California Sex Offender Management Board

Sex Offender Treatment Program Certification Requirements

Rev. January 2014

CASOMB SEX OFFENDER TREATMENT PROGRAM CERTIFICATION REQUIREMENTS

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Effective January 2014

Introduction:

For the safety and well-being of California's citizens, especially those most vulnerable to sexual assault, it is essential to manage known sex offenders living in the state's communities in ways that most effectively reduce the likelihood that they will commit another offense, whether such reoffending occurs while they are under the formal supervision of the criminal justice system or takes place after that period of supervision comes to an end.

Specialized sex offender treatment programs which consistently deliver state-of-the art rehabilitative services play a major role in these community protection efforts.

There is general agreement that correctional programming, properly designed and delivered, is effective in reducing criminal recidivism. And there is strong evidence that sex offender treatment, when provided correctly, significantly reduces the risk of future sexual victimizations. Current research strongly supports the view that treatment and management efforts driven by the basic principles of correctional programming, and particularly by the "Risk Principle, Need Principle and Responsivity Principle," are the best practices in the general corrections field as well as in the field of specialized sex offender treatment.

Programs must be shaped, guided and kept up-to-date by being grounded in the best available knowledge. Successful therapeutic outcomes require the administrators and clinicians operating such specialized programs to be knowledgeable about many important areas. Among the most important of these topic areas are the following:

- theoretical perspectives on sexual offending,
- characteristics of different types of sexual offenders,
- evidence-based models of treatment that have proven successful,
- effective ways to address the wide range of criminogenic issues found among adult sex offenders
- basics of how the criminal justice system responds to and manages convicted sex offenders.

Sex offender-specific treatment is an important component of the Containment Model of sex offender management. Since the California Penal Code as modified by "Chelsea's Law" has now committed the state to using the Containment Model, it is essential that all treatment programs conform to the model's expectations. Collaboration, communication and teamwork between treatment providers, parole agents, probation officers, polygraph examiners, and victim advocates and other stakeholders are key elements necessary for the effective management of sex offenders under the Containment Model.

A "program" which provides specialized sex offender treatment to PC 290 registered sexual offenders under the jurisdiction of the criminal justice system pursuant to PC Sections 1203.067 (probationers) and 3008 (parolees) must, according to those sections of the law, be Certified by the California Sex Offender Management Board (CASOMB). In order to be certified, a program must meet certain standards as identified by CASOMB and described in the following sections of this statement. Although some of the criteria are explained to a considerable extent, programs should not view the information provided here as sufficient to develop the required statements and other documents. Familiarity with the literature that has developed around the specialized field of sex offender treatment is expected and references to as well as citations from that literature should be a part of some portions of the program's documentation. Familiarity with the general standards of practice for mental health professionals must also be a major source of guidance.

When the program applies for CASOMB certification, the program representative must attest to the fact that the program has created and has on file documentation which guides and supports the program's agreement to observe the following criteria in providing specialized sex offender treatment services. Although one or more persons may have developed the required material, it is expected that all providers who work in the program will be totally familiar with the materials and use them as the program's guiding documents.

CASOMB reserves the right to revise these standards and requirements at any time.

Definitions:

Containment Team: The expression "Containment Team" refers to the collaborators who work together to provide various specialized functions and services to "contain" each identified sex offender living in the community under direct criminal justice system supervision. Although there is no specified theoretical upper limit to the number and roles of Containment Team members, the model views the minimum essential membership as consisting of three specialists: (1) the supervising probation officer or parole agent or similar representative of judicial authority; (2) the provider of specialized sex offender evaluation and treatment services; (3) the polygraph examiner. Among the sources available for further information about the Containment Model is a statement available at http://ccoso.org/containment.php. The Comprehensive Approach to sex offender management as developed by the Center for Sex Offender Management (www.csom.org) also provides helpful materials.

