was there a Sex Offense Specific Mental Health Evaluation in the file? | |
| 0 | No |
| 1 | Yes |
| If Yes, Date of SO MH Eval: mo ___ day ___ yr ___ (Pick first date if evaluation conducted over several days/weeks) | |
| QPSIR3. Was the evaluation found in the PSIR? | |
| 0 | No |
| 1 | Yes |

1.040 A pre-sentence investigation (PSI) report **should** address the following: (items are listed below)

Please note whether the PSIR and/or the MH SO Evaluation addresses the following:

- 0 = not addressed
- 1 = addressed adequately
- 2 = addressed minimally
- 8 = not applicable

Note: Mark both if mentioned in the PSIR as well as the MH SO eval.

Note: If no MH SO EVAL, leave blank

| | PSIR | MH SO Eval |
|---|------|------------|
| QPSIR4A & QPSIR4B. residence | | |
| QPSIR5A & QPSIR5B criminal history | | |
| QPSIR6A & QPSIR6B. education history | | |
| QPSIR7A & QPSIR7B. employment history | | |
| QPSIR8A & QPSIR8B financial status | | |
| QPSIR9A & QPSIR9B leisure/recreation activities | | |
| QPSIR10A & QPSIR10B companions | | |
| QPSIR11A & QPSIR11B victim impact addressed/incorporated in recommendations | | |
| QPSIR12A & QPSIR12B potential impact of sentencing on the victim(s) | | |
| QPSIR13A & QPSIR13B emotional and personal problems | | |
| QPSIR14A & QPSIR14B. family, marital and relationship issues | | |
| QPSIR15A & QPSIR15B Offense/assault patterns | | |
| QPSIR16A & QPSIR 16B victim grooming behaviors | | |
| QPSIR17A & QPSIR 17B drug/alcohol problems | | |
| QPSIR18A & QPSIR18B. attitude at time of interview and during process | | |
| QPSIR19A & QPSIR19B. Criminal Orientation | | |

QPSIR21. Is there a separate victim impact statement?

- 1 yes
- 0 no
- 8 cannot determine

SUPERVISING OFFICER - ICON

QPSIR22. If no PSIR, does the Hard File, ICON, or the Minutes indicate that a judge ordered a PSIR?

- 1 Yes
- 0 No
- 8 Cannot determine
- 9 There is a PSIR

Note:

- *Those convicted of 1st, 2nd, 3rd degree Sexual Assault, Sexual Assault on a Child, or Sexual Assault in a Position of Trust (including accessory, conspiracy, and accessory) should have a DCJ/SOMB Risk Assessment in their file.*
- *Usually this score can be found in Part 3 of the Sexually Violent Predator Risk Assessment Screening Instrument*

QRISK1. Is there a DCJ/SOMB Risk Assessment in the File?

- 1 Yes: Score (0-10) _____
- 0 No

REGISTRATION

5.216 The supervising officer should notify sex offenders that they must register with local law enforcement in compliance with Section 18-3-412.5 C.R.S.

QREG1. Does the file show that the supervising officer notified the offender that he/she must register?

- 1 Yes
- 0 No
- 2 Doesn't have to register

TREATMENT PLAN

QTX1. Is there a copy of the treatment plan in the supervising officer's file?


- 1 Yes
- 0 No

When was the treatment plan done? Month ___ Day ___ Year ___ (ENTER 88s IF DATE UNKNOWN) QTXPLMO QTXPLDA QTXPLYR


DENIAL

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option....

QDENIAL1. At the start of treatment was this offender in denial (see treatment plan and MH SOS evaluation)?

- 8 Cannot determine
- 0 No
- 1 Yes 


QDENIAL2. If the offender was in denial at the start of treatment, was the offender offered treatment to address the issue of denial (specific deniers' treatment)?

- 8 Cannot determine
- 0 No
- 1 Yes 

QDENIAL3. If yes, the offender was offered treatment did s/he attend?

- 8 Cannot determine
- 0 No
- 1 Yes
- 2 Attended some of the time

QDENIAL4. After six months from the start of treatment was the offender in denial?

- 1 Yes 
- 0 No
- 8 Cannot determine

Note: Date of treatment may have been recorded in the hard copy file information.

QDENIAL5. If yes, did revocation proceed at the end of the six months?

- 1 Yes
 - 0 No
- If No, Why not?**

- 8 Cannot determine

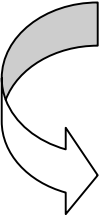
QDENIAL6. Was the offender ever revoked?

- 1= Yes What Happened?
- 0 = No
- 8 =Can not determine

QDENIAL7. Were sanctions/consequences imposed by the supervising officer for denial at the end of six months or throughout the six-month period that the offender was in denial?

- 1 Yes
If yes, what were they?
- 0 No
- 8 Cannot determine
- 9 Not Applicable

QDENIAL5. Was monitoring increased during this period of denial?

- 
- 1 Yes
 - 0 No
 - 8 Cannot determine
 - 9 Not applicable

How was monitoring increased (circle all that apply?)

- 1 QDENIAL6. home detention
- 2 QDENIAL7. electronic monitoring
- 3 QDENIAL8 Other: (DESCRIBE:)
- 4 QDENIAL9. Other: (DESCRIBE:)

RELAPSE PLAN/SAFETY PLAN

5.240 *The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.*

QRELAP1. Is there a copy of the relapse or safety plan in the supervising officer's file that addresses safety /relapse issues for the offender?

- 1 Yes
- 0 No
- 2 An incomplete relapse plan is in the file; it appears the offender has not yet progressed to the point of developing a complete relapse plan.

Note: If there have been any safety plans for specific events,etc.: _____

SEX HISTORY QUESTIONNAIRE

QSH1. Is there a thorough sex history questionnaire in the file?

- 1 Yes
- 0 No
- 2 A sex history has been started but the offender has not yet completed it.

PROVIDER PROGRESS REPORTS

5.310 D. *On a timely basis, and no less than monthly, a provider shall provide to the supervising officer progress reports documenting offenders' attendance, participation in treatment, increase in risk factors, changes in the treatment plan, and treatment progress.*

QPROG1. Does the supervising officer file contain monthly progress reports from the provider for the last six months?

- 1 Yes
- 0 No
- 2 Some, but not monthly (How many in the last six months? ___ ___)

QPROG1B.

Looking at the provider monthly progress reports for the last SIX MONTHS, do they discuss the following:

| | | |
|---|--|---|
| Note: If the reports vary, put an average response | | Codes: 1=YES, BUT NO DETAILS 2=YES WITH DETAILS 3=SOMETIMES 0=NO |
| QPROG2. offender's attendance in treatment | | |
| QPROG3. offender' participation in treatment | | |
| QPROG4. increase in risk factors | | |
| QPROG5. changes in treatment plan | | |
| QPROG6. treatment progress | | |
| QPROG7. living arrangements | | |

QLIV1. What is the offender's current living arrangement?

- 1 Shared Living Arrangement
- 2 With their family of origin
- 3 With own children
- 4 With stepchildren
- 5 Alone
- 6 With roommate
- 7 Other, Describe: _____
- 8 Cannot determine

TREATMENT/SUPERVISION TEAM

5.110 *As soon as possible after the conviction and referral of a sex offender to probation, parole or community corrections, the supervising officer should convene a team to manage the offender during his/her term of supervision.*

QTEAM1. Are the CURRENT members of the Treatment/Supervision Team (minimally the therapist, the supervising officer and the polygraph examiner) identified in the file?

- 1 Yes
- 0 No

5.120 *Each team, at a minimum should consist of: the supervising officer, the offender's treatment provider, and the polygraph examiner.*

| | |
|--|---------------------------------------|
| Record the names of the CURRENT team members (those people who meet regularly) below: | |
| QTEAM2. Probation Officer | QTEAM2A. |
| QTEAM3 Treatment Provider | QTEAM3A. Address: Phone Number: |
| QTEAM4. Polygraph Examiner | QTEAM4A. |
| QTEAM5. Other: | QTEAM5A. |
| QTEAM6. Other: | QTEAM6A. |
| QTEAM7. Other: | QTEAM7A. |

Note: For this we are looking for REAL SUBSTANTIVE COMMUNICATION, making sure that a conversation did exist

QTEAM8. Is there documentation that the team (at least the officer, tx provider, and PE) has convened *in person*?

2 Cannot determine if there is a team

0 No

1 **If Yes, date of the first meeting: mo ___ day ___ yr ___**

QTEAMMO QTEAMDA QTEAMYR

QTEAM9. What is the total number of times met in the last six months? ___

QTEAM10. Is there documentation that the team (at least the officer, tx provider and PE) has convened *on the phone or over email*?

2 Cannot determine if there is a team

0 No

1 Yes

If Yes, date of the first communication: mo ___ day ___ yr ___

QTMO QTDAY QTYR

QTEAM11. What is the total number of communications within the last six months? ___

QTEAM 12. Is there evidence in the file that the *supervising officer* and *treatment provider* have VERBALLY discussed the offender in the last six months?

1 Yes, how many times: ___ (QTEAM13)

0 No

8 Cannot determine

QTEAM14. Is there evidence in the file that the *supervising officer* and *polygraph examiner* have VERBALLY discussed the offender in the last six months?

1 Yes, how many times: ___ (QTEAM15)

0 No

8 Cannot determine

Describe the TEAM as well as any other supervisor (i.e. D&A, Anger Mgmt Counselor, etc) contact with this offender: _____

QTEAM16, QTEAM17, QTEAM18, QTEAM19 (use up to 3 codes)

COLLABORATION WITH VICTIM ADVOCATE, PARENTS, GUARDIAN AD LITEM

5.710 A. *Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making decisions regarding communication, visits, and reunification.*

Note: This only pertains to the VICTIM

QADVOC1. Is there documentation of 5.710 A. in the file IN THE LAST YEAR?

- 1** Yes, there is regular (at least monthly with at least one of the above) communication
If yes, who was contacted _____
- 2** Some contact, at least once and less frequently than monthly
If some contact, who contacted: _____
- 0** No, there is no evidence of contact with any of those listed in 5.710 A.

5.600 Behavioral Monitoring of Sex Offenders in the Community

5.610 *The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, re-victimize, cause harm, and the limits of sex offenders' self-reports:*

5.610 A. *Responsibility for behavioral monitoring activities shall be outlined under explicit agreements established by the supervising officer. Some or all members of the team described in Section 5.00 will share monitoring responsibility. At a minimum, the provider, the supervising officer, and the polygraph examiner shall take an active role in monitoring offenders' behaviors.*

5.230 *The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring....*

5.213 *On a regular basis, the supervising officer should review each offender's specific conditions of probation, parole or community corrections and assess the offender's compliance, needs, risk, and progress to determine the necessary level of supervision and the need for additional conditions.*

5.260 *The supervising officer should ensure maximum behavioral monitoring y and supervision for offenders in denial. The officer should use supervision tools that place limitations on offenders' use of free time and mobility and emphasize community safety and containment of offenders.*

Note: To do this section, please write out the non-compliant issue and then select the numbers from the list on how they learned about the area of non-compliance and what sanctions were applied.

| Areas of non-compliance documented in the LAST YEAR | # of times this non-compliance happened: 1=Once 2= 2-6 times 3=6 or more | How did they learn about this non-compliance: (Use the List) | What sanctions were applied: (Use the List) | How often were these sanctions applied: 1=Always 2=Never 3=Sometimes 8=Cannot Determine |
|--|--|--|---|--|
| QBH1. | | | | |
| QBH2. | | | | |
| QBH3. | | | | |
| QBH4. | | | | |
| QBH5. | | | | |
| QBH6. | | | | |
| QBH7. | | | | |
| QBH8. | | | | |
| QBH9. | | | | |

| | | | | |
|---------------|--|--|--|--|
| QBH10. | | | | |
| QBH11. | | | | |
| QBH12. | | | | |
| QBH13. | | | | |
| QBH14. | | | | |
| QBH15. | | | | |
| QBH16. | | | | |
| QBH17. | | | | |
| QBH18. | | | | |
| QBH19. | | | | |
| QBH20. | | | | |
| QBH21. | | | | |
| QBH22. | | | | |
| QBH23. | | | | |
| QBH24. | | | | |
| QBH25. | | | | |
| QBH26. | | | | |
| QBH27. | | | | |
| QBH28. | | | | |
| QBH29. | | | | |
| QBH30. | | | | |

INCREASED RISK

5.610 B. Behavioral monitoring should be increased during times of an offender's risk to re offend, including but not limited to, such circumstances as the following.

Did the file document that the offender experienced the following situations IN THE LAST YEAR? If so, did monitoring change?

