Maintenance and Aftercare

The CASOMB has created this document to clarify the definitions of the Maintenance and Aftercare stages of treatment. CASOMB requires treatment providers to utilize the Risk, Need, Responsivity (RNR) principles when making decisions about placement in treatment and supervision. Treatment completion is an evidenced based "protective factor," and protective factors are associated with reduced risk (see Treatment Completion Guidelines, 2018). The risk principle states that the level and intensity of services should be matched to the individual's risk level.[1] Intensive services of a greater duration should be reserved for high-risk individuals and less intensive services of a shorter duration should be reserved for low-risk individuals. The separation of services by risk level ensures that we are not over treating individuals and further exposing low risk individuals in group therapy to antisocial attitudes and behaviors exhibited by higher risk individuals. Research indicates that too much treatment/intensive services, especially where they are exposed to higher risk individuals can result in negative outcomes, e.g., reduced motivation, increased burnout, and decreased access to prosocial activities or relationships.

- Discharge Planning starts at intake. The final determination regarding whether an individual has "completed" treatment should never come as a surprise to the client. Regular reviews of progress in which the treatment provider and client collaborate about the nature, goals, and objectives of treatment along with the criteria for assessing progress and completion are necessary (see Treatment Completion Guidelines, 2018-Principle 15).
- Evaluation of behavior change is an ongoing process that begins at the start of treatment and continues throughout their treatment program.
- CASOMB defines "successful treatment completion" as having demonstrated sufficient progress in meeting the goals and objectives of an individualized treatment plan at the time of release from treatment (see Treatment Completion Guidelines, 2018).
- Treatment completion does not mean that the client has successfully completed supervision. When ACTIVE treatment ends, supervision and other elements may continue, e.g. monitoring, follow up sessions, polygraph testing, and risk assessments.

1. **The Maintenance Stage** is the final component of active treatment.[2] Per this stage, the individual has noted and addressed areas of risk and has established and maintained use of

[1] Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis, *Criminology*, 28, 369-404.
[2] Active treatment is defined as the time period in which an individual is enrolled and participating in treatment. They have not successfully met their identified treatment goals/needs and have not yet received their Statement of Successful Treatment Completion. Focus during active treatment is on reduction of risk and introduction of and implementation of protective factors and healthy skill development.

healthy coping skills, emotion and sexual regulation skills, social skills, and problem-solving methods to increase prosocial behavior and interactions. The expectation of this final stage of active treatment is that the individual can apply learned skills and demonstrate sustained changes in thinking and behavior; and has completed the treatment curriculum. This stage also reflects a downward titration of services to coincide with the reduction of risk and increase of protective factors. This reduced service attendance allows for the individual to increasingly focus on the application of skills learned.

a. Decisions to move in or out of maintenance need to be discussed and agreed upon by the containment team (CT). The need to participate in maintenance and the duration on maintenance will depend on their level of present risk, development of protective factors, and use of developed skills.
b. Maintenance should be associated with a reduction in treatment dosage.
c. There should be an observable reduction in risk factors and an increase in protective factors.
d. If anyone on the CT is aware of current risk relevant behavior (supported by Acute-2007 assessment), then the individuals treatment plan can be adjusted, and treatment dosage increased as per the agreement among the CT team.
e. Once the CT decides that treatment expectations and goals, including risk reduction, have been met, discussion surrounding treatment completion will take place (see Treatment Completion Guidelines, 2018).

2. **The Aftercare** Stage begins when active treatment is completed. This change to a lower level of care may also reflect an end to supervision and that the individual is attending on-going-services voluntarily.

a. Continue to manage criminogenic needs with any of the following: a prosocial support team; 12-step programs; Circles of Support and Accountability (COSA); chaperone; or free-standing support group or community aftercare program.
b. Use prosocial support systems to manage stressors, e.g., stressors such as those associated with continued Post-Conviction Traumatic Stress (PCTS)[3]; loss of treatment relationships; community reentry; 290 registration; employment, housing, and travel issues; confrontation by community citizens; potential victim reconciliation and/or family reunification.

[3] Levenson, J.S., & Harris, D.A. (2024). The ripple Effects of Post-Conviction Traumatic Stress in People Required to Register as Sex Offenders and their Families. *Sexual Abuse,* 36(5), 572-602. https://doi.org/10.1177/10790632231191116