Relapse prevention: The expression "relapse-prevention," as it has been used over many years in the field of sex offender treatment, has taken on many meanings, some quite specific. In this document the expression is not intended to describe any particular techniques, strategies or interventions but is being used in its broadest sense and can be thought of as synonymous with "recidivism prevention." Any recognized intervention which attempts to lessen the risk of re-offense may legitimately be termed relapse prevention in this broad sense. The use of this expression is not intended to lend support to any particular technique used in the past or currently to accomplish the goal of reducing re-offending.

Risk, Need, and Responsivity: The expression "risk, need and responsivity" is used in this document to refer to a set of established principles in the field of offender rehabilitation and recidivism prevention. The expression is sometimes shortened to RNR. These principles were developed primarily by researchers and authors Don Andrews and James Bonta. The principles represented by the shorthand expression "risk, need and responsivity" or RNR cannot be deduced from the everyday meaning of the words themselves, each of which is shorthand for a complex concept. Information about RNR is available from many sources, among them an excellent review available at http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-eng.aspx.

SARATSO: The acronym "SARATSO" stands for State Authorized Risk Assessment Tools for Sex Offenders. The acronym may be used to refer to the statutorily established three-member committee tasked with supporting and guiding California's sex offender risk assessment systems. It may also refer to the various risk assessment instruments authorized by the committee. More information can be found at www.SARATSO.org.

Sex Offender or Sexual Offender: The expression "sex offender" or "sexual offender," as used in the present document, means an individual who has been adjudicated or convicted of a crime that requires registration under California Penal Code Sections 290 - 290.023. The list of offenses can be found at the California Department of Justice website - www.meganslaw.ca.gov.

Sex Offender Management Program: The expression "sex offender management program" as used in this document is based upon the language used in the various parts of the California Penal Code created by Assembly Bill 1844 (2010), also known as "Chelsea's Law. The expression means exactly the same as a similar phrase used in this document: "sex offender treatment program." A "program" is an identifiable business entity with a taxpayer identification number or is a program operated directly by a public-sector agency. Such a "program" may only be designated as a "certified sex offender management program" when it has demonstrated that it meets the criteria set forth in this document and has been certified by CASOMB. As long as the criteria have been met and certification has been granted, a program, in the sense used here, may have multiple sites and many staff or, at the other end of the spectrum, may consist of one individual provider. As articulated throughout this document, a program is expected to have a comprehensive, coherent and integrated approach to the assessment and treatment of sex offenders.

REQUIRED AREAS FOR TREATMENT PROGRAM MANUALS

Treatment Program Manual

The primary method each program shall use to verify that it is meeting the conditions for certification is the documentation of program philosophy, policies, protocols, practices, forms and other matters in a Program Manual.

Each treatment program shall have a comprehensive, clearly articulated, written statement – a "Program Manual" - that informs the operations of the program and guides the delivery of sex offender specific services.

The Manual shall address, at a minimum, each of the ten program required areas specified in this document. The information that must be included in the Program Manual is described in the following pages under the headings of the ten program requirements. The statements prepared for the Program Manual should address all of the aspects of the topic as detailed in the explanations of each Requirement.

The Program Manual shall be based upon the organization of the ten requirements provided below. CASOMB reviewers need to be able to readily find the necessary information and will rely on the ten-point structure to do so. The separate sections and subsections need to be clearly labeled.

Only the essential topics which must be addressed are noted in the present document. Programs may choose to include in the Program Manual other materials. These additional statements may be included in the Program Manual in the most appropriate sections or in additional sections. The Program Manual shall provide a sufficiently detailed Table of Contents with page numbers indicated.

Some program requirements need to be supported by the use of corresponding forms. Copies of these program forms should be included in the Program Manual. **Specific forms are needed for the following:**

- **Informed Consent**
- **Waiver of Confidentiality**
- **Consent for Polygraph Testing**
- **Treatment Contract, and a**
- **Model of the Treatment Plan**

Each of these forms must include a client signature line.

The required Program Manual will also serve as an instructional guide for treatment program staff members and will articulate the program's policies and practices which staff members are to observe. Approved programs shall utilize evidence-based and emerging best practices to the greatest extent possible.