Indicate how often the supervising officer responds with monitoring in this type of situation. (This is not an indicator of how often the offender experiences the situation.) Write in monitoring response, e.g., electronic monitoring.

| | |
|--|--|
| <p>The offender experienced stress or a crisis. 0=No 1=Yes, how many times in the last year ___ ___ If Yes, Describe:</p> | <p>Monitoring Response: (write in) Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring/no stress or crises noted</p> |
| <p>The offender was in a high-risk environment. 0=No 1=Yes, how many times in the last year ___ ___ If Yes, Describe:</p> | <p>Monitoring response: Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring/not in high risk environment</p> |
| <p>Visits between the offender and victims or potential victims (recommend and approved). 0=No 1=Yes, how many times in the last year ___ ___ If Yes, Describe:</p> | <p>Monitoring response: Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring/no visits</p> |
| <p>Offender demonstrated high or increased level of denial. (Anything above their original level of denial) 0=No 1=Yes, how many times in the last year ___ ___ If Yes, Describe:</p> | <p>Monitoring response: Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring/not in denial</p> |
| <p>Offender had access to potential victims. 0=No 1=Yes, how many times in the last year ___ ___ If Yes, Describe:</p> | <p>Monitoring response: Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring</p> |

| | |
|--|--|
| <p>Other (specify): 0=No 1=Yes, how many times in the last year __ __</p> | <p>Monitoring Methods:</p> <p>Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring</p> |
| <p>Other (specify): 0=No 1=Yes, how many times in the last year __ __</p> | <p>Monitoring Methods:</p> <p>Always 5 4 3 2 1 Never 8 Can't determine 6 No indication of need to increase monitoring</p> |

TERMS AND CONDITIONS - AND VIOLATIONS

5.610 3. For purposes of compliance with this standard, behavioral monitoring activities shall include, but are not limited to: the use of support of targeted limitations on an offenders behavior, including those conditions set forth in 5.500

5.500 Conditions of community supervision

5.510 Special conditions

| DOES THE FILE CONTAIN EVIDENCE THAT THE OFFENDER HAS BEEN NOTIFIED (<i>through formal documentation or by other means</i>) OF THE FOLLOWING TARGETED LIMITATIONS ON HIS OR HER BEHAVIOR? | 1=yes 0=no 8=Can't determine 9=Not Applicable |
|---|--|
| QTC1. Offender notified of no contact with any victim | 1 0 8 9 |
| QTC2. Offender notified of no contact with any child under age 18 | 1 0 8 9 |
| QTC3. Cannot befriend or date anyone with children under 18 | 1 0 8 9 |
| QTC4. Cannot access or loiter near school yards, parks, etc., other places used primarily by children (unless approved in advance and in writing by the supervising officer) | 1 0 8 9 |
| QTC5. Cannot be employed or volunteer for any activity involving contact with children (unless approved). | 1 0 8 9 |
| QTC6. Not allowed possession or viewing of pornography, sexually oriented or sexually simulating materials, or patronizing place where this type of material or entertainment is available (except for that used in treatment). | 1 0 8 9 |
| QTC7. Cannot consume or possess alcohol or drugs | 1 0 8 9 |
| QTC8. Residence and living situation must be approved in advance by the supervising officer in consultation with the community supervision team. | 1 0 8 9 |
| QTC9. Required to undergo blood, saliva, and DNA testing | 1 0 8 9 |
| QTC10. Must sign information releases so all professionals involved in assessment, treatment & behavioral monitoring can communicate/share documentation. | 1 0 8 9 |
| QTC11. Cannot hitchhike or pick up hitchhikers | 1 0 8 9 |
| QTC12. Shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers without prior approval from the supervising officer. | 1 0 8 9 |
| QTC13. Shall not obtain access or use of the internet. | 1 0 8 9 |
| QTC14. Other: | 1 0 8 9 |
| QTC15. Other: | 1 0 8 9 |
| QTC16. Other: | 1 0 8 9 |
| QTC17. Other: | 1 0 8 9 |
| QTC18. Other: | 1 0 8 9 |
| QTC19. Other: | 1 0 8 9 |
| QTC20. Other: | 1 0 8 9 |
| QTC21. Other: | 1 0 8 9 |
| QTC22. Other: | 1 0 8 9 |
| QTC23. Other: | 1 0 8 9 |
| QTC24. Other: | 1 0 8 9 |
| QTC25. Other: | 1 0 8 9 |

ADDITIONAL VICTIM TYPES

QAV. After reviewing the hard copy file and ICON, did you find that the offender revealed additional victim types (*that is, IN ADDITION to information in the PSIR and those revealed in POLYGRAPH*)? For Example, from phone calls, home visits, etc.

- 1 Yes
- 0 No
- 8 Cannot Determine

If the offender revealed additional victims, please complete the following: (**REMEMBER THESE ARE IN ADDITION TO ANY VICTIMS FOUND IN PSIR OR POLYGRAPH-those are recorded in separate areas**)

| Age Group | Was offender under supervision for current offense 1=yes 0=no 8=can't tell | Gender 1=male 2=female 3=both 8=can't tell QAV1 GEN QAV8 GEN | Relationship 1=family 2=pos/trust 3=acquaint 4=stranger 8=can't tell (insert as many as apply) QAV1REL QAV8REL | Penetration Offense 1=yes 0=no 8=can't tell M= Male F=Female QAV1MPE N QAV8FPEN | Fondling/ Frottage 1=yes 0=no 8=can't tell QAV1F ONM QAV8F ONM | Other 1=yes 0=no 8= can't tell QAV1O THF QAV8O THM | For Other Insert types of behaviors, use numbers from Chart (*) QAV1PAR1- QAV8PAR23 | At the offense offender was 1=juvenile 2=adult 3=juv and adult 4=not available QAV1OFF TO QAV8OFF | Source of information on new victim QAV1SRC TO QAV8SRC 1=Offender 2=Third party 3=Therapist 4=Other (describe) | | |
|-----------|---|--|--|---|--|---|--|---|---|--|--|
| | QAVSUP1-8 | | | M | F | M | F | M | F | | |
| 0-5 | | | | | | | | | | | |
| 6-9 | | | | | | | | | | | |
| 10-13 | | | | | | | | | | | |
| 14-17 | | | | | | | | | | | |
| 18+ | | | | | | | | | | | |
| Eld/Risk | | | | | | | | | | | |
| Unknown | | | | | | | | | | | |

QAVCHILD. If there is a child victim within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

QAVCHG. If additional victims were revealed, was supervision changed?

- 2 No new victims revealed in file
 - 0 No
 - 8 Cannot determine
 - 0 Yes
- If yes, how was supervision changed?**

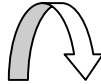
CONTACT WITH CHILDREN

QCC1. After reviewing the supervising officer file, including the polygraph information, did you find information indicating that the offender has a history of sexual perpetration with children?

- 1 Yes
- 0 No
- 8 Cannot determine

QCC2. During the last TWO YEARS on probation, has the offender had contact with children under 18?

- 0 No
- 8 Cannot determine
- 1 Yes, if yes complete the table below:



Note: Negative consequences can mean assault, inappropriate contact, and also thoughts and fantasies about the child

| Codes: 1=yes 0=no 8=cannot determine | | | | | | |
|---|---|---------------------------------------|--|--|---|---|
| The offender: | The rationale for contact/access to children is documented in the file. | What is the rationale? (CODE UP TO 3) | Contact/access to children approved by the team? | There is a safety plan that specifically addresses contact/access to children? | Were there negative consequences because of this access | If negative consequences list sanctions (if no Sanctions were applied, enter 0-LIST UP TO 4 |
| QCC3A. Was allowed to live with children | QCC3B | QCC3C-E | QCC3F | QCC3G | QCC3H | QCC3I-L |
| QCC4A. Was allowed contact with children (not pertaining to living with children) | QCC4B | QCC4C-E | QCC4F | QCC4G | QCC4H | QCC4I-L |
| QCC5A. Had direct contact with children that was not permitted | QCC5B | | | QCC5G | QCC5H | QCC5I-L |
| QCC6A. Had indirect contact/access with children that was not permitted (e.g., lived or worked near children) | QCC6B | | | QCC6G | QCC6H | QCC6I-L |

COMPLETE FOR OFFENDERS WHO HAVE CONTACT WITH CHILDREN

Selected Conditions of 5.7

If the offender is currently allowed contact with children, review the Supervising Officer's file to determine whether AT THE START OF THIS CONTACT was there evidence of the following in the file:

| | Evidence was found in the officer's file 1=yes, 0=no |
|---|---|
| QCC7. The offender accepts responsibility for the abuse | |
| QCC8. The offender has completed a non-deceptive sexual history disclosure polygraph | |
| QCC9. The offender has completed at least one non-deceptive maintenance polygraph | |
| QCC10. The treatment/supervision team has meet, discussed contact, and have approved contact | |
| QCC11. The child's therapist, advocate or child protective agency has been included in the decision | |

FOR ALL OFFENDERS, REGARDLESS OF WHETHER OR NOT THEY HAD CONTACT WITH CHILDREN

QCC12. Did the supervising officer question the offender regarding sexual/inappropriate contact with children IN THE LAST TWO YEARS?

- 0 No
- 8 Can't determine
- 1 Yes, if yes, how many times__ __ (code 25 if over 25 times)



QCC13

QCC14. Has the offender been questioned in the last month?

- 1 Yes
- 0 No
- 8 Cannot determine

QCC15. Did the victim (child or adult) REQUEST contact with the offender?

- 1 Yes
- 0 No
- 8 Cannot determine
- 9 Not applicable (no specific victim identified with the current crime)

QCC16. If, the victim (child or adult) did not request contact, and the offender is in contact with the victim, can you determine the rationale for offender victim contact.

1 Yes, what _____

_____ **QCC23A-B (CODE UP TO 4)**

- 0 No
- 7 No Contact Exists
- 8 Cannot determine
- 9 Not applicable (no specific victim identified with the current crime)

OVERALL MATCH OF MONITORING AND OFFENDER NEEDS

QMATCH1. Upon your review of the supervising officer file, does the level and intensity of behavioral monitoring OVER THE LAST SIX MONTHS match the offender's needs?

2 To a great extent

1 Somewhat

0 Not at all

8 Cannot determine because _____

(QMATCH2-3) (CODE UP TO 2)

YOU MUST document your rating if you gave one. (Please note any positive of their monitoring as well as any areas that need improvement or are areas of concern): QMATCH4-7 (CODE UP TO 4)

OFFENDER NAME: _____
(use pencil so it can be erased).

DCJ ID _____ FOR OFFENDERS IN FILE SAMPLE USE THE SAME NUMBER FOR SUPERVISING OFFICER FILE, TREATMENT PROVIDER FILE, AND TELEPHONE SURVEYS

| Tag the following if contained in the TREATMENT PROVIDER FILE | In file: 1=yes 0=no | Discussed on page: |
|--|------------------------------------|-------------------------------|
| Mental Health Sex Offense-Specific Evaluation | | 2 |
| Evaluator's Report | | 9 |
| Confidentiality Waiver | | 9 |
| Treatment Contract | | 10 |
| Treatment Plan | | 11 |
| Relapse Plan | | 17 |

| | |
|---|-----------|
| MH SOS Evaluation | 2 |
| Confidentiality Waiver | 9 |
| Plethysmograph | 9 |
| Abel Screen | 9 |
| Evaluator's Report | 9 |
| Treatment Contract | 10 |
| Treatment Plan | 11 |
| Treatment Plan Reflects MH SO Evaluation | 12 |
| Treatment Plan Goals and Objectives | 14 |
| Services Received | 15 |
| Relapse Plan | 17 |
| Treatment Plan Matches Offender Needs | 17 |
| Treatment Plan Updates | 14 |
| Denial | 18 |

Treatment Provider File

Mental Health Sex Offense-Specific Evaluation

Note: The following information refers to the Mental Health Sex Offense Specific Evaluation which may or may not have been developed by the provider. However, the report should be in the treatment provider file.

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

Note: For any questions that require a date, if a date cannot be determined put 88-88-88.

TMHSO1. Does the treatment provider file include a Mental Health Sex Offense-Specific Evaluation?

1 Yes
0 No

Date of MH SOS Evaluation Mo ___ Day ___ Year ___ (TMHSOMO, THMSODA, THMOSAYR)

2.070 Unless otherwise indicate below, the following evaluation modalities are all required in performing a mental health offense -specific evaluation:

Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available

Examination of collateral information, including information from other sources on the offender's sexual behavior

Structured clinical and sexual history and interview

Offense-specific psychological testing

Standardized psychological testing if clinically indicated

Medical examination/referral for assessment of pharmacological needs if clinically indicated

Testing of deviant arousal or interest through the use of the penile plethysmograph or the Abel Screen

Also, 2.090 and 2.120 3.610 Level of Denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.

TTOOL1-65. Please circle all assessment tools found in the file used in the MHSO Specific Evaluation

| | | | |
|----|--|----|---|
| 1 | WAIS-R | 33 | Weschler Memory Scale |
| 2 | WAIS III | 34 | Limbic System Checklit |
| 3 | WRAT-R Revised Beta | 35 | Structure Mental Status Exam |
| 4 | TONI (Test of Non-Verbal Intelligence | 36 | History of Functioning |
| 5 | Shipley Institute of Living Scale | 37 | Structured Interview |
| 6 | MMPI or MMP12 | 38 | Jacobs Cognitive Screening Test |
| 7 | MCMI-II or III | 39 | Quick Neurological Screening Test |
| 8 | Beck Depression Scale | 40 | Medical Tests |
| 9 | CAC (Clinical Analysis Questionnaire | 41 | Collateral Information |
| 10 | PHQ (Personal History Questionnaire) | 42 | Treatment history |
| 11 | ADS | 43 | FES (Family Environment Scale) |
| 12 | DAST-20 | 44 | DAS (Dyadic Adjustment Scale) |
| 13 | Adult Substance Use Survey (ASUS) | 45 | MSI (marital Satisfaction Inventory |
| 14 | Substance Use History Matrix (SUHM) | 46 | IBS (Interpersonal Behavior Survey) |
| 15 | HARE Psychopathy Checklist Revised | 47 | Social Avoidance and Distress Scale |
| 16 | MDP Measures of Psychological Development | 48 | Waring's Intimacy Scale |
| 17 | COI California Personality Inventory | 49 | UCLA Loneliness Scale |
| 18 | PSCI (Personal Sentence Completion Inventory) Miccio-Fonseca | 50 | Tesch's Intimacy Scale |
| 19 | Wilson Sexual Fantasy Questionnaire | 51 | Miller's Social Intimacy Scale |
| 20 | SONE (Sexual History Background Form) | 52 | Attitude towards Women Scale |
| 21 | SORI (Sex Offender Risk Instrument) | 53 | Socio-Sexual Knowledge and Attitudes Test (for use with sex offenders who have developmental disabilities) |
| 22 | MSI Multiphasic Sex Inventory | 54 | Polygraph |
| 23 | Sexual Autobiography | 55 | DCJ Risk Scale |
| 24 | Plethysmograph | 56 | SOMB Checklist |
| 24 | Abel Screen | 57 | Oregon Risk Assessment Scale |
| 26 | Clarke | 58 | Violence Assessment Risk Guide |
| 27 | Bentler Heterosexual Inventory | 59 | Rapid Risk Assessment for Sex Offender Re-arrest |
| 28 | Abel and Becker Card Sort | 60 | MnSOST-R Risk Assessment |
| 29 | Burt Rape Myth Acceptance Scale | 61 | Sonar |
| 30 | Abel and Becker Cognition Scale | 62 | Static 99 |
| 31 | Kaufman IQ test for Adults | 63 | Other: |
| 32 | Standord Binet | 64 | Other: |