Upon request, the Program Manual will be made available for CASOMB audit or review. The Program Manual will need to be provided to CASOMB in electronic form such as a PDF or a word processing document. Providers should be aware that Probation or Parole may request access to a Program Manual. If there are concerns regarding the use of the manual, an agreement regarding the confidentiality of this proprietary information should be reached before the manual is released.

Disclaimer regarding the Public Records Act for Program Manuals

We have been informed that the manuals should be considered exempt from disclosure under the Public Records Act, and that if any PRA request was made for them, CASOMB would be able to refuse to submit them, unless ordered by a court otherwise. CASOMB will not retain possession of any submitted materials and, for purposes of the California Public Records Act, will treat such documents as trade secrets and proprietary information of each respective treatment provider.

Requirement 1: Overview Statement of the Program's Theoretical Foundations

Each treatment program shall have, as part of its Program Manual, a thoughtfully-organized and well-supported written overview statement that describes the theoretical and philosophical bases which lay the foundation for the program's policies and practices in delivering the expected sex offender specific services.

The field of sex offender evaluation and treatment continues to move toward being based upon evidence supported through research and published resource materials. It is expected that each certified program will have a clear statement of the knowledge base – both theoretical and empirical – which it uses to guide the delivery of services and to support that they are, insofar as is possible at this point in time, evidence-based programming or based upon promising practices which have, whenever possible, research support.

The statements shall set forth the program's position regarding theories of change and rehabilitation as well as methods of intervention that facilitate change.

This section will also address the program's perspective on the importance of a victim-sensitive approach and the approach to resolution of harm to victims.

This overview statement need not be exhaustive; a two or three page summary should be sufficient.

Requirement 2: Basic Operating Policies and Practices

The Program Manual shall describe and explain the program's overarching policies and practices which guide assessment and treatment, including, but not limited to, those listed in the topic areas enumerated below.

NOTE: The program's more specific policies and practices in additional key areas are to be described in the subsequent sections of the Program Manual as described in Requirements 4 through 10. Policies and practices related to Requirements 4 through 10 should be addressed in the appropriate section and should not be duplicated in the response to Requirement 2.

This section of the Program Manual will provide and explain the program's policies and practices with respect to the following issues:

1. the program's policies with regard to being certain that sex offender services are delivered only by professionals who have been certified by CASOMB
2. procedures for maintaining documentation of current CASOMB provider certification for each provider (This documentation must be kept on file by the program.)
3. the program's role in ensuring and supporting the ongoing training of staff in accord with CASOMB Provider Certification requirements
4. policies with regard to the use of assessment instruments required by SARATSO and with regard to being certain that such assessment services are delivered by properly trained staff
5. the types of clients who will or who will not be accepted for services (e.g. child molesters, child pornography cases, rapists, female offenders, registered offenders under age 18, etc.)
6. policies and criteria for program completion and graduation
7. the availability and structure of an "aftercare" component of the program
8. the program's screening procedure
9. criteria for any rejection of clients prior to an initial intake meeting
10. sensitivity to cultural diversity and application of the Responsivity Principle
11. suspension and termination from treatment as well as readmission
12. the response to low functioning and developmentally delayed individuals
13. the program's stance toward and strategy for working with mentally ill sex offenders
14. the use of medication for clients in the program
15. the use of medications as an approach to sexual arousal or sexual compulsivity problems.
16. contact with victims and reunification criteria and procedures
17. the program's response to various types and levels of denial
18. response to referred offenders who show indications of current use of or unaddressed habitual use of alcohol or drugs.
19. how the program will monitor compliance with CASOMB and SARATSO requirements
20. the program's use of a structured treatment curriculum
21. the importance of and the limits on forming relationships with clients

Additional topics that contribute to the program's effective functioning should also be included in this section, provided that they are not addressed elsewhere in the Program Manual.

Requirement 3: Implementation of the Containment Model

Each treatment program shall have a written policy articulating the program's commitment to the Containment Model for sex offender management and describing how the program will meet the expectations of the containment approach.

Based in part upon the considered recommendations of the California Sex Offender Management Board, California has adopted, by law, the well-established and widely-recognized Containment Model, a comprehensive strategy to manage offenders in a systematic and collaborative manner. The central goal of the Containment Model is community and victim safety, a goal which is supported by adopting a victim-centered perspective on all aspects of sex offender management. The model recognizes that multiple entities play important roles in the community management of sex offenders and stresses the importance of open ongoing collaboration between these key players. Four elements form the core of the Containment Model:

- Authoritative criminal justice system supervision and monitoring is needed to exert external control over offenders. Probation and parole agencies apply pressure through clear expectations and through the use or threatened use of sanctions to ensure that the offender complies with supervision conditions, including participation in specialized treatment.
- Sex offender-specific treatment based on evidence-based principles is utilized to help offenders learn to develop internal control, and to understand and interrupt their individual offense cycles.
- Polygraph examinations are used to enhance the assessment process and to help monitor the sex offender's deviant fantasies and external behaviors, including access to potential victims.
- Victim advocacy brings a realistic, victim-responsive community safety perspective to the entire effort and works to support victims who may have questions and concerns about a sex offender's re-entry into the community. The victim advocacy perspective may be represented by an actual victim advocate participating as a member of the team or by the consistent stance of victim sensitivity and advocacy brought by the other containment team members.

On a regular basis or on an as-needed basis, the containment team may also include others who play an important role in the management of any specific offender. These may include representatives of law enforcement, members of the offender's family, employers, clergy, case workers, Circles of Support and Accountability (COSA) volunteers and others who might contribute to effective management and community safety. (Legal requirements around confidentiality must be resolved for each containment team participant.)

In particular cases, containment team members are encouraged to work with law enforcement personnel to provide community education as well as, when indicated, to build meaningful connections with victims and their support networks during an offender's period of community supervision.

The program's statement about its vision of and commitment to the Containment Model is expected to delineate the program's responsibilities regarding collaborative relationships. At a minimum, the policy shall articulate the practices of the treatment program with regard to the following:

- Per PC 290.09 "The certified sex offender management professional shall communicate with the offender's probation officer or parole agent on a regular basis, but at least once a month, about the offender's progress in the program and dynamic risk assessment issues, and shall share pertinent information with the certified polygraph examiner as required."
- Collaboration and communication with the supervising authority, including timely reports of non-compliance with the treatment program requirements, timely reports of any evidence that an offender has an increased risk to reoffend, periodic treatment updates on the offender's attendance and participation in the treatment program.
- Collaboration with polygraph examiners
- Collaboration with other members of the containment team
- Commitment to a victim-sensitive perspective on sex offender management

Requirement 4: Use of the Polygraph within the Containment Model

Each program shall have to a written protocol for the use of Post Conviction Sex Offender Testing (PCSOT) polygraph examinations as required by Penal Code sections 1203.067 and 3008.

The description of the program's approach to polygraph testing should include at least the following:

- A description of the types of polygraphy to be used
- Procedures for preparation of each client for polygraph testing
- Procedures for debriefing the client after polygraph testing
- Program policies regarding the transmission of polygraph results to the other members of the Containment Team

Unless it is included with the initial informed consent form and procedure, an informed consent process and Consent Form specific to the polygraph testing must be developed and provided to each client. Clients are expected to understand and sign these informed consent documents.

Certified programs shall use polygraph examiners who affirm that they meet the CASOMB requirements for polygraph examiners. The Program Manual must state the program's policies and practices with regard to this requirement.

Penal Code sections 1203.067 and 3008 have been construed by a court not to require a waiver of Fifth Amendment rights, but to require participation in compelled polygraph examinations. Invocation of the Fifth Amendment right to not incriminate oneself during a sexual history polygraph cannot legally result in revocation. Invocation of the Fifth during a maintenance polygraph about current terms and conditions of supervision, however, could result in revocation for failing to answer.