Note: Determine whether the MH SO Evaluation contains the areas of assessment noted on the LEFT. It is unlikely that the entire evaluation will be in the file. The techniques for evaluation are listed on the right to help the researcher determine references to possible areas of assessment.

| Evaluation Areas Required | Problem Areas | Possible Evaluation Procedures |
|---|--|---|
| <i>Evaluation Area Completed</i> | <i>From the evaluations was it determined that it was a problem for the offender</i> | <i>Circle the assessment procedures if you can determine that it was used for this portion of the evaluation</i> |
| TEVAL1. IQ Functioning (Mental Retardation, Learning Disability, and Literacy) 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL1A. 1= Yes 0= No 8= Can't determine | History of Functioning WAIS-R or WAIS III WRAT-R-Revised Beta TONI (Test of Non-Verbal Intelligence) ShIPLEY Institute of Living Scale Revised Kaufman IQ Test for Adults Stanford Binet |
| TEVAL2. Organic Brain Syndrome (OBS) 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL2A. 1= Yes 0= No 8= Can't determine | History of Functioning WAIS-R Weschler Memory Scale Revised Limbic System Checklist Structured Mental Status Exam Jacobs Cognitive Screening Test Quick Neurological Screening Test Medical Tests Necessary for Diagnosis |
| TEVAL3. Mental Illness 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL3A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview MMPI or MMPI2 MCMI-II or III Beck Depression Scale |
| TEVAL4. Alcohol and Drug Use/Abuse 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL4A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview MMPI CAQ (Clinical Analysis Questionnaire) PHQ (Personal History Questionnaire) ADS DAST-20 Adult Substance Use Survey Substance Use History Matrix Collateral Information |
| TEVAL5. Number of D/A Relapses 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL5A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview Treatment History Collateral Information |
| EVALUATE CHARACTER PATHOLOGY | | |
| TEVAL6. Degree of Impairment 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL6A. 1= Yes 0= No 8= Can't determine | Hare Psychopathy Checklist Revised (PCLR or PCLSC) Structured Interview MCMI-II or III History Collateral Information |

| EVALUATE STABILITY OF FUNCTIONING | | |
|--|----------|--|
| TEVAL7. Marital/Family Stability (past, current, familial violence) | TEVAL7A. | History of Functioning and/or Structured Interview |

| | | |
|---|--|--|
| <i>familial sexual, financial housing)</i> 1= Yes 0 = No 2 = Partial 8 = Can't determine | 1= Yes 0= No 8= Can't determine | FES (Family Environment Scale) DAS (Dyadic Adjustment Scale) MSI (Marital Satisfaction Inventory) Interview Attitudes Collateral Information |
| TEVAL8. Employment/Education (completion of major life tasks) 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL8A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview PHQ (Personal History Questionnaire) |
| TEVAL9. Social Skills (ability to form and maintain relationships, courtship/dating skills, ability to demonstrate assertive behavior) 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL9A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview Collateral Information IBS (Interpersonal Behavior Survey) Social Avoidance and Distress Scale Waring's Intimacy Scale UCLA Loneliness Scale Tesch's Intimacy Scale Miller's Social Intimacy Scale |
| DEVELOPMENTAL | | |
| TEVAL10. (Disruptions in parent/child relationship, history of bed wetting, cruelty to animals, hx of behavior problems in elementary school, special education services, learning disabilities, school achievement, disordered attachments.) 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL10A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview Collateral Information |
| EVALUATION OF SELF | | |
| TEVAL 11. Self-image, Self Esteem, Ego Strength 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL11A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview MPD (Measures of Psychological Development) CAQ (Clinical Analysis Questionnaire) CPI (California Personality Inventory) |
| MEDICAL SCREENING MEASURES | | |
| TEVAL 12. Pharmacological Needs Medical Condition Impacting Offending Behavior History of Medication Use/Abuse 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL12A. 1= Yes 0= No 8= Can't determine | History of Functioning and/or Structured Interview Referral to Physician if indicated Medical Tests |

| |
|--------------------------|
| SEXUAL EVALUATION |
|--------------------------|

| | | |
|---|--|--|
| <p>TEVAL13. Sexual History (<i>Onset, Intensity, Duration, Pleasure Derived</i>) Age of Onset of Expected Normal Behaviors Quality of First Sexual Experience Age of Onset of Sexually Deviant Behaviors Witnessed or Experienced Victimization as a Child (Sexual or Physical) Genesis of Sexual Information Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes Current and Past Range of Sexual Behavior 1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | | History of Functioning and/or Structured Interview Collateral Information PSCI (Personal Sentence Completion Inventory--Miccio-Fonseca) Wilson Sexual Fantasy Questionnaire SONE Sexual History Background Form SORI (Sex Offender Risk Instrument – in research stage) |
| <p>TEVAL14. Reinforcement Structure for deviant behavior (<i>who are they living with, where, friends, etc.</i>) Culture Environment Cults 1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | TEVAL14A. 1= Yes 0= No 8= Can't determine | Structured Interview |
| <p>TEVAL15. Arousal Pattern (<i>sexual arousal, interest</i>) 1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | TEVAL15A. 1= Yes 0= No 8= Can't determine | Plethysmograph Abel Screen |
| <p>TEVAL16. Specifics of Sexual Crime(s) (<i>Onset, Intensity, Duration, Pleasure Derived</i>) Detailed Description of Sexual Assault Seriousness, Harm to Victim Mood During Assault (Anger, Erotic, "Love") Progression of Sexual Crimes Thoughts Preceding and Following Crimes Fantasies Preceding and Following Crimes 1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | | Structured Interview History of Crimes Collateral Information Review of Criminal Records Review of Victim Impact Statement Contact with Victim Therapist Polygraph |
| <p>TEVAL17. Sexual Deviance 1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | TEVAL17A. 1= Yes 0= No 8= Can't determine | Structured Interview MSI (Multiphasic Sex Inventory) SONE Clarke |

| | | |
|---|---|--|
| | | |
| <p>TEVAL18. Dysfunction (<i>Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | <p>TEVAL18A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Structured Interview MSI (Multiphasic Sex Inventory) Sexual Autobiography</p> |
| <p>TEVAL19. Offender's Perception of Sexual Dysfunction</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | <p>TEVAL19A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Structured Interview Sexual Autobiography Bentler Heterosexual Inventory Abel and Becker Card Sort History</p> |
| <p>TEVAL20. Preferences (<i>Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | <p>TEVAL20A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Structured Interview Sexual Autobiography Plethysmograph Able Screen</p> |
| <p>TEVAL21. Attitudes/Cognition <i>Motivation to Change/Continue Behavior Attitudes Toward Women, Children, Sexuality in General</i></p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | <p>TEVAL21A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Structured Interview Burt Rape Myth Acceptance Scale MSI (Multiphasic Sex Inventory) Buss/Durkee Hostility Inventory Abel and Becker Cognitions Scale</p> |
| <p>TEVAL22. Attitudes About Offense (<i>i.e., Seriousness, Harm to Victim Degree of Victim Empathy Presence/Degree of Minimalization Presence/Degree of Denial Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p> | <p>TEVAL22A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Attitudes Towards Women Scale Socio-Sexual Knowledge and Attitudes Test (For use With sex offenders who have developmental disabilities)</p> |
| EVALUATE LEVEL OF DENIAL AND/OR DECEPTION | | |
| <p>TEVAL23. Level of Denial <i>Level of Deception</i></p> <p>1= Yes 0 = No</p> | <p>TEVAL23A.</p> <p>1= Yes 0= No 8= Can't determine</p> | <p>Structured Interview * Collateral Information (such as from victim, police, others) Polygraph</p> |

| | | |
|----------------------------------|--|----------------|
| 2 = Partial 8=Can't Determine | | DCJ Risk Scale |
|----------------------------------|--|----------------|

| EVALUATE LEVEL OF VIOLENCE AND COERCION | | |
|---|--|---|
| TEVAL24. Level of violence, pattern of assaults, victim selection, escalation of violence 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL24A. 1= Yes 0= No 8= Can't determine | Structured Interview History Collateral Information Review of Criminal Records |

| EVALUATE RISK | | |
|---|--|---|
| TEVAL25. Risk of Re-offense 1= Yes 0 = No 2 = Partial 8 = Can't determine | TEVAL25A. 1= Yes 0= No 8= Can't determine | Criminal History DCJ Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison) SOMB Checklist (Normed on Colorado Offenders from probation, parole and community corrections) Oregon Risk Assessment Scale (Normed on Oregon offenders) Violence Risk Assessment Guide (Normed on a psychiatric hospital sample) Rapid Risk Assessment for Sex Offender Re-Arrest (Sample excludes incest offenders) MnSOST-R (Normed on Minnesota Offenders in the Department of Corrections, excludes incest offenders) Sonar Static 99 Other _____ Did not use instrument; clinical opinion |

EVALUATOR'S REPORT

2.110 The evaluator shall recommend (listed below)

TEVAL0-9. The evaluation report indicates that the evaluator has covered the following (CIRCLE ALL THAT APPLY)

- 0 No evaluator Report in the Treatment Provider File
- 1 Offense-specific treatment
- 2 A referral was made for medical/pharmacological treatment if indicated
- 3 Treatment of co-existing problems (e.g., drug abuse, anger management)
- 4 Appropriate external controls (work environment, leisure time, life stresses, etc.)
- 5 Methods to lessen victim impact

- 6 Appropriateness of community placement
- 7 No contact with children
- 8 No contact with defendant's children
- 9 Other, explain:

CONFIDENTIALITY WAIVER

3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender

Note: If there isn't a separate Confidentiality waiver, but it is part of the treatment contract consider it a YES

TCON1. Is a signed waiver of confidentiality in the file?

- 1 Yes
- 0 No

PLETHYSMOGRAPH

TPLETH1. Did the offender undergo a plethysmograph?

- 1 Yes
- 0 No
- 8 Cannot determine

ABEL SCREEN

TABEL1. Was the offender administered an Abel Screen?

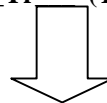
- 1 Yes
- 0 No
- 8 Cannot determine

TREATMENT CONTRACT

3.310 A provider shall develop and utilize a written contract with each sex offender....

TTC1. Is there a contract (OR SEPARATE DOCUMENT ADDRESSING THE FOLLOWING ISSUES) in the file?

- 1 Yes, date of treatment contract: Mo ___ Day ___ Yr ___ (TCMO, TCDA,TCYR)
- 0 No



| | 1=Yes 0=No 8=CD= (Can not Deter) TTCA | Violations in LAST 6 MOS 1=Yes, 0=No 8=CD TTCB | Sanctions imposed for violations (from sheet) CD=88 (code up to 4) TTCC-F |
|--|---|--|---|
| DOES THE CONTRACT EXPLAIN THE FOLLOWING? | | | |
| TTC2A-F. Costs of assessment, evaluation, etc. | | | |
| TTC3A-F. Waivers of confidentiality required for treatment. | | | |
| TTC4A-F. Right to refuse treatment , refuse to waive confidentiality, and risks of that decision. | | | |
| TTC5A-F. Type, frequency, duration and requirements of treatment. | | | |
| TTC6A-F. Describe limits of confidentiality per 19.3-304 CRS | | | |
| DOES THE CONTRACT EXPLAIN RESPONSIBILITIES OF A CLIENT TO | | | |
| TTC7A-F. Pay the cost of assessment and treatment for him or herself and his or her family | | | |
| TTC8A-F. Pay to cost of assessment and treatment for victim and family when court ordered | | | |
| TTC9A-F. Inform his or her family/support system of details of past offenses to ensure protection of past victims. | | | |
| TTC10A-F. Actively involve relevant family/support system | | | |
| TTC11A-F. Notify the treatment provider of any changes or events in his/her life and lives of family support system. | | | |
| TTC12A-F. Participate in polygraph testing and if indicate plethysmographic testing. | | | |
| TTC13A-F. Assent to be tested for STD and HIV , and assent for results to be released to victim. | | | |
| TTC15A-F. Comply with limitations and restrictions per terms and conditions of probation, parole, or community corrections etc | | | |
| DOES THE CONTRACT ALSO: | | | |
| TTC16A-F. Provide instructions and limitations regarding contact with victims , secondary victims and children | | | |
| TTC17A-F. Describe limits or prohibitions on the use of viewing sexually explicit or violent material | | | |
| TTC18A-F. Describe the responsibility of the client to protect community safety by avoiding risky behaviors, situations and reporting any such behavior to the provider and supervising officer ASAP. | | | |
| TTC19A-F. Describe limitations and prohibitions on the use of alcohol /drugs. | | | |
| TTC20A-F. Describe limitations on employment and recreation. | | | |

Note: Many of these might overlap with probation or parole terms and conditions, if so make sure you pinpoint the area, i.e contact with children put under 16, etc.

TREATMENT PLAN

3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

3.140 D. A provider shall employ treatment methods that are supported by current professional research and practice: give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.

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

the goals of treatment, the methods use, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences should be records. Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

TTX1. Is there a treatment plan in the file?

- No
- 10 Yes

Remember if can't find a date put 88-88-88

If Yes, what is the date of original treatment plan:
 mo ___ day ___ year ___ (TPMO TTPDA TTPYR)

What is the date of the current treatment plan:
 mo ___ day ___ year ___ (TPCMO TTPCDA TTPCYR)

Note: Do Not Take the Intake Date. Take the date that they actually began treatment (1 on 1, group, etc).

Date Offender began treatment: mo ___ day ___ year ___
 (TTXMO TTXDA TTXYR)

Date Offender began treatment with current provider:
 mo ___ day ___ year ___ (TTXCURMO TTXCURDA TTXCURYR)

8 TTX2. Did the offender change treatment providers, IN THE LAST TWO YEARS?

- 1 Yes, why? _____
- TTX2A-B (Code 2 answers)
- 0 No
- 8 Cannot Determine



TTX3A-3E. Who initiated the change in treatment providers? (Circle all that apply)

- 1 Treatment Provider
- 2 Probation Officer
- 3 Parole Officer
- 4 Offender
- 5 Other: _____

TTX4. Has the provider prepared an INDIVIDUALIZED written treatment plan for the offender?

- 8 Cannot determine
- 2 Somewhat
- 1 Yes
- 0 No

Note: Individualized means the treatment addresses specific issues of the offender that were based on the needs and risks identified in current/past assessments/evaluations of this offender.