Requirement 5: Assessment-Based Treatment and Supervision Planning

Each treatment program shall have developed as part of the Program Manual a protocol guiding its use of assessment tools and the application of their findings to sex offender-specific treatment planning and to sex offender management by the containment team.

Sex offender specific assessments are of great value in developing supervision and treatment strategies to put in place necessary external controls and to effectively aid offenders in developing their ability to self-regulate. Programs need to describe how the program will gather and integrate that information, and how the program will use the information gathered during in the assessment process to individualize treatment and supervision. Provided below are expectations about some specific aspects of the assessment process. These should be integrated into each program's manual.

- Initial assessments should ordinarily be completed within 30 days of the offender's entry into the treatment program. In the absence of unusual circumstances, the initial evaluation period shall not exceed 90 days.

- Assessments completed in different settings and circumstances, or for different purposes, or with varying degrees of client cooperation can produce various findings and outcomes. Evaluations completed in pre-sentencing, custody, or other situations may or may not be relevant for outpatient community based treatment. If the evaluation is not relevant, a new evaluation should be undertaken.

- Assessments must be reasonably current to be meaningful and useful. Unless a previous sex offender specific assessment was completed no more than eighteen (18) months prior to the beginning date of treatment, the program shall undertake and complete a new sex offender-specific assessment.

- Assessments should ordinarily include an evaluation of the following:

    1. Risk levels for sexual reoffense and violent reoffense using the SARATSO approved risk assessment instruments. Programs shall use the SARATSO combined risk decision matrix for the static and dynamic scores. (Neither SARATSO requirements nor these criteria are intended to restrict the use of other appropriate evaluation instruments, as long as the SARATSO expectations are met.)
    2. Neurodevelopmental impairments, traumatic brain injuries, or trauma histories
    3. Cognitive functioning
    4. Presence of mental health issues
    5. Drug and alcohol use
    6. Level of denial or responsibility taking
    7. Degree of coercion and violence in sexual offense(s)
    8. Prior history of violence, e.g., domestic violence, assaults
    9. Presence of sexual deviance, interests and paraphillias
    10. Antisocial orientation
    11. Social relationship history
    12. Other factors associated with the risk to sexually reoffend (Note that the Structured Risk Assessment [SRA] selected as the dynamic risk tool by SARATSO makes no claim to include assessment of all the recognized dynamic risk factors which might be of importance in a full assessment.)
    13. Review of criminal justice information and other collateral information including the details of the current offense, documentation of impact of the offense on the victim (when available)
    14. Offender's, criminal, antisocial, or sexual behavior, other than the current offense, that may be of concern

15. Offender-specific psychological testing, when indicated. Providers are encouraged to utilize testing instruments that are accepted in the sex offender treatment field, such as those recognized by the Association for the Treatment of Sexual Abusers [ATSA].
16. Pertinent medical history
17. Motivation and amenability to treatment
18. Identify issues related to engagement and responsivity

Any other important information not specifically mentioned in the above list should be included in the assessment.

As the field of sex offender treatment develops new instruments and approaches, they should be adopted when appropriate.

Assessment should be viewed as an ongoing process that begins with the initial assessment at intake and continues as treatment proceeds. The assessment should inform the development of treatment goals, discussed in requirement nine below.

Requirement 6: Treatment Modalities

The Program Manual shall describe a set of treatment modalities utilized within the program.

The Manual shall explain how the program views the contributions each modality can make to the treatment process and indicate how different modalities are to be utilized to meet various types of treatment requirements and participant needs.

In accordance with the Responsivity Principle, programs shall implement strategies which consider the individual needs of clients. Programs will document how they will make modifications to strategies when working with individuals who have unique or special needs such as cognitive limitations, mental health issues, language or other barriers that may impede effective treatment.

Programs are generally expected to use a combination of group, individual, and, if indicated, familial therapies. While group treatment is the most commonly used modality, individual counseling may be used to augment group treatment or in lieu of group treatment in those cases where it is supported by proper assessment and treatment planning.

Group constellation and length of each session shall be based on the risk levels, cognitive functioning, and criminogenic needs of the group members. Programs are expected to adhere to the following:

- Groups shall have no more than nine participants assigned per group.
- A group made up of between five and nine clients shall not be less than ninety minutes in length per group session
- A group consisting of four or fewer clients may be a minimum of sixty minutes in length.
- Groups for individuals with low cognitive functioning or chronic mental health issues shall be limited to six participants. Such groups may be as short as sixty minutes in length, if clinically indicated.

Although more frequent meetings may be preferable for higher risk clients, group therapy meetings for moderate and high risk offenders must occur at minimum once per week during at least their first year of treatment. Any exception to this requirement must be approved in advance, in writing, by the CASOMB or its designee. Subsequently the treatment provider and supervising officer will determine frequency and duration. Justification for frequency and duration shall be clarified in the treatment plan based on individual characteristics, including risk level.

It is highly recommended that groups be led by co-therapists.

Requirement 7: Informed Consent and Waiver of Confidentiality

Each approved treatment programs shall have clearly articulated procedures and forms for obtaining Informed Consent to treatment from every client. In addition, the program must have a written and legally complete form to formalize and document the Waiver of Confidentiality.

A. Informed Consent

Clients shall have the assessment and treatment process thoroughly explained to them prior to the onset of services. Clients participating in treatment are required to give informed consent for assessment and treatment. Each offender must be helped to clearly understand that treatment may not be rejected without potential legal consequences. The program must ensure that the client has the capacity to understand and give informed consent.

The question of whether a client who is required to attend treatment under threat of criminal justice consequences if he or she refuses can really freely give "consent" is one that continues to generate debate. Each provider must come to an individual decision on that question. It is evident that the underlying assumption of this section of the program certification requirements is that offenders referred to treatment by probation or parole can make a choice about how to respond but need to be fully informed about the nature of the treatment they are agreeing to before they begin the program – or refuse to do so.

The program shall define, in written form and, if required, in another manner which makes it understandable to the client, each of the following:

1. An overview description of the assessment and treatment processes
2. A description of the frequency of meetings, length of sessions and estimated duration of treatment
3. A statement regarding the possible benefits and risks of treatment, possible adverse effects from treatment or disclosures made in treatment, and the risks of refusing participation in treatment. Alternative forms of treatment, if any, should also be noted
4. An explanation regarding the confidentiality of client information and records and exceptions to confidentiality (Such information may be provided as a part of the Waiver of Confidentiality procedures described below.)
5. A brief statement of the background and experience of the treatment provider
6. An explanation of the nature of and the limitations and boundaries of the therapeutic relationship
7. Information about client fees for assessment, treatment, polygraph examinations and other costs
8. A statement explaining client rights and responsibilities, including maintaining the privacy and confidentiality of other persons who are in the treatment program (This information may be provided in a separate document)
9. An explanation of the constitutional right to not incriminate oneself in the course of assessment, treatment, or polygraph procedures
10. A statement regarding the client's right to review the contents of his or her file
11. A brief explanation of the completion requirements of the program

NOTE: The above list is not intended to be a legal guide or a comprehensive, authoritative review of all the elements required for informed consent. Compliance with the expectations stated here does not relieve a program or professional of any of the other obligations regarding informed consent as determined by laws or by professional standards.

B. Waiver of Confidentiality

The Waiver of Confidentiality issues must be explained in the context of a larger discussion of confidentiality and privilege. A provider shall explain to clients that information disclosed in a mental health treatment context is confidential with certain exceptions and that there are some additional significant exceptions to confidentiality for persons referred by the criminal justice system.

Clients must clearly understand that they will be expected to give their written permission (*Waiver of Confidentiality* or *Authorization for Release of Information*) for the program to share information about them with certain individuals and agencies. It should also be explained that there are limits of confidentiality imposed on therapists by other laws so that no waiver of confidentiality signature is required. One clear example would be the mandatory child and elder abuse reporting laws. Another would involve "duty to warn" situations.