TTX5. IF NO, is there a STANDARDIZED description of the program modules/phases that specifies what the offender will do for treatment?

- 8 Cannot determine
- 1 Yes
- 0 No

Note: Standardized means there is a program with specific modules/phases, and it appears that all offenders receive the same or mostly the same treatment. The program specifies things such as the offender will attend Sex History Group, Victim Empathy Group, etc.

| | |
|---|---|
| Does the treatment plan or standardized description of the program address the following areas: (3.130) | 1=yes, specific and thorough 2=yes, but vague, general or language not necessarily specific to the |
|---|---|

| | |
|---|--|
| | offender (e.g., boilerplate). Or not thorough. 0=no |
| TTX6. Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender | |
| TTX7. Identify offender issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment | |
| TTX8. Define expectation of the offender, his/her family (when possible), and support systems | |
| TTX9. Address the issue of ongoing victim input | |

TREATMENT PLAN/PROGRAM DESCRIPTION REFLECTS MH SO EVALUATION

Note: To complete the following table, refer to the MHSO Evaluation section you completed previously. Some of the MHSO Evaluation areas are abbreviated on the left side of the table (first column) and the question number is referenced, e.g. TEVAL. Determine whether any of these areas were IDENTIFIED AS A PROBLEM OR ISSUE FOR THE OFFENDER and complete the second column accordingly. In the last column rate how the Treatment Plan or Standardized program description addresses the offender's problem. Write a sentence to support your rating. For instance, victim input is an issue that should be addressed in all plans. If the victim input statement is simply attached to the plan, this would be rated as "minimal". If specific suggestions of the victim or victim's advocate are incorporated into treatment the rating would be "adequate". If the offender does not have a treatment plan, but the provider uses a standard program description, try to determine if any of the offenders issues are addressed with the program modules, groups, phases, etc. For instance the offender may have drug and alcohol issues, and may be required to complete a drug and alcohol group. Depending on the information on the program, you may use the program language is vague and you cannot determine if it was addressed a 3 for your rating.

Note: If no treatment plan, then leave this section blank

the program specific issue, use

| Evaluation areas from MH SOS Evaluation | Was the evaluation area identified as a problem in the MH SOS Evaluation or other assessment? 0=NO (addressed but not a problem) 1=YES (addressed and identified as a problem) 2=Not addressed in MH SOS Evaluation or other assessment or cannot determine if it was addressed 8=Cannot Determine | Is the issue addressed in the Treatment Plan or Standardized Program Description? | |
|--|--|---|---|
| | | Rating (0 to 3) | Sentence or two to document rating (Code up to two reasons) |
| | | 0= no 1=adequately (document your rating) 2=minimally (document your rating) 3=issue appears to be addressed through program, but cannot rate adequate or minimal. Not enough information. 8=Cannot Determine | |
| TTP1.Contact with Children should be addressed in all tx plans | | TTP1B | TTP1C-D |
| TTP2.Victim Input should be addressed in all tx plans | | TTP2B | TTP2C-D |

| | | | |
|--|-------------|--------|----------|
| TTP3 Impact of the offense on the victim should be addressed in all tx plans | | TTP3B | TTP3C-D |
| TTP4 Protection of Victims/Potential Victims should be addressed in all tx plans | | TTP4B | TTP4D-C |
| TTP5 Org brain Syndrome (SEE TEVAL2A) | TTP5A | TTP5B | TTP5C-D |
| TTP6. MENTAL Illness (SEE TEVAL3A) | TTP6A | TTP6B | TTP6C-D |
| TTP7. Drug Use/Abuse (SEE TEVAL4A) | TTP7A | TTP7B | TTP7C-D |
| TTP8. Marital/Family Problems (SEE TEVAL7A) | TTP8A | TTP8B | TTP8C-D |
| TTP9. Employment (SEE TEVAL8A) | TTP9A | TTP9B | TTP9C-D |
| TTP10. Education (SEE TEVAL8A) | TTP10A | TTP10B | TTP10C-D |
| TTB11. Social Skills (SEE TEVAL9A) | TTP11A | TTB11B | TTB11C-D |
| TTP12. Medication Needs (SEE TEVAL12A) | TTP12A | TTP12B | TTP12C-D |
| TTP13. Addresses deviant sexual practices (SEE TEVAL13A-17A) | TTP13A 1 | TTP13B | TTP13C-D |
| TTP14. Addresses motivation to change/attitudes towards victims, etc. (SEE TEVAL22A) | TTP14A | TTP14B | TTP14C-D |
| TTP15. Denial (SEE TEVAL24A) | TTP15A | TTP15B | TTP15C-D |
| TTP16. Violence (SEE TEVAL25A) | TTP16A | TTP16B | TTP16C-D |
| TTP17. Risk of re-offense (SEE TEVAL26A) | TTP17A | TTP17B | TTP17C-D |

DOCUMENTATION OF GOALS AND METHODS USED TO ACHIEVE THEM

TTP19. Does the treatment plan or other document list specific goals for this offender and methods that will be used to achieve these goals. For example, an offender may have a goal to be educated about the risk of re-offense. Are specific methods for achieving this goal documented?

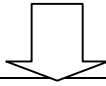
- 1 Yes, all goals have objectives and methods
- 2 Yes, at least half but not all of the goals have objectives and methods
- 3 Yes, some, but less than half, of the goals have objectives and methods
- 0 No, there are no objectives and methods to meet goals
- 4 The offender must progress through a specified program. No individual goals are listed. The phases/modules cover issue areas.

TREATMENT PLAN UPDATES (not progress reports)

TXPUP1. Has the treatment plan used by the current provider been updated since the offender has received care from the current provider?

- 0 No updates

- 9 No treatment plan
- 2 Offender has only been with treatment provider a short time (State how long in weeks__ __)
(TXUP1A)
- 1 Yes, updates have been done



| List the dates of updates to the plan the current provider has been using. | | | |
|--|-----------|------------|---|
| Month __ __ | Day __ __ | Year __ __ | Plan update documents the offender's <i>progress</i> or <i>lack of progress</i> 0=not at all 2=somewhat 1=extensively 3=plan has been reviewed but there is no change in plan |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TXPUP3. IF THE OFFENDER HAS NO TREATMENT PLAN UPDATES, has the offender's progress or lack of progress in treatment IN THE LAST SIX MONTHS been documented in other areas of the file, e.g. progress reports, group notes, etc.

- 1 Yes, there is one reference to the offender's progress in treatment in the last SIX MONTHS.
Source: _____
- 2 Yes, there are 2 to 3 references to progress in treatment in the last SIX MONTHS.
Source: _____
- 3 Yes, there are 4 or more references to progress in treatment in the last SIX MONTHS. Source: _____
- 0 No references to progress in treatment
- 9 Not applicable as the treatment plan has been updated

SERVICES RECEIVED

TTXR1. Does the file indicate that the offender received treatment/services?

- 0 No
- 1 Yes, IF YES COMPLETE THE TABLE BELOW

Rating

- 0=No documentation that this service/tx was received/offender attended treatment
- 1=received or currently receiving tx or services as outlined in the plan
- 2=Service was offered to offender, but s/he did not fully participate
- 3=Service was offered to offender, but s/he did not follow up/attend service as contracted or recommended (offender did not participate at all)
- 4=cannot determine if service/tx was received

| Treatment/Services Recommended (e.g., medication referrals, drug treatment, group therapy, etc) | Rating | Documentation, e.g., referral slips, case notes, communications from other providers, etc. (CODE 2 REASONS) |
|---|--------|--|
| TTX1A | TTX1B | TTX1C-D |

| | | |
|-------|-------|---------|
| TTX2A | TTX2B | TTX2C-D |
| TTX3A | TTX3B | TTX3C-D |
| TTX4A | TTX4B | TTX4C-D |
| TTX5A | TTX5B | TTX5C-D |
| TTX6A | TTX6B | TTX6C-D |
| TTX7A | TTX7B | TTX7C-D |
| TTX8A | TTX8B | TTX8C-D |

TTXR2. If an offender did not attend or was tardy on a regular basis, or did not participate in treatment were consequences imposed?

- 1** Always
- 2** Sometimes
- 0** Never
- 8** Can't determine
- 9** Not applicable, offender always attended treatment

TTXR3-6 If consequences were imposed when the offender did not attend, etc., what (CODE UP TO 4) _____

| Is documentation of any of the following in the file IN THE LAST SIX MONTHS | 1=yes 0=no (TXDOCA) | IF YES, HOW MANY TIMES WAS THIS DOCUMENTED 0 = 0 1 = 1-2 2 = 3 or more (TXDOCB) |
|--|------------------------------------|--|
| TXDOC1A-B. Clients treatment progress | | |
| TXDOC2A-B. Clients lack of treatment progress | | |
| TXDOC3A-B. Attendance (attended/not attended) | | |
| TXDOC4A-B. Failed assignments | | |
| TXDOC5A-B. Rule violations | | |
| TXDOC6A-B. Specific Achievements | | |
| TXDOC7A-B. Other: | | |

DOES THE TREATMENT PLAN/PROGRAM MATCH NEEDS

TMATCH1. Based on the information recorded above and your review of the file, does the level and intensity of treatment described in the active treatment plan match or program match offender needs as described in the MH SOS or other assessments? *Provide an overall rating. Note: this is not an evaluation of the treatment provided but rather the treatment matches the needs.*

To a great extent 5 4 3 2 1 0 Not at All
8 Cannot determine. Why not?

You must document your rating: TMATCH1A-C (Code up to three reasons)

RELAPSE PLAN/SAFETY PLAN

3.140 F.14 A treatment provider shall require offenders to develop a written relapse prevention plan for preventing re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses

TREL1. Does the file contain a relapse prevention plan as described above?

- 1 Yes
- 0 No
- 8 Can't determine
- 2 Relapse prevention plan appears to be in progress

Note: If there have been any safety plans for specific events, etc.: _____

DENIAL

Guiding principles 1., 2., 3.5., 7., 8, 10, 11

3.620 When a sex offender in strong or severe denial must be in the community (e.g., mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Offense-specific treatment for denial shall not exceed six months....

TDENIAL1. At the start of treatment, was this offender in denial (see treatment plan and SO MH evaluation)?

- 0 No
- 8 Cannot determine
- 1 Yes



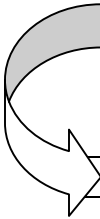
TDENIAL2. Was treatment offered to the offender specifically addressing denial?

- 1 Yes
- 0 No
- 8 Can't determine

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option....

TDENIAL3. Was the offender still in denial six months after treatment started?

- 2 Offender not in denial at the beginning of treatment
- 1 Yes
- 0 No
- 8 Can't determine



TDENIAL4. If offender was in denial after six months, was treatment terminated?

- 2 Offender not in denial at six months
- 1 Yes
- 0 No
- 8 Can't determine

TDENIAL 5. Were sanctions/consequences imposed for denial at the end of six months or throughout the six month period that the offender was in denial?

- 1 Yes, what were they: _____ (Code up to 4) TDENA-D
- 0 No
- 8 Can't determine
- 9 Not applicable

THE POLYGRAPH DATA COLLECTION FORM

P1. Does the treatment provider file contain polygraph examiner reports?

1 Yes

0 No

P2. Does the supervising officer file contain polygraph examiner reports?

1 Yes

0 No

Note the dates of reports (first to last), types of polygraphs, their results, and where they were found below:

| # | Mo | Day | Year | Type of Polygraph 1=Disclosure 2=Maintenance 3=Specific Issue | Result 1=DI 2=NDI 3=INC | Location Found | |
|-------|------|------|------|--|----------------------------------|-----------------------------|----------------------------|
| | | | | | | Supervising Officer File | Treatment Provider File |
| POLY1 | P1MO | P1DA | P1YR | P1TYPE | P1RSLT | P1SUP | P1TX |
| POLY2 | P2MO | P2DA | P2YR | P2TYPE | P2RSLT | P2SUP | P2TX |
| POLY3 | P3MO | P3DA | P3YR | P3TYPE | P3RSLT | P3SUP | P3TX |
| POLY4 | P4MO | P4DA | P4YR | P4TYPE | P4RSLT | P4SUP | P4TX |
| POLY5 | P5MO | P5DA | P5YR | P5TYPE | P5RSLT | P5SUP | P5TX |
| POLY6 | P6MO | P6DA | P6YR | P6TYPE | P6RSLT | P6SUP | P6TX |
| POLY7 | P7MO | P7DA | P7YR | P7TYPE | P7RSLT | P7SUP | P7TX |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Did any of the polygraphs taken during THE LAST TWO YEARS contain pre or post test admissions/question pertaining to the following:

| | | |
|--|---------------------|----------------------|
| 1=yes 0=no 8 Cannot determine | Pre-Test Admissions | Post-Test Admissions |
| QCC3A-B Masturbation to thoughts of a child | | |
| QCC4A-B Arousal to physical contact with a child | | |

Did polygraphs taken during THE LAST TWO YEARS contain the following or similar questions. If so, did the offender score deceptive, non -deceptive or inconclusive on the question?

| | How many polygraphs with this question in the (LAST TWO YEARS) | How many deceptive answers to question (LAST TWO YEARS) | How many non-deceptive answers to question (LAST TWO YEARS) | How many inconclusive answers to question (LAST TWO YEARS) |
|---|--|---|---|--|
| QCC5A-DMasturbation to thoughts of a child | | | | |
| QCC6A-DArousal to physical contact with child | | | | |
| QCC7A-D Similar question: | | | | |

Disclosure/Sex History Polygraphs

P8. Has the offender received a disclosure polygraph(s)?

- 1 Yes
- 0 No
- 8 Can't determine

P9. Did the disclosure polygraph process (INCLUDING THE PRE AND POST TESTS) contain a question regarding sexual contact with children?

- 2 No disclosure polygraph
- 0 No
- 8 Cannot determine
- 1 Yes



Did the offender pass the disclosure polygraph that included a question on sexual contact with children?

- 1 Yes
- 0 No
- 8 Cannot determine

P10. Did the offender reveal new victims/behaviors (previously unknown) during the disclosure/sex history polygraphs?