The effectiveness of the Containment Model of sex offender management depends upon open and ongoing communication between all professionals responsible for supervising, assessing, evaluating, treating, supporting, and monitoring sex offenders. The absence of open and ongoing communication between these professionals and other involved persons compromises the purpose of the containment team approach and may jeopardize the safety of the community. Consequently, prior to accepting an offender into treatment and as a condition of the individual receiving treatment services, the treatment program shall obtain a signed Authorization for Release of Information.

Waiver of confidentiality forms shall address each of the following:

- For programs using more than one provider, the form must include a statement allowing for open, two-way communication between the professional staff members within the program to facilitate communication related to supervision, consultation, case conferencing, and back-up and other interagency communications.

- The waiver shall include the supervising probation officer or parole agent and must make it clear that the release includes any involved persons in the supervising criminal justice agency, such as supervisory personnel. Ordinarily this is done by naming the agency itself on the waiver form.

- In addition, the waiver must extend to all other members of the containment team. Should additional persons later be included on the containment team, a new release of information form must be generated and signed to allow communication with them. The waiver should also include the victim's therapist, if appropriate to the case. The level of disclosure for some members of the containment team may be more restricted, as the situation requires.

- If the offender has additional therapists or treatment providers external to the certified treatment program, the waiver of the privilege shall be arranged for each of the professionals involved. External consultants or external clinical supervisors involved with the treatment program shall also be listed on the release of information forms before a case is discussed with them.

- Because CASOMB will conduct audits of certified programs, it is required that the Authorization to Release Information include CASOMB or its designee.

- Because the Level of Service/ Case Management Inventory (LS/CMI) test scores is submitted to Multi-Health Systems, the test publisher, and to the CA Department of Justice, the Authorization to Release Information must include those entities.

To avoid a situation where an offender arrives for the initial intake and refuses to sign any waiver of confidentiality forms, it is advisable for the parole agent or probation officer to have previously obtained a signed waiver of confidentiality at the time of the initial referral.

The program's waiver of confidentiality form must meet professional standards of practice and must be written so that it can be understood by the individuals who are required to sign it. In accord with the Health Insurance Portability and Accountability Act (HIPAA) regulations, the program must provide a statement of its privacy practices which addresses the handling of confidential client information and documents.

The program must state its policy on the use of file information for research and on the solicitation of client participation in research projects, whether within the agency or by outside investigators.

Requirement 8: Treatment Contract

Each program shall develop and consistently use a clear, understandable treatment contract that spells out what is expected of the individual sex offender who has been referred to the program.

Written agreements between treatment providers and their clients are standard in the sexual offender treatment field. Such agreements can be particularly useful in establishing the sexual offender's responsibility, accountability, and ownership with respect to his or her engagement in treatment. They document in writing that the offender has been informed of the conditions and requirements of the treatment program as well as of the consequences of violating these conditions. Highly specific written contracts can help mitigate the manipulation, minimization and denial that are characteristic of many sexual offenders as they begin treatment. The treatment contract requires the signature of the offender to signify willingness to participate in the ways that are stated in the contract.

At the beginning of treatment and as a condition of enrollment in a treatment program, the provider shall develop and utilize a written contract with each sex offender. The treatment contract shall describe, in language that the client understands, the responsibilities of both the provider and the client. Although the contract should not enter into specifics with regard to the possible responses of the criminal justice system, it should be made clear that client violations of the contract may be the basis of the imposition of sanctions by the criminal justice system including a return to court for revocation of probation or parole.

The treatment contract shall define the **role and responsibility of the treatment program** with respect to, at a minimum, the following areas. The treatment contract shall:

1. Describe the type, frequency, and requirements of the treatment and outline how the duration of treatment will be determined;
2. Describe and clarify program rules and behavioral expectations;
3. Define and provide statements of the costs of the assessment, evaluation, and treatment, including all psychological tests, physiological tests, and consultations;
4. Describe the right of the client to refuse treatment and describe the risks and potential consequences and outcomes of such a decision;
5. Describe the program's grievance process to address and resolve client complaints.

The treatment contract shall define the **role and responsibility of the client** (as applicable) with respect to, at a minimum, the following areas. The treatment contract shall:

1. Describe compliance with attendance policies and procedures for handling cancelations and tardiness
2. Describe expected participation in assessments, treatment sessions and treatment homework
3. Describe financial expectations including paying for the cost of evaluation and treatment for him or herself, and to his or her family, if applicable;
4. Describe providers' expectation that the client notify the treatment provider of any changes or events in the life of the client, the members of the client's family, or support system;
5. Describe any other program rules and requirements to which clients are expected to adhere.

Requirement 9: Treatment Goals and Written Treatment Plan

Each program shall develop and make consistent use of a written treatment plan for each participant that articulates treatment goals agreed upon by both the program and the participant.

A written treatment plan shall be developed for each sex offender based on the identified factors which contribute to that individual's risk to sexually reoffend as identified in sex offender specific assessments and evaluations. These factors are known as "criminogenic needs" or as "dynamic risk factors." In line with research and best practices, a program may determine that non-sexual criminogenic risk factors need to also be addressed, based in individual case characteristics. Those too should be included in the treatment plan.

Clients should participate in the development of the treatment plan and identification of goals. To show their agreement with the treatment plan, a client should be required to sign the initial plan and any subsequent updates.

The treatment plan articulates a set of achievable goals and provides a way to measure and record progress toward those goals or the lack of progress. The treatment plan should also allow a way for the program to assess the level of compliance and effort demonstrated by the participant.

The treatment plan is a living document which is updated at various points during the course of treatment. The treatment plan is designed to reflect and document progress and to be a significant resource for determining when treatment has been completed.

The program shall utilize an evidence-based approach to creating the treatment plan so that it is supported by the professional literature in the field of sex offender treatment. The treatment plan shall be designed to assist and guide offenders to address any or all of the following:

1. Accept responsibility for their behavior and offense(s)
2. Develop accountability for their behavior and relationships with others
3. Develop motivation for change and deeper engagement in the treatment process
4. Appreciate the impact of sexual offending upon victims, their families, and the community
5. Understand the relapse prevention model and how it applies to their lives
6. Develop an individualized relapse prevention plan
7. Modify thinking errors, cognitive distortions, and pro-offending attitudes and schema
8. Manage and respond to emotions and impulses in positive, prosocial ways
9. Develop healthy interpersonal skills, including communication, perspective-taking, and intimacy
10. Decrease and manage deviant sexual arousal or interests
11. Establish, maintain or expand positive support systems
12. Develop and practice self-management methods to avoid sexual reoffending
13. Identify and manage issues of anger, power and control
14. Modify an antisocial orientation to life
15. Identify and address any personality traits that are related to the potential for sexual reoffending
16. Identify and address any additional criminogenic need areas

Since information in the treatment plan can be useful in guiding supervision strategies, providers shall make a copy of the treatment plan available to the supervising officer, upon request.

Requirement 10: Other Documentation

Each program shall develop and make use of procedures and forms to maintain appropriate case documentation. These include the following: clinical records of each session, notes documenting case management activities outside of the session, periodic progress reports, a written discharge summary and any other legally-required or clinically-indicated written records.

Clinical notes for each therapeutic contact should include information such as client participation, progress towards treatment goals, topics discussed or any risk management concerns.

Written progress reports can be useful to memorialize individual client's involvement in and advancement through a program. Frequency and content of any such reports should be discussed with the supervising agency.

As each participant exits from the treatment program - whether because treatment has been completed or for any other reason - a written discharge summary shall be prepared. This summary should include information such as the offender's participation in the treatment program, progress on goals identified in the treatment plan, factors associated with the risk to sexually reoffend and strategies to manage that risk. The reason for leaving the program should also be stated. The discharge summary shall be provided to the supervising officer or agent and made available to other members of the Containment Team on their request.