- 0 No
- 2 Offender did not have a disclosure polygraph
- 8 Cannot determine
- 1 Yes



If Yes, what were their ages? _____ & _____

P13. Did results of the disclosure polygraph(s) result in disclosure of current risks (other than new victims) that were previously unknown?

- 1 Yes
- 0 No
- 8 Can't determine

What types of new risks were revealed? _____

P13A-E

P14. Was there a change in monitoring/supervision because these new risks?

- 1 Yes
- 2 *Yes more monitoring on some risks but some risks not addressed*
- 0 No
- 8 Can't determine

If monitoring was changed because of risks, what types of monitoring/supervision changes occurred?

P14A-D

MAINTENANCE POLYGRAPHS

P15. Has the offender been administered maintenance polygraph(s) in the last two years?

- 8 Cannot determine
- 1 Yes, how many _____ (P15A)
- 0 No

P15b. Is a maintenance polygraph scheduled?

- 1 Yes
- 2 Maintenance polygraph not scheduled because offender has not passed disclosure polygraph
- 0 No
- 8 Cannot determine

P16. Did the maintenance polygraph(s) address sexual contact with children?

- 1 Yes, all maintenance polygraphs addressed contact with children
- 2 At least one maintenance polygraph addressed sexual contact with children. How many maintenance polygraphs contained these types of questions? ____ P16A.
- 0 No maintenance polygraphs addressed sexual contact with children
- 8 Cannot determine
- 12 **CONTINUE ON NEXT PAGE**

P16B. If 1 or 2 is circled, Did the offender pass the maintenance polygraphs that included a question on sexual contact with children?

- 1 Yes, the offender passed all the maintenance polygraphs with questions with questions addressing sexual contact with children
- 2 The offender passed some of these maintenance polygraphs. How many? _____ P16C
- 0 No

8 *Cannot determine*

P17. Did the offender reveal new victims (previously unknown) during ANY OF THE maintenance polygraphs?

- 0 No
- 2 Offender did not have a maintenance polygraph
- 8 *Cannot determine*
- 1 Yes

If Yes, what were their ages? _____

P17A-F

COMPLETE CHART BELOW-COMBINE INFORMATION ON ALL MAINTENANCE POLYGRAPHS

| Age Group | Was offender under supervision for current offense 1=yes 0=no 8=can't tell PM1SUP- PM8SUP | Gender 1=male 2=female 3=both PM1GEN - PM8GEN | Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply) PM1REL- PM8REL | Penetration Offense 1=yes 0=no PM1MPEN- PM8MPEN PM1FPEN- PM8FPEN | | Fondling/ Frottage 1=yes 0=no PM1MFON- PM8MFON PM1FFON- PM8FFON | | Other 1=yes 0=no PM1MOTH- PM8MOTH PM1FOTH- PM8FOTH | | For Other Insert types of behaviors, Use numbers from Chart (*) UP TO 5 PM1PAR1-23 PM8PAR1-23 | At time of offense was the offender 1=juvenile 2=adult 3=juvenile and adult 4=not avail PM1OFF- PM8OFF |
|------------------------------|--|---|---|--|--------|--|--------|--|--------|--|--|
| | | | | male | female | male | female | male | female | | |
| 0-5 | | | | | | | | | | | |
| 6-9 | | | | | | | | | | | |
| 10-13 | | | | | | | | | | | |
| 14-17 | | | | | | | | | | | |
| 18+ | | | | | | | | | | | |
| Eld/Risk | | | | | | | | | | | |
| Unknown | | | | | | | | | | | |
| Not against specific persons | | | | | | | | | | | |

P18. If victims disclosed in the maintenance polygraph were children in age groups other than those previously known, did the supervision plan change?

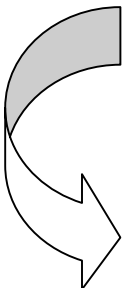
- 0 No
- 8 *Cannot determine*
- 1 Yes

How did the supervision plan change? _____

P18A-D

P19. If at least one maintenance polygraph was deceptive or inconclusive, were there overt changes in the supervision plan because of this deception?

- 1 Yes
- 2 Yes, changes occurred because of one deceptive polygraph, but there was more than one deceptive polygraph and no changes resulted from the others
- 0 No
- 8 Can't determine



If 1 or 2 is circled, how was supervision changed because of deceptive maintenance polygraphs?

P19A-D

P20. Did results of the maintenance polygraph(s) result in disclosure of new risks (other than new victims)?

- 1** **Yes**
- 0** **No**
- 8** **Can't determine**

What types of new risks were revealed? _____

P20A-E

P21. Was there a change in monitoring/supervision because these new risks?

- 1** **Yes**
- 2** **Yes, more monitoring on some risks but some risks not addressed**
- 0** **No**
- 8** **Can't determine**

If monitoring was changed because of risk, what types of monitoring/supervision changes occurred?

P21A-D

SPECIFIC ISSUE POLYGRAPHS

P22. Has the offender been administered a specific issue polygraph(s) in the last two years?

- 1** **Yes, how many ___ P22A**
- 0** **No**
- 8** **Cannot determine**

P23A-D. For what reason was the offender administered specific issue polygraph(s) in the last two years? (Circle all that apply)

- 1** **No specific issue polygraphs**
- 2** **Denial on previous polygraph**
- 3** **New accusations**
- 4** **Other, explain:**
- 5** **Other, explain:**
- 6** **Other explain:**

P24. Did specific issue polygraph(s) address sexual contact with children?

- 1 Yes, all specific issue polygraphs addressed sexual contact with children
- 2 At least one specific issue polygraph addressed sexual contact with children.
How many specific issue polygraphs contained these types of questions? ____ P24A
- 0 No specific issue polygraphs addressed sexual contact with children
- 8 Cannot determine

P24B. If 1 or 2 is circled, did the offender pass the specific issue polygraphs that addressed sexual contact with children?

- 1 Yes, the offender passed all the specific issue polygraphs that addressed sexual contact with children
- 2 The offender passed some of these specific issue polygraphs. How many? ____ P24C
- 0 No
- 8 Cannot determine

P25. Did the offender reveal new victims (previously unknown) during specific issue polygraphs?

- 0 No
- 2 Offender did not have a specific issue polygraph
- 8 Cannot determine
- 1 Yes

If Yes, what were their ages? _____

P25A-F

IF YES, COMPLETE CHART BELOW COMBINING INFORMATION ON ALL SPECIFIC ISSUE POLYGRAPHS

| Age Group | Was offender under supervision for current offense 1=yes 0=no 8=can't tell PS1SUP- PS8SUP | Gender 1=male 2=female 3=both PS1GEN PS8GEN | Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply) PS1REL PS8REL | Penetration Offense | | Fondling/ Frottage | | Other | | For Other Insert types of behaviors, use numbers from Chart (*) PS1PAR1-23 PS8PAR1-23 | At time of offense was the offender 1=juvenile 2=adult 3=juvenile and adult 4=not avail PS1OFF- PS8OFF |
|------------------------------|--|--|--|---|---|---------------------------------------|---|-------|--------|---|--|
| | | | | 1=yes 0=no PS1MPEN PS8MPEN | 1=yes 0=no PS1MOTH PS8MOTH | 1=yes 0=no PS1FON PS8FON | 1=yes 0=no PS1FOTH PS8FOTH | male | female | | |
| 0-5 | | | | | | | | | | | |
| 6-9 | | | | | | | | | | | |
| 10-13 | | | | | | | | | | | |
| 14-17 | | | | | | | | | | | |
| 18+ | | | | | | | | | | | |
| Eld/Risk | | | | | | | | | | | |
| Unknown | | | | | | | | | | | |
| Not against specific persons | | | | | | | | | | | |

P26. If victims disclosed in the specific issue polygraph were children in age groups other than those previously known, did the supervision plan change?

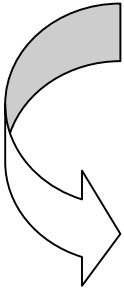
- 0 No
- 8 Cannot determine
- 1 Yes

How did the supervision plan change? _____

P26A-D

P27. If any specific issue polygraph was deceptive or inconclusive, were there overt changes in the supervision plan because of this?

- 1 Yes**
- 2 Yes, changes occurred because of one deceptive or inconclusive polygraph, but there was more than one deceptive polygraph and no changes resulted from the others**
- 0 No**
- 8 Can't determine**



If 1 or 2 is circled, how was supervision changed?

P27A-D AND P27DEC, P27INC

P28. Did results of the specific issue polygraph(s) result in disclosure of new risks (other than new victims)?

- 1 Yes**
- 0 No**
- 8 Can't determine**

What types of new risks were revealed? _____

P28A-E

P29. Was there a change in monitoring/supervision because these new risks?

- 1 Yes**
- 2 Yes, more monitoring on some risks but some risks not addressed**
- 0 No**
- 8 Can't determine**

If monitoring was changed because of risk, what types of monitoring/supervision changes occurred?

P29A-D

Note: for the following questions, refer to notes on training regarding appropriate questions for polygraph.

6.160 G. All test questions must be formulated to allow only Yes or No answers.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures, the relevant test questions should be limited to no more than four (4) and shall (these are listed in the table below):

Answer the following about the test questions in THE LATEST polygraph report:

| TEST QUESTIONS | Yes | Some what | No |
|---|-----|-----------|----|
| Were simple, direct and short as possible (no run on sentences, etc.) | | | |
| Included legal terminology | | | |
| Included mental state or motivation terminology | | | |
| Were clear (e.g., did not allow for multiple interpretations) | | | |
| Each question referenced only one issue | | | |
| Presupposed knowledge on the part of the examiner | | | |
| Used easily understood language | | | |
| Could be easily answered yes or no | | | |
| Tested on written statements | | | |
| Included emotionally laden terminology (such as rape, molest, murder, etc). | | | |

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. the examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All polygraph examination written reports must include (these are listed in the table below):

Review THE LATEST polygraph report in the offender's file to determine if the following information was included:

| | Yes | No |
|--|-----|----|
| Date of test or evaluation (insert date here: Mo__ Day__ Yr__) | | |
| Name of person requesting exam | | |
| Name of examinee | | |
| Location of examinee in the CJS (probation, parole, etc.) | | |
| Reason for examination | | |
| Date of last clinical examination | | |
| Examination questions and answers | | |
| Any additional information deemed relevant by the polygraph examiner (e.g., examinee's demeanor) | | |
| Reasons for inability to complete exam (write N/A across response columns if exam was completed) | | |
| Information provided by the examinee, outside the exam | | |
| Results of pre-test and post-test examination | | |

APPENDIX D:
TYPES OF SERVICES DELIVERED

TREATMENT SERVICES

Treatment Services

- Group Therapy
- Individual Therapy
- Couples Therapy
- Phase 1 Group
- Drug & Alcohol Treatment
- Family Sessions
- Polygraph Process Group
- Study Hall
- Anger Management
- Contract Violation Group
- Introduction to Treatment
- Sex History Disclosure Group
- Victim Empathy
- Aftercare Group
- Covert Group
- Failed Sex History Group
- Partner, Family, and Friend Group
- Process Group
- Relapse Prevention Group
- Sex Abuse Cycle
- Additional Journalling
- Arousal Conditioning
- Cognitive Class
- Community Meetings
- Cycle Group
- Deceptive Polygraph Group
- DOC group
- DV Treatment
- Grief Counseling
- Homework
- Intensive Group Treatment
- Medication
- Medium Containment Group
- Peer Group
- Phase Movement Group
- Psychology Evaluation
- Sex Education Class
- Sexual Abusers
- Significant Other Education Classes
- Social Skill Group
- Staffing
- Staffing With Support Person
- Substance Abuse Education
- Therapy
- Wrap-up Peer Group

APPENDIX E:
SAFETY PLANS FOR SPECIFIC EVENTS

SAFETY PLANS FOR SPECIFIC EVENTS

- Birth of child
- Birthdays
- Bowling league
- Brothers wedding
- Canon City
- Church
- Contact w/children
- Cripple Creek
- Daily community safety plan
- Drive in movies
- Family visits
- Friends
- Frisbee golf
- Graduation
- Gym
- Holidays:
 - 4th of July
 - Christmas
 - Halloween
 - Labor Day
 - New Year's
 - Thanksgiving
- Internet usage
- Keep myself safe in the community
- Mothers memorial
- New living situation
- New years party
- Play golf
- Pool party
- Roommates
- Swimming pool
- Taking children to dinner
- Teach golf
- Travel plans for lectures
- Travel out of state
- Trip to Pueblo to see Attorney
- Visit daughter in hospital
- Visit with child
- Work deliveries

APPENDIX F:

**SITUATIONS FOR WHICH
CONSEQUENCES AND SANCTIONS
ARE IMPOSED**

Table A: Responses from Treatment Provider Telephone Surveys about the types of situations they impose consequences for and the sanctions they impose

| n=64 | TYPES OF SITUATIONS <i>(Providers seemed to try and link the sanction with treatment)</i> For example: Pornography, internet use | TYPES OF SANCTIONS For examples: No access to computers, remove computer |
|-----------------------------|--|---|
| 25.4% (16) | Lack of progress in treatment, lack of participation, lack of compliance | <ul style="list-style-type: none"> • Range of sanctions from homework to termination • Homework, journaling, extra assignments, behavior impact projects, study hall • No progression forward, regress in treatment • Deniers group • Suspension from treatment, program probation (90-120 days) • Termination from treatment |
| 34.9% (22) | Late or absent from treatment | <ul style="list-style-type: none"> • Increase treatment, individual sessions, make up groups, process in groups • Pay for missed appointments/sessions, charge for lateness • Study hall |
| 9.4% (2) | Lying, withholding information, unaccountable | <ul style="list-style-type: none"> • Increase polygraphs • Meet w/ offenders support group/family • Staff, meet w/ team and discuss |
| 1.6% (1) | Outbursts in group | <ul style="list-style-type: none"> • Anger management group/class • Warning letter/written reprimand |
| 6.3% (4) | Unapproved contact with children, suspicion of contact with children | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Increase sup/monitoring • Loss or privileges • Increase polygraphs |
| 4.8% (3) | Incidental contact, collateral contact with children | <ul style="list-style-type: none"> • Verbal reprimand/ban contact • Call PO, notify probation, discuss w/ probation, written notice to probation |
| 3.2% (2) | Deviant fantasies | <ul style="list-style-type: none"> • Homework, journaling, extra assignments, behavior impact projects |
| 4.8% (3) | Dangerous behavior, high risk behavior, aggressive behavior | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Anger management group/class • Staff, meet w/ team and discuss |

| | | |
|----------------------------|---|---|
| 4.8% (3) | Disclosures | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Contract violation group |
| 6.3% (4) | Drinking, drug use, hot UAs | <ul style="list-style-type: none"> • Drug & Alcohol treatment • UA's or increased UA's, antabuse |
| 14.3% (9) | Violations of the treatment contract | <ul style="list-style-type: none"> • Contract violation group • Call PO, notify probation, discuss w/ probation, written notice to probation • Termination of treatment |
| 3.2% (2) | Unapproved locations | <ul style="list-style-type: none"> • Restricted outings, structured free time • Curfew • Home detention, house arrest, ankle monitor, EHM • Modify Terms & Conditions |
| 1.6% (1) | Sexualizing the therapist | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Staff, meet w/ team and discuss |
| 1.6% (1) | Violations of safety plan | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Staff, meet w/ team and discuss • Contract violation group |
| 1.6% (1) | Probation violation/revocation | <ul style="list-style-type: none"> • Call PO, notify probation, discuss w/ probation, written notice to probation • Staff, meet w/ team and discuss • Contract violation group • Revocation • Send to court, send to see judge • Weekend in jail, work-enders • Jail, prison, arrest |
| 3.2% (2) | Domestic disturbances/DV | <ul style="list-style-type: none"> • Remove offender fm relationship, withhold visitation • SLA, change living arrangement • Anger management group/class |
| 1.6% (1) | Employment issues | <ul style="list-style-type: none"> • Job search log • Community service |
| 1.6% (1) | Non-payment for treatment | <ul style="list-style-type: none"> • Monetary fine (goes to victim fund) • Pay for missed appointments/sessions, charge for lateness |
| 1.6% (1) | Intentional invalidation of polygraph, not working to pass poly | <ul style="list-style-type: none"> • No progression forward, regress in treatment • Deniers group • Increase polygraphs |

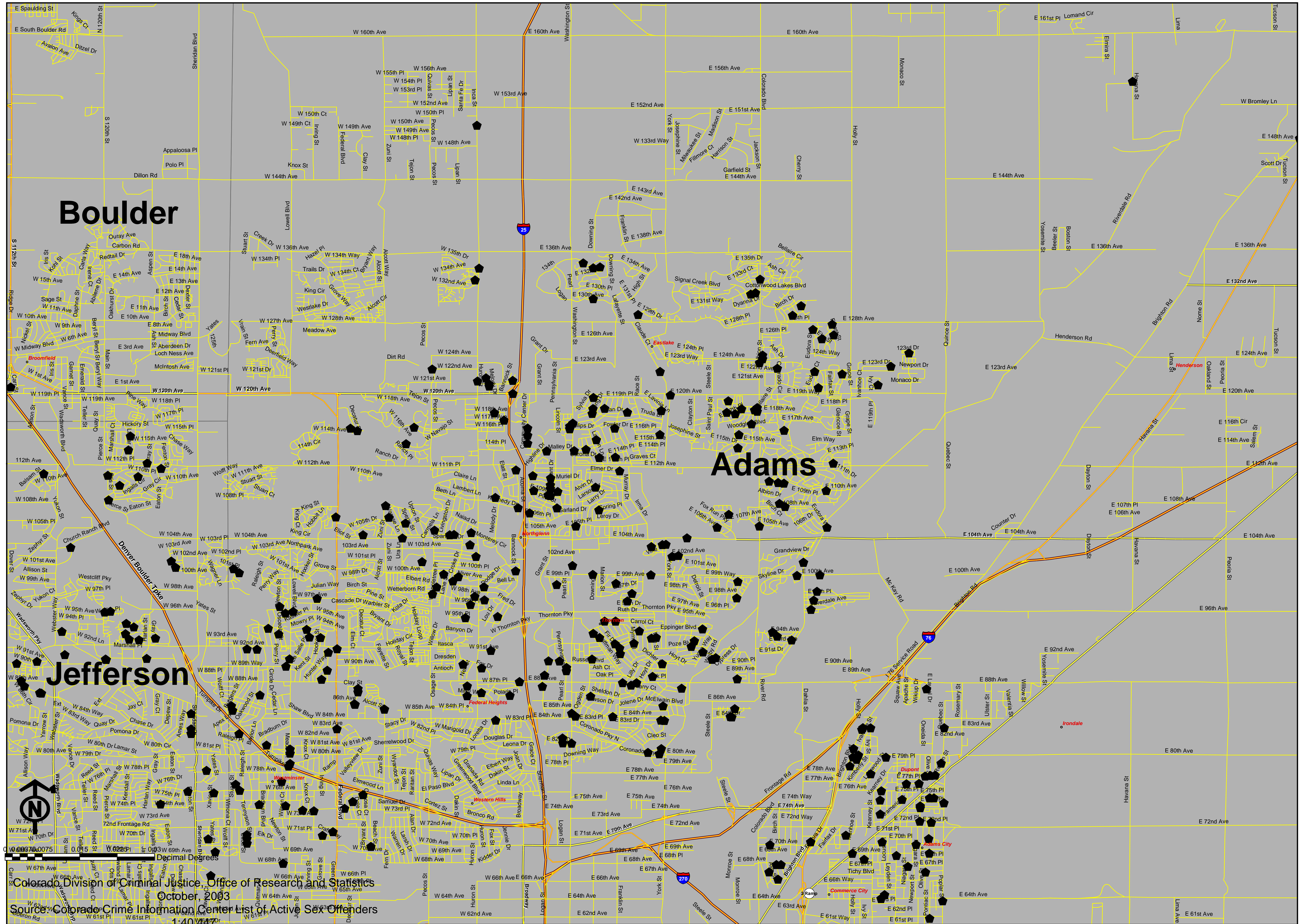
| | | |
|---------------------------|---------------|---|
| 3.2% (2) | Victimization | <ul style="list-style-type: none">• Call PO, notify probation, discuss w/ probation, written notice to probation• Staff, meet w/ team and discuss• Contract violation group• Revocation• Send to court, send to see judge• Weekend in jail, work-enders• Jail, prison, arrest |
|---------------------------|---------------|---|

Registered Sex Offenders in Adams County

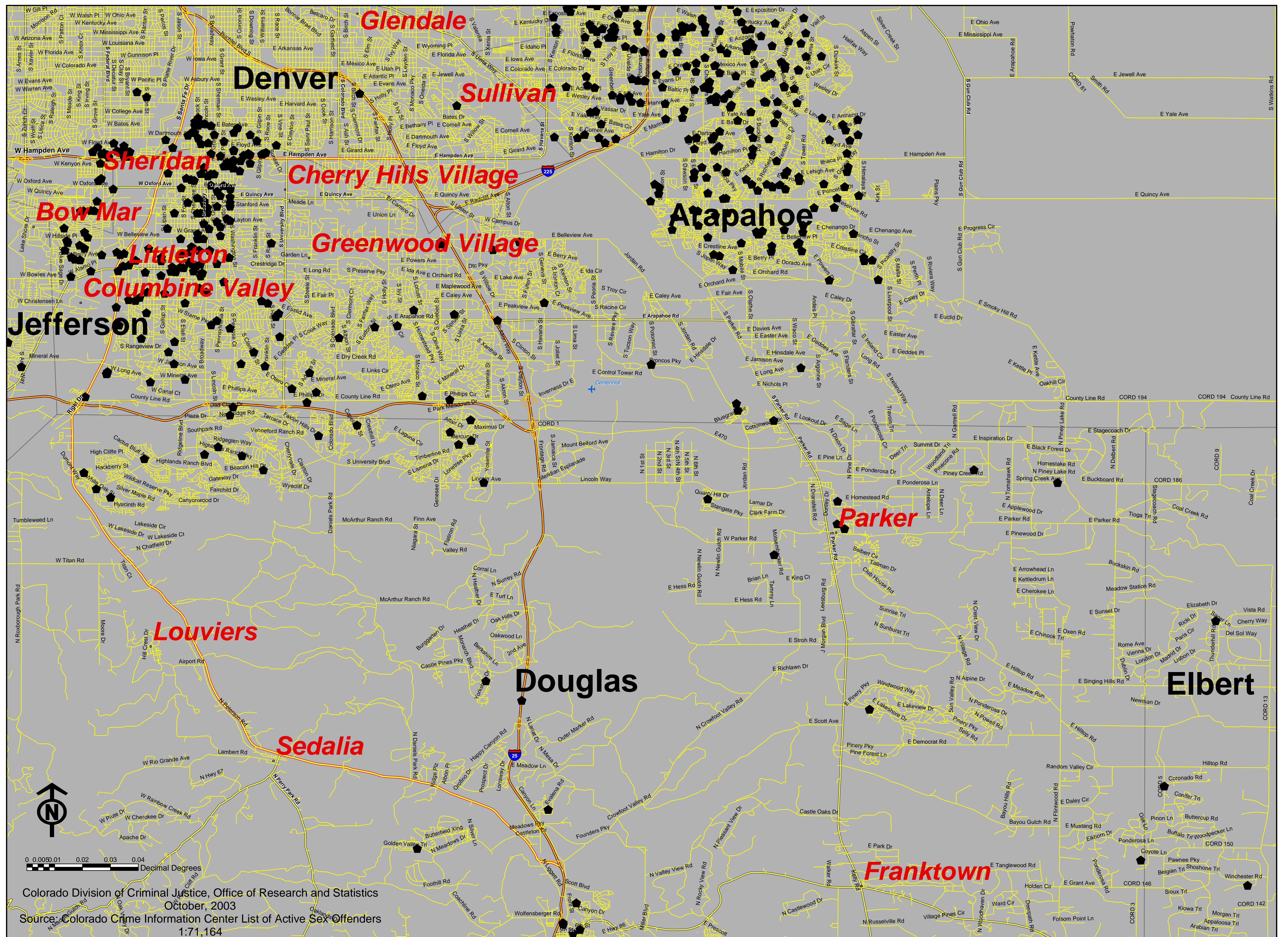
as of 1/31/2003 (N=589)

Legend

- Registered Sex Offenders
- Adams County Streets



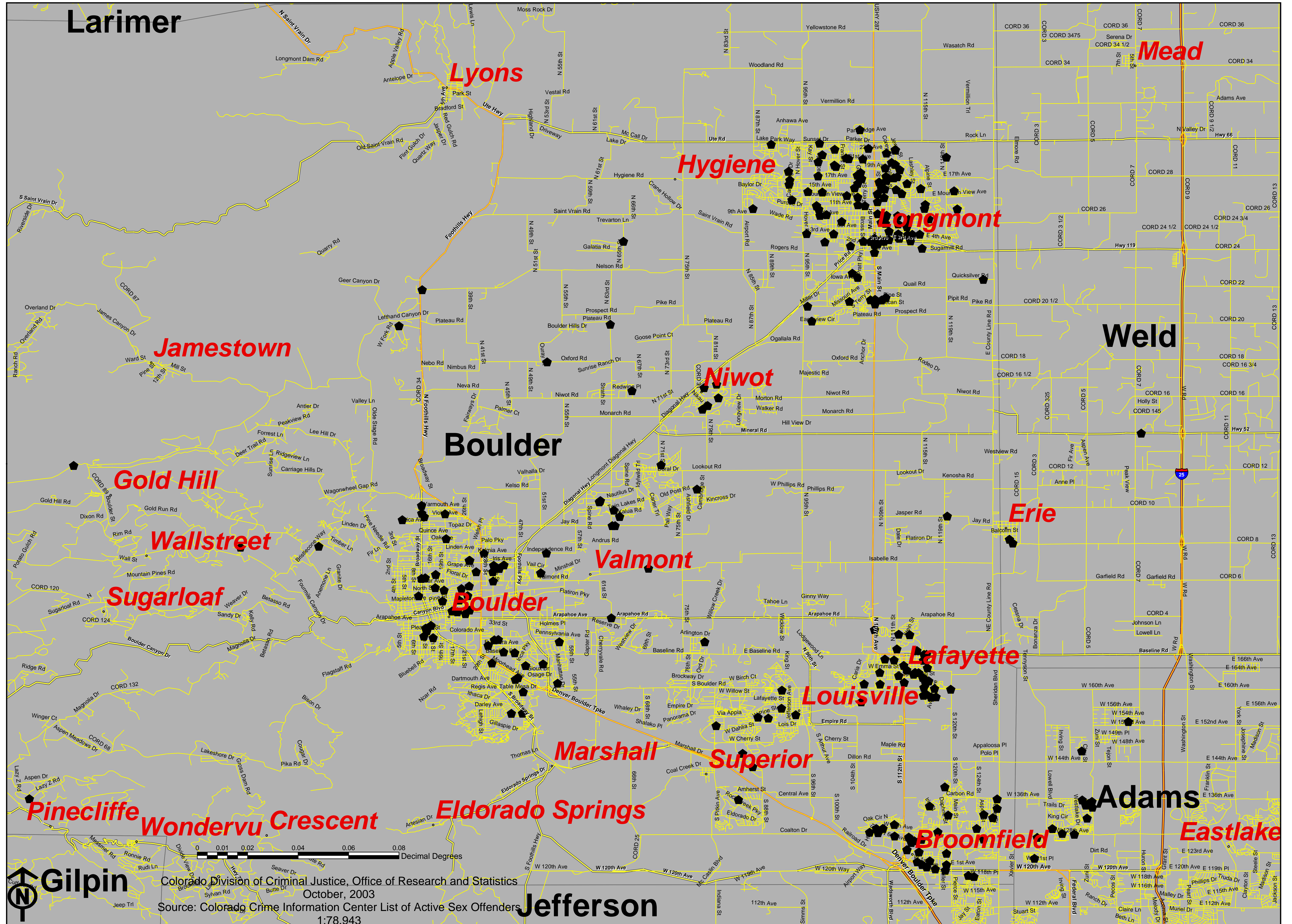
Registered Sex Offenders in Arapahoe County
as of 1/31/2003 (N=1037)



**Registered Sex Offenders in Boulder County
as of 1/31/2002 (N=385)**

Legend

- ◆ Registered Sex Offenders
- Boulder County Streets



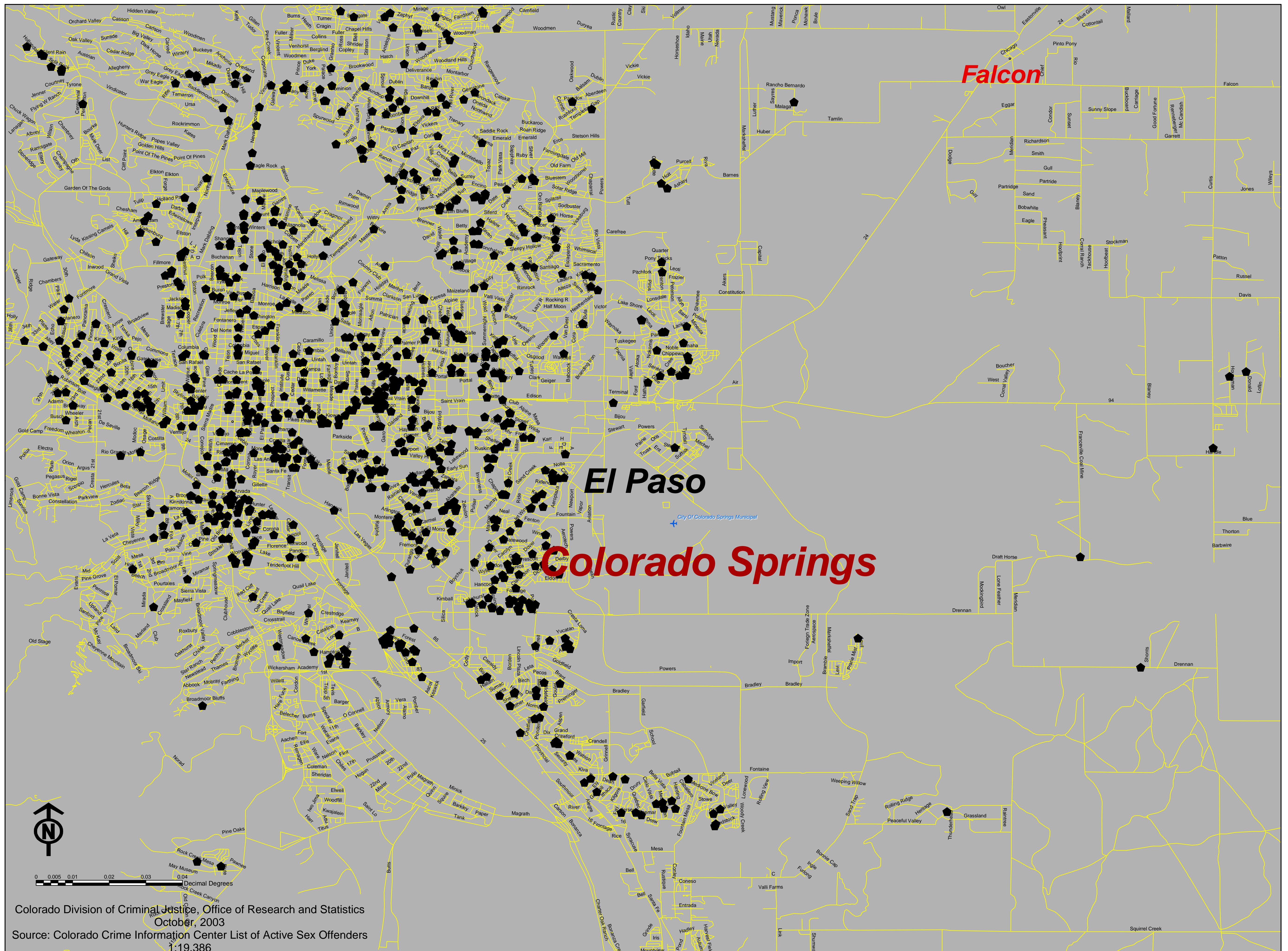
Colorado Division of Criminal Justice, Office of Research and Statistics
October, 2003
Source: Colorado Crime Information Center List of Active Sex Offenders
1:78,943

Registered Sex Offenders in El Paso County

as of 1/31/2003 (N=1339)

Legend

- Registered Sex Offenders
- El Paso Streets

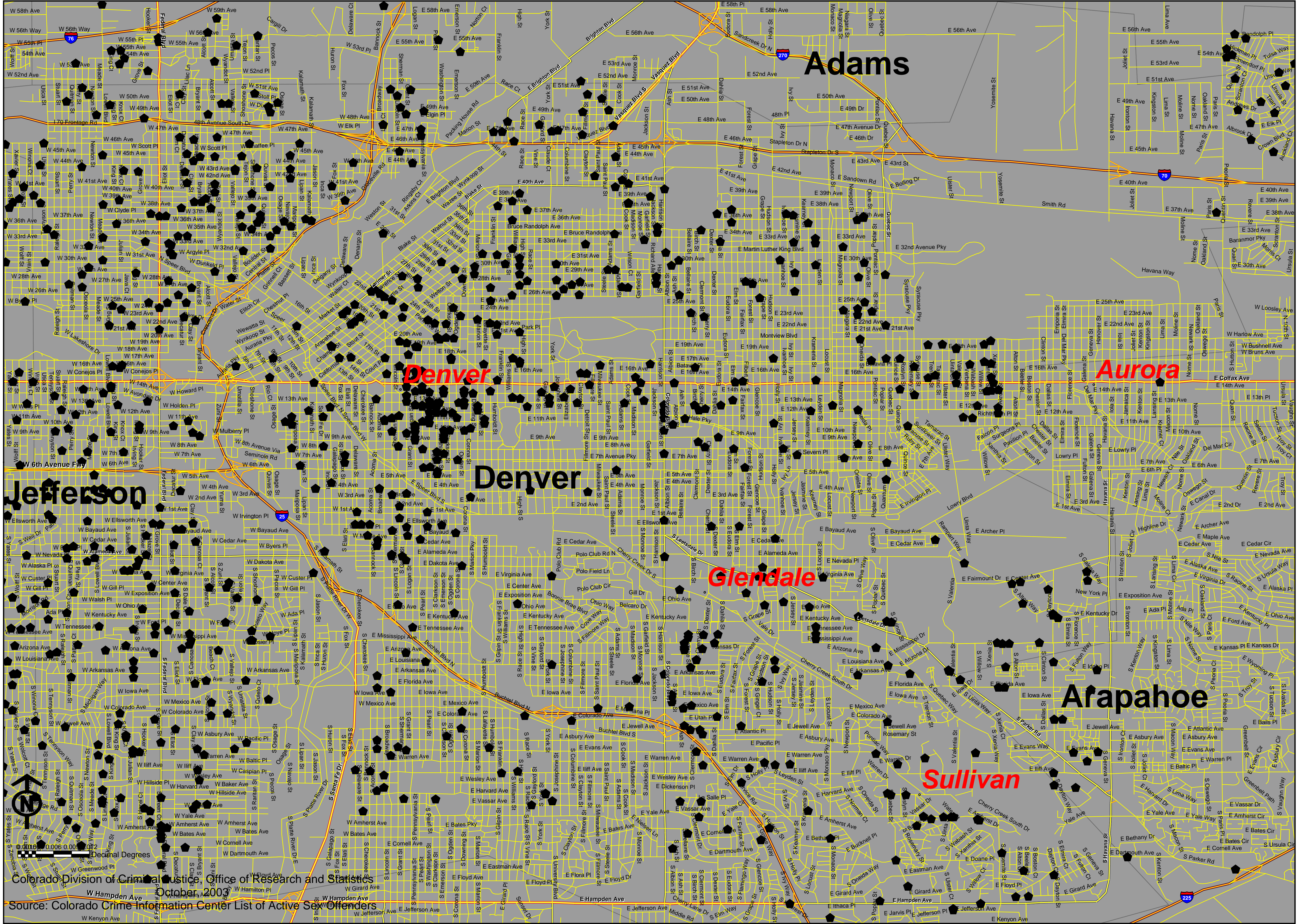


Colorado Division of Criminal Justice, Office of Research and Statistics
October, 2003
Source: Colorado Crime Information Center List of Active Sex Offenders
1:19,386

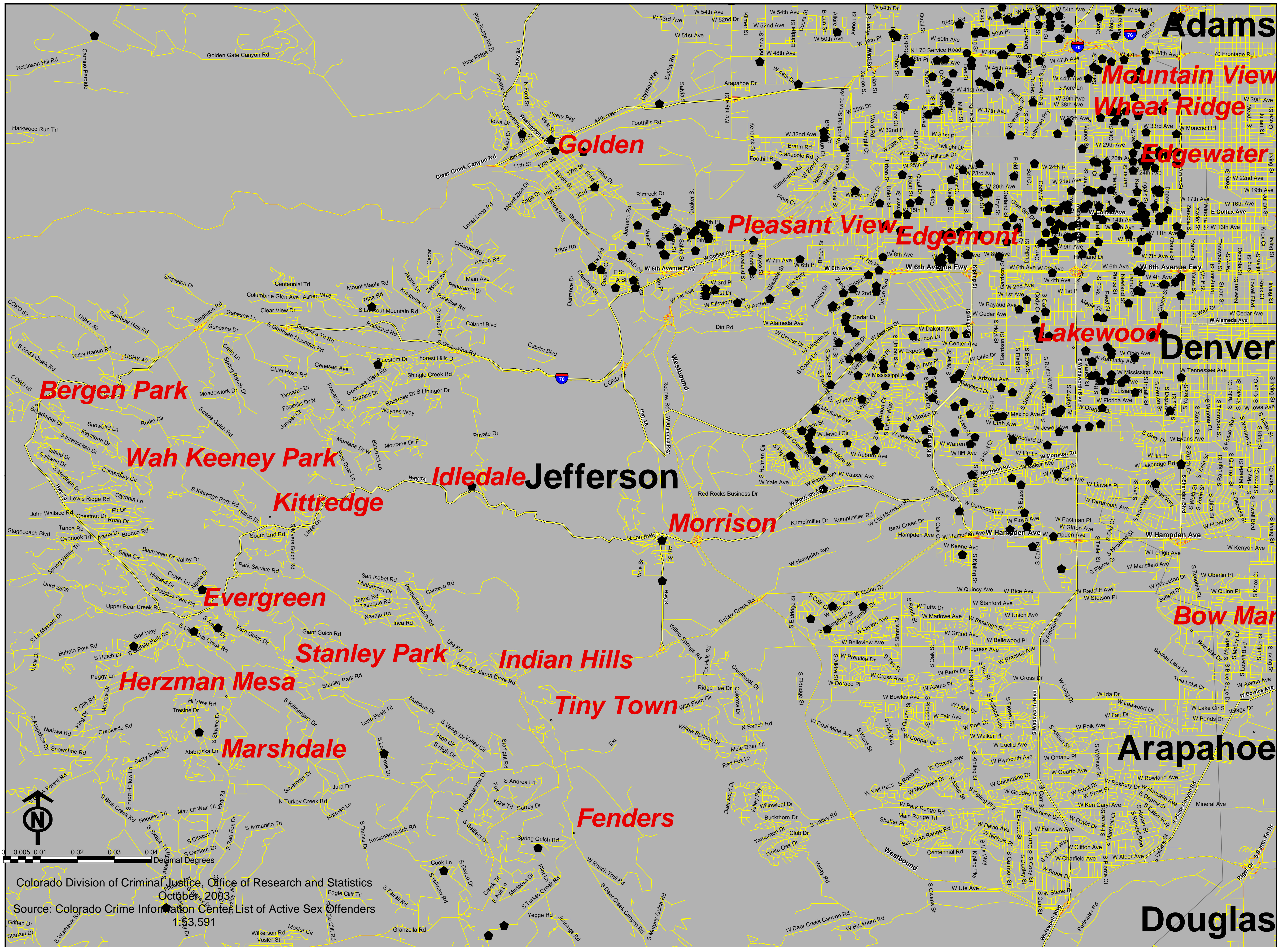
Registered Sex Offenders in Denver County as of 1/31/2003 (N=1347)

Legend

- Registered Sex Offenders
- Denver Streets



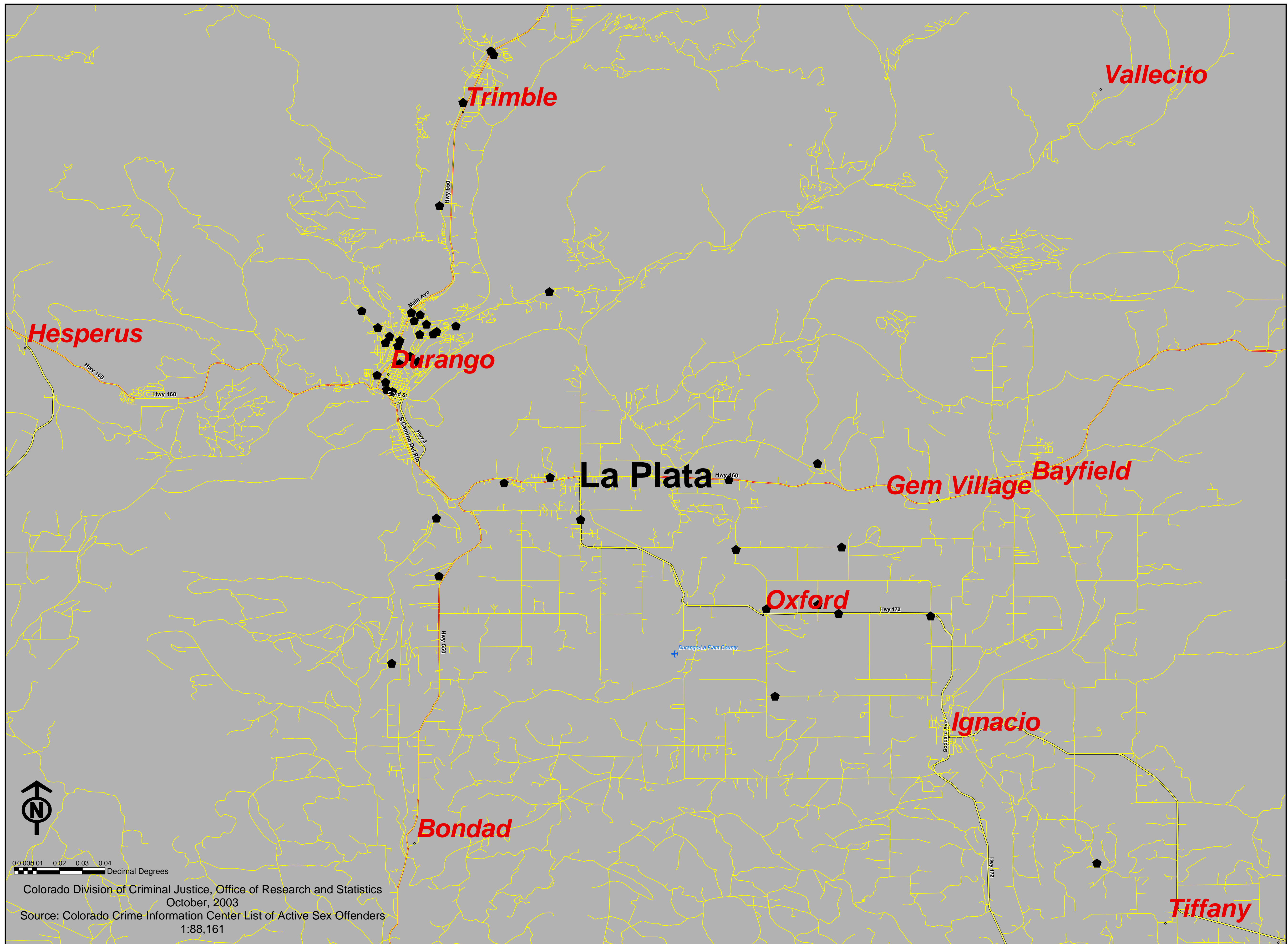
Registered Sex Offenders in Jefferson County
as of 1/31/2003 (N=731)



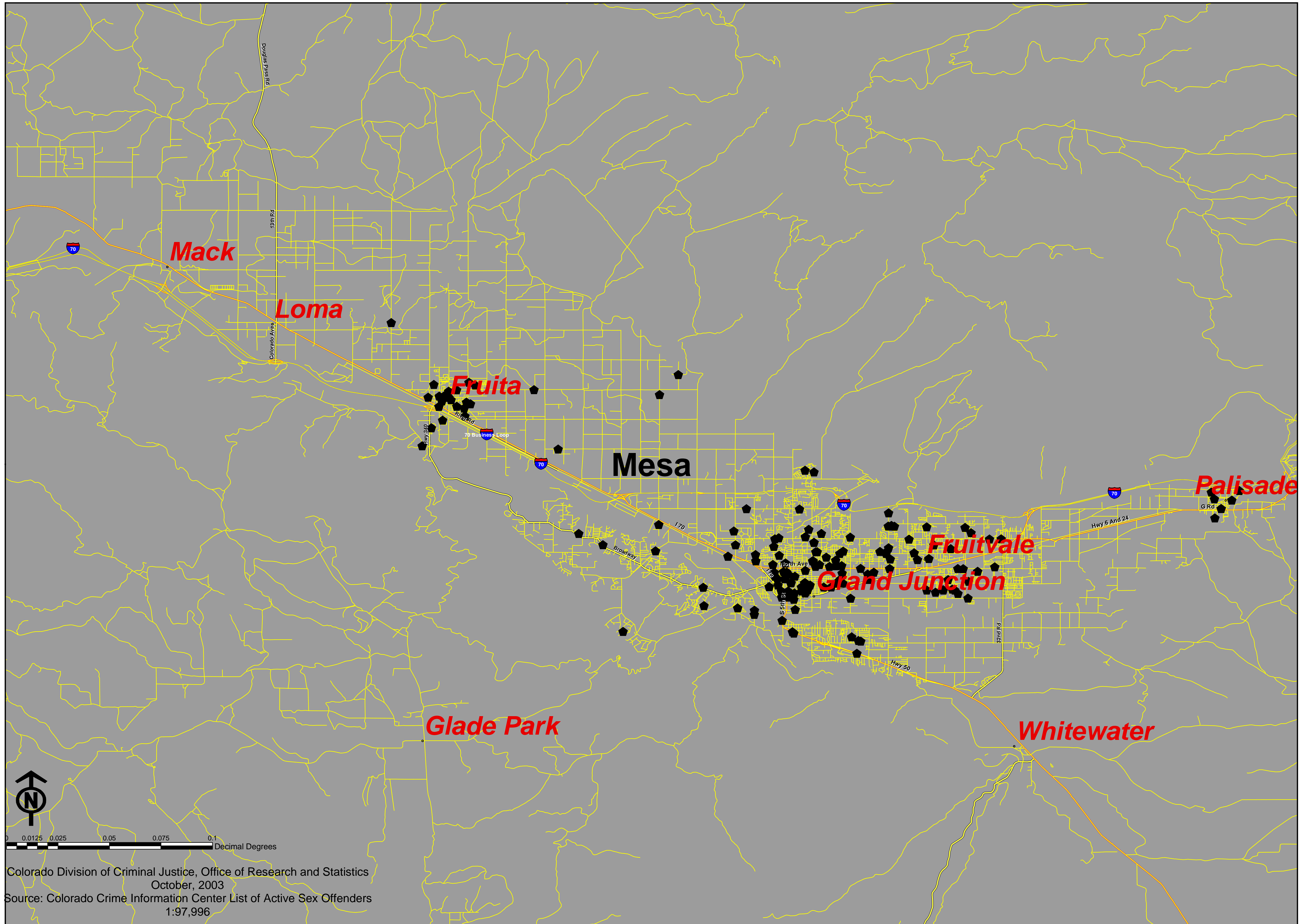
**Registered Sex Offenders in La Plata County
as of 1/31/2003 (N=65)**

Legend

- ◆ Registered Sex Offenders
- La Plata Streets



**Registered Sex Offenders in Mesa County
as of 1/31/2003 (N=259)**

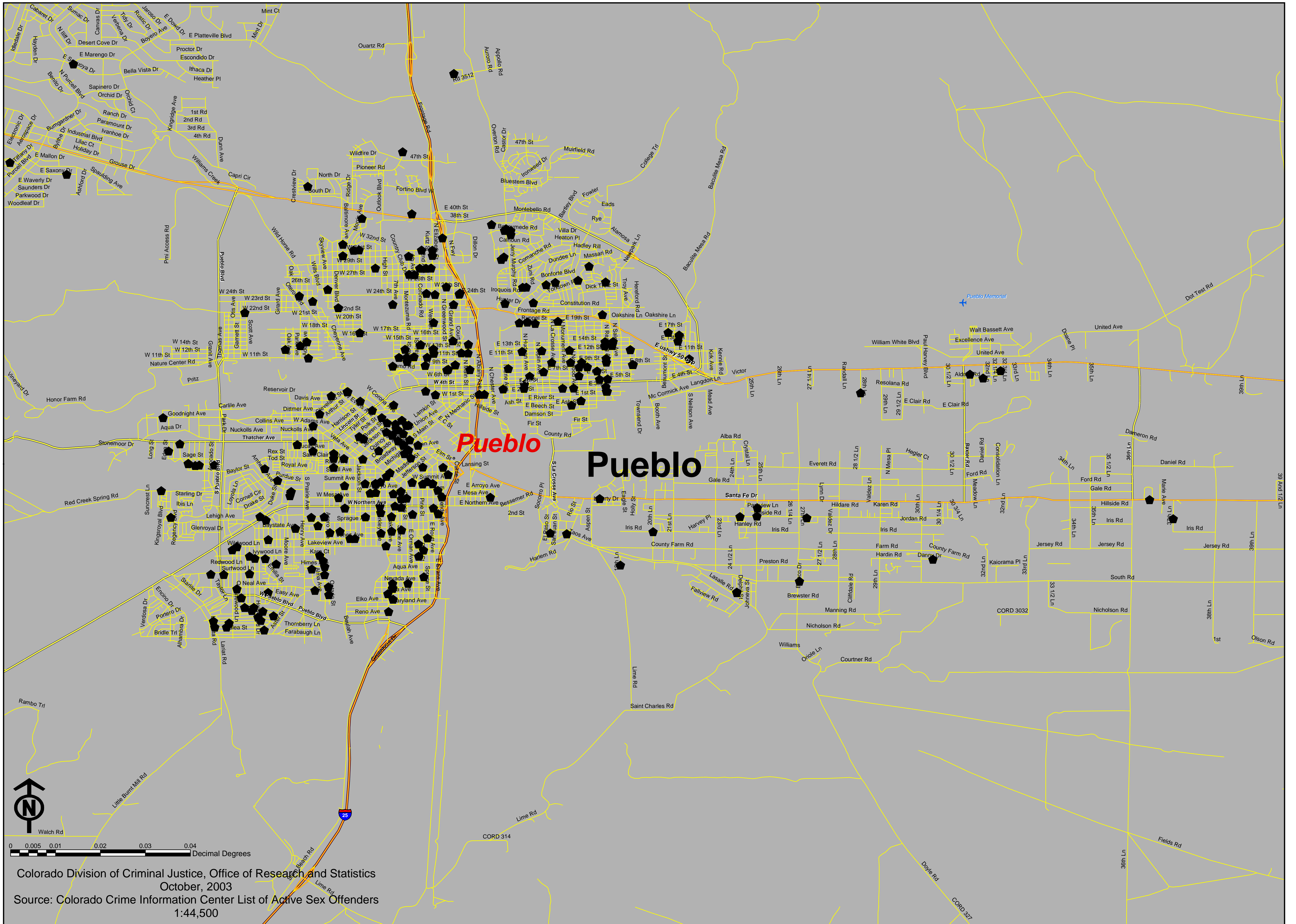


Registered Sex Offenders in Pueblo County

as of 1/31/2003 (N=433)

Legend

- Registered Sex Offenders
- Pueblo Streets



APPENDIX H:
STUDIES THAT HAVE TRACKED
SEX OFFENDERS

Table A: Tracking Adult Sex Offender Recidivism Rates: Compiling Information from Several Colorado Studies

| Outcome | System component • Length of follow-up | N Rate | Comments | Info Source |
|--|---|--------------------------------------|---|-----------------------------|
| Revocation (may include new crime) | Probation • 12 months | 221 41% | • Early implementation of the <i>Standards and Guidelines</i> . | DCJ's 1998 Risk scale study |
| | Parole • 12 months | 47 53% | | DCJ's 1998 Risk scale study |
| | Community corrections • 24 months | 30 50% | ○ 1997-1998; most offenders were in a special sex offender program in Colorado Springs | DCJ's CC study |
| | Prison: PAROLE and NO treatment • Duration of parole | 1310 48% | • The <i>Standards and Guidelines</i> emphasize the value of supervision. • Parolees with no prison treatment were 3x more likely to get revoked back to prison. | DCJ's prison study |
| | Prison: PAROLE and Intensive TREATMENT • Duration of parole | 115 16% | | DCJ's prison study |
| | | Probation • Duration of probation | 405 31% | FY 2001 case outcomes |
| Rearrest Rate: Any Crime | Community corrections • 24 months | N 38% | ○ 38% rearrested for any misdemeanor or felony | DCJ's CC study |
| | Prison: NO parole, NO treatment • 24 months | 1,264 48% | • Treatment in DOC improved outcomes by 30%. • These offenders were not subject to parole supervision and so did not receive community supervision and treatment. | DCJ's prison study |
| | Prison: NO parole, intense prison TREATMENT • 24 months | 140 31% | | DCJ's prison study |
| | Prison: PAROLE, NO treatment, released on parole • 24 months | 655 34% | • Parole includes community treatment and supervision per the <i>Standards and Guidelines</i> . • Those who participated in prison treatment were half as likely to be rearrested. | DCJ's prison study |
| | Prison: PAROLE, intense prison TREATMENT • 24 months | 78 17% | | DCJ's prison study |

| | | | | |
|---|--|-------------|---|---|
| | Probation <ul style="list-style-type: none"> • While under supervision | 405 6.4% | FY02 cases terminated: Felony or misdemeanor while under supervision | 2003 Office of Probation Services |
| Rearrest Rate: Violent Crime | Prison: NO parole, NO prison treatment <ul style="list-style-type: none"> • 24 months | 1264 22% | <ul style="list-style-type: none"> • Parole supervision combined with prison treatment improved outcome by 38%. • The combination of supervision and treatment is a focus of the <i>Standards and Guidelines</i>. • Parole alone is less effective than when combined with intensive prison treatment. | DCJ's TC study |
| | Prison: PAROLE, intense prison TREATMENT <ul style="list-style-type: none"> • 24 months | 140 16% | | DCJ's prison study |
| | Prison: PAROLE, NO prison treatment <ul style="list-style-type: none"> • 24 months | 655 13% | | DCJ's prison study |
| | Prison: PAROLE, intensive prison TREATMENT <ul style="list-style-type: none"> • 24 months | 78 2.6% | | DCJ's prison study |
| | | | | |
| Refiling Rate: New Crime | Probation ISP <ul style="list-style-type: none"> • 12 months | 118 7.6% | <ul style="list-style-type: none"> • This is overall, not sex offenders specifically, for FY 2001 • Even without community supervision and treatment, intense treatment in prison reduced the refiling rate 36%. • Intense prison treatment cut the rate of new filings by nearly half. | Judicial's 2002 probation recidivism report |
| | Prison: NO parole, NO treatment <ul style="list-style-type: none"> • 24 months | 1264 28% | | DCJ's prison study |
| | Prison: NO parole, intense prison TREATMENT <ul style="list-style-type: none"> • 24 months | 140 17% | | DCJ's prison study |
| | Prison: PAROLE, NO prison TREATMENT <ul style="list-style-type: none"> • 24 MONTHS | 655 14% | | DCJ's prison study |
| | Prison: PAROLE, intense prison TREATMENT <ul style="list-style-type: none"> • 24 months | 78 6.4% | | DCJ's prison study |
| | | | | |

| | | | | |
|--|--------------------------|-------------|--|---|
| | Probation ○ 12 months | 254 2.9% | ○ 7 new criminal filings for those who successfully completed probation | 2003 Office of Probation Services |
|--|--------------------------|-------------|--|---|